DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Potassium Binders – Veltassa Drug Quantity Management Policy – Per Rx

- Veltassa® (patiromer for oral suspension – Vifor)

REVIEW DATE: 09/03/2025

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Veltassa, a potassium-binder, is indicated for the treatment of **hyperkalemia** in adults and pediatric patients ≥ 12 years of age.[1]

Dosing

The recommended starting dose of Veltassa in adults is 8.4 grams administered orally once daily.[1] The dose may be adjusted by 8.4 grams daily as needed at one-week or longer intervals up to 25.2 grams daily to obtain the desired serum potassium range. For pediatric patients 12 to 17 years old, the recommended starting dose is 4 grams once daily. The dose may be adjusted by 4 grams daily as needed at one-week intervals up to 25.2 grams to obtain the desired serum potassium target range.

Availability

Veltassa is available in 1 gram, 8.4 gram, 16.8 gram and 25.2 gram packets (discontinued 10/01/2024).[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage dose titration and provide for dose consolidation of Veltassa. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Drug Quantity Limits

Product	Strength and Form	Retail Maximum Quantity per Rx	Home Delivery Maximum Quantity per Rx
Veltassa® (patiromer for oral suspension)	1 gram packet	120 packets	360 packets
	8.4 gram packet	90 packets	270 packets
	16.8 gram packet	30 packets	90 packets
	25.2 gram packet (obsolete 10/01/2024)	30 packets	90 packets

EXCEPTIONS TO THE QUANTITY LIMITS LISTED ABOVE ARE COVERED AS MEDICALLY NECESSARY WHEN THE FOLLOWING CRITERIA ARE MET. ANY OTHER EXCEPTION IS CONSIDERED NOT MEDICALLY NECESSARY.

CRITERIA

Veltassa 1 gram packets

1. If the patient requires a dose that cannot be achieved using either the 8.4 gram packets or the 16.8 gram packets, approve the requested quantity, not to exceed 720 packets per dispensing at retail or 2,160 packets per dispensing at home delivery.
Note: This override provides for dose titration in pediatric patients in 4 gram intervals up to a maximum 24 grams once daily to obtain the desired serum potassium target range.

Veltassa 8.4 gram packets, 16.8 gram packets, and 25.2 gram packets (discontinued)

No overrides recommended.

REFERENCES

1. Veltassa® powder for oral suspension [prescribing information]. Redwood City, CA: Vifor; October 2023.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	09/20/2023
Annual Revision	No criteria changes.	09/27/2024

Annual Revision	**Veltassa 1 gram packets:** New quantity limits of 120 packets per dispensing at retail and 360 packets per dispensing at home delivery were added to the policy. A new clinical override was also added to approve the requested quantity, not to exceed 720 packets per dispensing at retail or 2,160 packets per dispensing at home delivery if the patient requires a dose that cannot be achieved using either the 8.4 gram packets or the 16.8 gram packets. **Veltassa 8.4 gram packets:** Quantity limits were changed to 90 packets per dispensing at retail or 270 packets per dispensing at home delivery (previous quantity limits were 30 packets per dispensing at retail or 270 packets per dispensing at home delivery). Clinical override criteria were removed.	09/03/2025