

Pharmacy Services

(800) 522-0114, option 4

April 24, 2017

Dear SoonerCare Provider,

The purpose of this communication is to provide information regarding criteria recently established for the reimbursement of Veltassa® (patiomer). You are receiving this communication because you recently prescribed or dispensed Veltassa® (patiomer) for SoonerCare member(s). **Effective 05/22/2017, Veltassa® (patiomer) will require prior authorization.** The authorization criteria for reimbursement is as follows:

Veltassa® (Patiomer) Approval Criteria:

1. An FDA approved diagnosis of hyperkalemia; and
2. A trial of a potassium-eliminating diuretic or documentation why a diuretic is not appropriate for the member; and
3. Documentation of a low potassium diet; and
4. A patient-specific, clinically significant reason why member cannot use sodium polystyrene sulfonate powder which is available without a prior authorization; and
5. A quantity limit of 30 packets per month will apply.

Members currently utilizing Veltassa® (patiomer) will **not** be “grandfathered” and all members receiving this medication will require that a manual prior authorization be submitted by their prescriber. A prior authorization request can be submitted for consideration to SoonerCare Pharmacy Services, including patient-specific, clinically significant supporting information for use of the requested medication.

Updated versions of prior authorization criteria for Veltassa® (patiomer) can be downloaded from www.okhca.org/rx-pa, then clicking “Chelating/Binding Agents”.

Prior authorization request forms can be found online at www.okhca.org/forms (PHARM-04).

Thank you for the services you provide to Oklahomans insured by SoonerCare!