Pharmacy Drug Policy Checklist

POLICY NAME	Lokelma (sodium zirconium cyclosilicate)	POLICY #	2797P

Criteria

Coverage Criteria

- ☐ Documented diagnosis of hyperkalemia (high potassium)

- ☐ Age 18 years or older

- ☐ Prescribed by a specialist

- ☐ Documented failure, intolerance, or contraindication to diuretic therapy, such as hydrochlorothiazide

Exclusion Criteria – Any of the following prevents coverage

- ☐ Lokelma will not be covered in combination with Veltassa