Pharmacy Drug Policy Checklist

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

Criteria

Coverage Criteria

- [ ] **1.1** Documented diagnosis of hyperkalemia (high potassium)

- [ ] **1.2** Age 18 years or older

- [ ] **1.3** Prescribed by a specialist

- [ ] **1.4** Documented failure, intolerance, or contraindication to diuretic therapy, such as hydrochlorothiazide

Exclusion Criteria – Any of the following prevents coverage

- [ ] **2.1** Lokelma will not be covered in combination with Veltassa