

Patient Name: _____ Patient DOB: ____/____/____

Prior Authorization and Appeal Checklists

These checklists are intended to simplify the prior authorization and denial/appeal process for LOKELMA® (sodium zirconium cyclosilicate).*

PRIOR AUTHORIZATION (PA) CHECKLIST

The items below may be necessary to obtain a PA decision from a health plan. Please ensure you have all information below prior to submitting the PA.

☐ **Completed PA request form (some health plans require specific forms) including the following:**

- ☐ Patient name, insurance policy number, and date of birth
- ☐ Physician name and NPI number
- ☐ Facility name and NPI number
- ☐ Date of service
- ☐ Product NDC

☐ **Letter of medical necessity and relevant clinical support**

- ☐ Include the Provider ID number in the letter

☐ **Documentation that supports the treatment decision, such as:**

- ☐ Previous given treatments/therapies
- ☐ Patient-specific clinical notes detailing the relevant diagnosis
- ☐ Relevant laboratory results
- ☐ Product Prescribing Information

Prior authorization requirements vary by health plan and may require pre-approval. Please contact the patient's health plan for specific PA requirements to ensure efficient and timely review. Failure to obtain prior authorization can result in non-payment by the plan.

Prior to submission, please keep track of dates and methods of correspondence (phone, email, and written); record the names of insurance contacts and reviewers with whom you speak; and summarize conversations and written documents issued by the insurer.

DENIAL AND APPEAL CHECKLIST

If the health plan denied a PA for LOKELMA:

- ☐ **Review the denial notification** to understand the reason and circumstances that need to be addressed and explained in the appeal letter.
- ☐ **Understand the plan's most recent explanation of benefits** or contact a representative at the insurer to verify where the appeal should be sent and any deadlines.
- ☐ **Write an appeal letter.** Please visit <https://www.lokelma-hcp.com/access-and-savings.html> or please contact the My LOKELMA Support Program for examples.

If you or your patient have not received a decision within 30 days:

- ☐ **Follow up with the health plan.** Confirm that the appeal letter was received and ask about its status. If the coverage denial was upheld, you could resubmit another appeal with new information or ask for a Supervisor or Manager to assist.

If the denial is upheld again:

- ☐ **Ask for a one-time exception or consider filing a complaint** with the State's Insurance Commissioner.
- ☐ **If the insurer continues to deny the claim:** Your patient may request an external appeal (the process varies by state law), in which an independent third party will review the claim and make a final, binding decision.
- ☐ Please contact the My LOKELMA Support Program if you need additional support.

*Providers and patients are encouraged to contact the patient's health plan for detailed instructions on completing a PA or how to appeal/overturn a denial.

If you have any questions, or need guidance, please contact a My LOKELMA Specialist at 1-866-494-8080, Monday to Friday, 8 AM to 8 PM ET.