Effective Date: 3/1/2021
Reviewed: 12/2020, 06/2021, 5/2022, 11/2022, 4/2023, 4/2024 Scope: Medicaid

Lokelma (sodium zirconium cyclosilicate)

POLICY

I. CRITERIA FOR APPROVAL

An authorization of 12 months may be granted when all the following criteria are met:

A. Patient is 18 years old or older; AND
B. Patient has documented diagnosis of non-life threatening hyperkalemia (serum potassium greater than 5 mEq/L); AND
C. Medication is prescribed by, or in consultation with a nephrologist OR cardiologist; AND
D. Patient does not have a history of gastrointestinal motility disorders; AND
E. Patient has inability to control hyperkalemia with other interventions such as:
    a. Discontinuation of NSAIDs, OR
    b. Dose reduction or discontinuation of offending agents if serum potassium is greater than 6.5 mEq/L (i.e., ACE inhibitors, ARBs or aldosterone antagonists); AND
F. The member has experienced a failure, contraindication or intolerance to a loop diuretic OR short term therapy with sodium polystyrene sulfonate; AND
G. Patient will not use Lokelma concomitantly with Veltassa.

II. CONTINUATION OF THERAPY

A. Authorization of 12 months may be granted for all members who are tolerating treatment and have documentation of a positive clinical response with no severe side effects including:
    - Severe edema
    - Hypokalemia; AND
B. Member has not developed a gastrointestinal motility disorder since starting therapy.

III. COVERAGE DURATION

Initial: 12 months
Continuation: 12 months

IV. REFERENCES

Lokelma [package insert]. Wilmington, DE: AstraZeneca.; February 2024.