

## Lokelma (sodium zirconium cyclosilicate)

### Disclaimer

*Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.*

*Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.*

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## Summary

Hyperkalemia is a medical condition characterized by an abnormally high concentration of potassium (K<sup>+</sup>) in the blood. Normal serum potassium levels typically range between 3.5 and 5.0 millimoles per liter (mmol/L). Hyperkalemia is generally defined as a serum potassium level above 5.5 mmol/L. Elevated potassium levels can cause serious complications, including disturbances in cardiac conduction, muscle weakness, and, in severe cases, paralysis or fatal cardiac arrhythmias.

Hyperkalemia can result from various factors, including:

- Increased potassium intake: excessive consumption of potassium-rich foods or supplements.
- Decreased potassium excretion: reduced kidney function, certain medications (e.g., angiotensin-converting enzyme inhibitors, angiotensin receptor blockers, potassium-sparing diuretics), and hormonal imbalances (e.g., adrenal insufficiency).
- Shifts in potassium distribution: movement of potassium from intracellular to extracellular space due to metabolic acidosis, tissue injury, or certain medications (e.g., beta-blockers, digoxin).

Hyperkalemia is typically diagnosed through laboratory tests, including blood tests to measure serum potassium levels and electrocardiogram (ECG) to assess for cardiac conduction abnormalities. The severity of hyperkalemia is commonly classified as follows:

1. Mild: Serum potassium levels of 5 (or upper limit of normal range) to 6 mEq/L without electrocardiogram (ECG) changes.
2. Moderate:
  - a. Serum potassium levels of 5 (or upper limit of normal range) to 6 mEq/L with ECG changes.
  - b. Serum potassium levels of 6.1 to 6.5 mEq/L without ECG changes.
3. Severe:
  - a. Serum potassium levels of 6.1 to 6.5 mEq/L with ECG changes.
  - b. Serum potassium levels of 6.5 mEq/L or higher regardless of ECG changes

Symptoms of hyperkalemia can be nonspecific and vary based on the severity and rate of onset. They may include:

- Weakness or fatigue
- Muscle cramps or pain
- Numbness or tingling sensations
- Nausea or vomiting
- Palpitations or irregular heartbeats
- Shortness of breath
- Chest pain

Treatment of hyperkalemia depends on the severity, underlying cause, and presence of any associated symptoms. Management strategies include:

- Discontinuing or adjusting medications that contribute to hyperkalemia.
- Dietary modifications to reduce potassium intake.
- Medical treatments aimed at promoting potassium excretion, such as diuretics, sodium polystyrene sulfonate (SPS), or patiromer.

- Intravenous calcium gluconate for acute stabilization of the cardiac membrane.
- Insulin and glucose administration to facilitate the movement of potassium into cells.
- Albuterol inhalation for mild cases, as it can help drive potassium back into cells.
- Dialysis in severe or refractory cases, particularly when kidney function is compromised.

Lokelma (sodium zirconium cyclosilicate) is a potassium binder indicated for the treatment of hyperkalemia in adults. It can be used for acute episodes of hyperkalemia, as well as for the chronic maintenance therapy to prevent the recurrence of hyperkalemia in those at risk. Lokelma (sodium zirconium cyclosilicate) works by selectively binding to potassium ions in the gastrointestinal (GI) tract, particularly in the colon. This binding helps to increase the excretion of potassium from the body through feces, thereby reducing the serum potassium levels. Lokelma (sodium zirconium cyclosilicate) is not recommended for use in emergency treatment of life-threatening hyperkalemia due to its delayed onset of action. The recommended starting dose of Lokelma (sodium zirconium cyclosilicate) is 10 grams (g) three times daily for 48 hours, followed by a maintenance dose of a minimum of 5g every other day to 15g daily based on serum potassium goal directed by one's healthcare provider. Lokelma (sodium zirconium cyclosilicate) is available as an oral suspension in a 5g or 10g packet. In those on chronic hemodialysis, the starting dose of 5 gm once daily on non-dialysis days. Contents of the packet are mixed in approximately 3 tablespoons or more of water for self-administration.

### Definitions

“Chronic kidney disease (CKD)” refers to a persistent anomaly in the structure or function of the kidneys, which lasts for a period of at least 3 months. It's identified by consistently unusual readings of real or approximated GFR (i.e., estimated GFR less than 60 mL/min/1.73 m<sup>2</sup>) over a period of at least three months, or by instances where the GFR is within the normal range but irregularities are present in albuminuria levels, kidney biopsy results, or kidney imaging findings.

“Dialysis” is a medical procedure that removes waste products and excess fluid from the body when the kidneys are unable to do so effectively. There are two main types of dialysis: hemodialysis, which uses a machine to filter the blood externally, and peritoneal dialysis, which uses the lining of the abdomen to filter the blood internally.

“Diuretics,” are medications that promote the excretion of excess water and salt from the body through the kidneys, thereby increasing urine output. Diuretics are commonly used to treat conditions such as high blood pressure, heart failure, and edema. Diuretics can be classified into several categories based on their mechanism of action, such as loop diuretics, thiazide diuretics, potassium-sparing diuretics, and osmotic diuretics.

“Documentation” refers to written information, including but not limited to:

- Up-to-date chart notes, relevant test results, and/or relevant imaging reports to support diagnoses; or

- Prescription claims records, and/or prescription receipts to support prior trials of formulary alternatives.

“ECG (Electrocardiogram)” is a diagnostic test that records the electrical activity of the heart. It can detect abnormalities in heart rate, rhythm, and conduction, as well as indicate the presence of heart disease, heart attack, or electrolyte imbalances, such as hyperkalemia.

“Hyperkalemia” is a medical condition characterized by abnormally high levels of potassium (K+) in the blood. In adults, it is typically defined as a serum potassium concentration greater than 5.0-5.5 milliequivalents per liter (mEq/L), while the range in infants and children is age-dependent. Elevated potassium levels can lead to significant hemodynamic and neurologic consequences, with levels higher than 7 mEq/L considered life-threatening. Levels exceeding 8.5 mEq/L can cause respiratory paralysis or cardiac arrest and can quickly be fatal.

“No evidence of” indicates that the reviewer has not identified any records of the specified item or condition within the submitted materials or claims history. In the absence of such evidence, the member is considered eligible. If any evidence of the item or condition is present upon review of the request, the member does not qualify.

“[s]” indicates state mandates may apply.

## Clinical Indications

### Medical Necessity Criteria for Clinical Review

#### General Medical Necessity Criteria

The Plan considers Lokelma (sodium zirconium cyclosilicate) medically necessary when ALL of the following criteria are met:

1. Lokelma (sodium zirconium cyclosilicate) is being prescribed at a dose and frequency that is within FDA approved labeling OR is supported by compendia or evidence-based published dosing guidelines for the requested indication; *AND*  
*The requested medication is being used within the Plan's Quantity Limit of: 900g every 30 days.*
2. The member meets ALL of the following:
  - a. No evidence that Lokelma (sodium zirconium cyclosilicate) is being used as an emergency treatment for life-threatening hyperkalemia (i.e., potassium levels of 7 to 8 mEq/L or higher); *and*
  - b. No evidence of severe constipation, bowel obstruction, or fecal impaction, including abnormal postoperative bowel motility disorders, unless corrected; *and*
  - c. No evidence of use in conjunction with another potassium binder (i.e., Patiromer, Sodium Polystyrene Sulfonate).

## Medical Necessity Criteria for Initial Clinical Review

### Initial Indication-Specific Criteria

#### Hyperkalemia

The Plan considers Lokelma (sodium zirconium cyclosilicate) medically necessary when ALL of the following criteria are met:

3. The member meets the above [General Medical Necessity Criteria](#); *AND*
4. The medication is prescribed by or in consultation with a nephrologist IF there is documentation of unexplained hyperkalemia; *AND*
5. The member is 18 years of age or older; *AND*
6. The member has a diagnosis of hyperkalemia and documentation of ONE (1) of the following:
  - a. Acute hyperkalemia; *or*
  - b. The member has acute or chronic hyperkalemia and is unable to use, or has tried and failed a loop or thiazide diuretic<sup>[s]</sup>; *or*
  - c. Lokelma (sodium zirconium cyclosilicate) is being used as an adjunct therapy in combination with other treatments, such as diuretics, for acute or chronic hyperkalemia.

If the above prior authorization criteria is met, Lokelma (sodium zirconium cyclosilicate) will be approved for up to 6 months.<sup>[s]</sup>

#### *Continued Care*

## Medical Necessity Criteria for Subsequent Clinical Review

### Subsequent Indication-Specific Criteria

#### Hyperkalemia

#### Medical Necessity Criteria for Reauthorization

The Plan considers Lokelma (sodium zirconium cyclosilicate) medically necessary when ALL of the following criteria are met:

1. The member meets the above applicable [General Medical Necessity Criteria](#); *AND*
2. Correctable causes of hyperkalemia have been identified and treated (e.g., dietary potassium restriction and/or discontinuation (or dose reduction) of medications contributing to hyperkalemia); *AND*
3. Recent medical records (within the past three months) provide documented evidence of BOTH of the following:
  - a. The member continues to require treatment for hyperkalemia to maintain safe potassium levels *OR* there is a high likelihood that serum potassium concentrations will increase without maintenance treatment; *and*
  - b. The member has had a positive clinical response to therapy as evidenced by ONE of the following:
    - i. Reductions in elevated serum potassium concentrations from baseline; *or*

- ii. Achievement of normokalemia (serum potassium concentration of 3.5–5 mEq/L).

If the above reauthorization criteria are met, the requested product will be authorized for up to 12-months.<sup>[5]</sup>

**Experimental or Investigational or unproven<sup>[5]</sup>**

Lokelma (sodium zirconium cyclosilicate) for any other indication or use is considered experimental, investigational, or unproven. Non-covered indications include, but are not limited to:

- Emergency treatment for life-threatening hyperkalemia because of its delayed onset of action.
- Treating lithium toxicity. There are no high quality studies to support the use of Lokelma (sodium zirconium cyclosilicate) for the management of lithium toxicity.

**Applicable Billing Codes**

Table 1	
CPT/HCPCS codes for hyperkalemia considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
J8499 (NOC)	Prescription drug, oral, non chemotherapeutic, noc

Table 2	
ICD-10 diagnostic codes considered medically necessary for hyperkalemia with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
E87.5	Hyperkalemia

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#### Clinical Guideline Revision / History Information

Original Date: 06/01/2023

Reviewed/Revised: 06/27/2024, 10/01/2025, 07/01/2026