

Policy Name:	Lokelma (sodium zirconium cyclosilicate)	Policy #:	2797P
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Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Lokelma (sodium zirconium cyclosilicate).

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Lokelma when the following criteria have been met.

Criteria

1. 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

2. Exclusions

- 2.1 Lokelma will not be covered in combination with Veltassa

3. Managed Dose Limit

- 3.1 #90 packets per 30 days

4. Approval Period

- 4.1 Initial Approval: 12 months
- 4.2 Subsequent Approvals: 12 months with documentation of beneficial response

CPT Codes

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HCPCS Codes

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References

1. Lokelma (sodium zirconium cyclosilicate) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; February 2024.
2. Fishbane S, Ford M, Fukagawa M, et al. A Phase 3b, Randomized, Double-Blind, Placebo-Controlled Study of Sodium Zirconium Cyclosilicate for Reducing the Incidence of Predialysis Hyperkalemia. *J Am Soc Nephrol* 2019; 30:1723.
3. Spinowitz BS, Fishbane S, Pergola PE, et al. Sodium Zirconium Cyclosilicate among Individuals with

Hyperkalemia: A 12-Month Phase 3 Study. Clin J Am Soc Nephrol 2019; 14:798.

4. Palmer BF, Carrero JJ, Clegg DJ, et al. Clinical management of hyperkalemia. Mayo Clin Proc. 2021;96(3):744-762.
5. Clase CM, Carrero JJ, Ellison DH, et al; Conference Participants. Potassium homeostasis and management of dyskalemia in kidney diseases: conclusions from a Kidney Disease: Improving Global Outcomes (KDIGO) Controversies Conference. Kidney Int. 2020;97(1):42-61

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.