

Effective Date: 3/1/2021
Reviewed: 12/2020, 06/2021, 5/2022, 11/2022, 4/2023, 4/2024, 5/2025, 2/2026
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. Member is 18 years old or older; AND
- B. Member 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. Member does not have a history of gastrointestinal motility disorders; AND
- E. Member 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. Member 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. QUANTITY LIMIT

- Lokelma 5gm & 10gm pak: 1 packet per day

IV. COVERAGE DURATION

Initial: 12 months

Continuation: 12 months

V. REFERENCES

Lokelma [package insert]. Wilmington, DE: AstraZeneca.; February 2024. Accessed January 2026.