

# **DRUG QUANTITY MANAGEMENT POLICY - PER RX**

Policy: Potassium Binders – Lokelma Drug Quantity Management Policy – Per

Rx

 Lokelma<sup>®</sup> (sodium zirconium cyclosilicate for oral suspension – AstraZeneca)

**REVIEW DATE:** 09/27/2024

#### INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

# CIGNA NATIONAL FORMULARY COVERAGE:

### **OVERVIEW**

Lokelma, a potassium-binder, is indicated for the treatment of  $\mathbf{hyperkalemia}$  in adults.<sup>1</sup>

## Dosing

The recommended starting dose of Lokelma is 10 grams administered orally three times a day for up to 48 hours. For maintenance treatment, the recommended dose is 10 grams once daily. The dose may be titrated up based on the serum potassium level at intervals of 1 week or longer and in increments of 5 grams. Decrease the dose of Lokelma or discontinue if serum potassium is below the target range. The recommended maintenance dose is from 5 grams every other day to 15 grams daily.

In patients receiving chronic hemodialysis, the recommended starting dose is 5 grams once daily administered only on non-dialysis days. A starting dose of 10 grams once daily on non-dialysis days if the patient's serum potassium is > 6.5 mEq/L. Monitor potassium and adjust the Lokelma dose based on pre-dialysis

serum potassium value after the long inter-dialytic interval and desired target range. The recommended maintenance dose is from 5 grams to 15 grams once daily, on non-dialysis days.

## Availability

Lokelma is available in 5 gram and 10 gram packets.<sup>1</sup>

#### **POLICY STATEMENT**

This Drug Quantity Management program has been developed to manage dose titration and provide for dose consolidation of Lokelma. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below.

**Drug Quantity Limits** 

Drug Quantity Emilio				
Product	Strength and Form	Retail Maximum Quantity per Rx	Home Delivery Maximum Quantity per Rx	
Lokelma <sup>®</sup>	5 gram packets	30 packets	90 packets	
(sodium zirconium cyclosilicate for oral suspension)	10 gram packets	30 packets	90 packets	

Potassium Binders – Lokelma Drug Quantity Management Policy – Per Rx product(s) is(are) covered as medically necessary when the following criteria is(are) met. Any other exception is considered not medically necessary.

### **CRITERIA**

#### Lokelma 5 gram packets

1. If the patient requires a maintenance dose of 15 grams daily, approve 90 packets per dispensing at retail and 270 packets per dispensing at home delivery.

### Lokelma 10 gram packets

1. If the patient is initiating therapy with Lokelma, approve a one-time override for the requested quantity, not to exceed 34 packets at retail and 94 packets at home delivery.

#### REFERENCES

1. Lokelma® powder for oral suspension [prescribing information]. Wilmington, DE: AstraZeneca; February 2024.

<sup>3</sup> Pages - Cigna National Formulary Coverage - Policy:Potassium Binders - Lokelma Drug Quantity Management Policy - Per Rx

## **HISTORY**

Type of Revision	Summary of Changes	Review Date
Annual	No criteria changes.	09/20/2023
Revision		
Annual	No criteria changes.	09/27/2024
Revision		

<sup>&</sup>quot;Cigna Companies" refers to operating subsidiaries of The Cigna Group. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of The Cigna Group. © 2024 The Cigna Group.