

# Cigna National Preferred Formulary Coverage Policy



Effective Date ..... 1/1/2021  
Next Review Date... 1/1/2022  
Coverage Policy Number ..... NPF178

## Drug Quantity Management – Per Rx Lokelma™ (sodium zirconium cyclosilicate for oral suspension) Dispensing Limit

### Table of Contents

NPF Coverage Policy .....	1
Background.....	2
References .....	2
Last Revision Details .....	2

### Related Coverage Resources

#### 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. 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.

### NPF Coverage Policy

#### Lokelma 5 gram and 10 gram packets

Maximum quantity per RX = 30 packets

A quantity of thirty (30) 5 gram or 10 gram packets will be covered per dispensing without coverage review. This is enough drug for a 30-day supply at daily dosing. The objective of this program is to manage dose titration and provide for dose consolidation. Additional quantities for dose titration can be made available through coverage review.

#### Criteria

**Cigna covers quantities as medically necessary when the following criteria are met:**

All approvals are provided for 1 year in duration unless otherwise noted below.

**Lokelma 5 gram packets**

1. For individuals requiring a maintenance dose of 15 grams daily, approve an override for up to quantity of 90 packets per dispensing.

**Lokelma 10 gram packets**

1. For individuals initiating therapy with Lokelma, approve a one-time override for up to quantity of 34 packets.

**Conditions Not Covered**

Any other exception is considered not medically necessary.

## Background

**Overview**

Lokelma is indicated for the treatment of hyperkalemia in adults. Lokelma is available in 5 gram and 10 gram packets. 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 can be adjusted by 5 grams daily as needed at one-week intervals up to 15 grams daily to obtain the desired serum potassium range. The recommended maintenance dose range is from 5 grams every other day to 15 grams daily.

## References

1. Lokelma™ [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; April 2020.

## Last Revision Details

Annual Revision	Reviewed by Clinical Specialists. No changes to clinical criteria.	08/31/2020
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