Continued prescribing of LOKELMA (sodium zirconium cyclosilicate) in the community to manage hyperkalaemia and enable guideline-directed RAASi therapy

The specialist has initiated your patient on LOKELMA and requests for you to continue maintenance prescribing and monitoring, in line with local guidelines.

What is LOKELMA?

LOKELMA is a potassium binder indicated in the management of hyperkalaemia. It captures potassium throughout the entire gastrointestinal tract and increases faecal potassium excretion to resolve hyperkalaemia.[1]

Hyperkalaemia may occur for many reasons, however, it is commonly seen in adults with chronic kidney disease (CKD) or heart failure (HF) who experience elevated serum potassium whilst on renin-angiotensin system inhibitor (RAASi) therapy.[2] LOKELMA is the most commonly prescribed potassium binder in the UK.[3]

Why has LOKELMA been prescribed?

Your patient has been initiated on LOKELMA by a specialist, in accordance with NICE TA599 guidance.[4] The aim of management is to maintain normokalaemia and in doing so enable optimisation of RAASi therapy where hyperkalaemia would otherwise limit treatment.

International guidelines state that discontinuation or down-titration of RAASi therapy should be considered as a last resort to manage hyperkalaemia.[5] Real-world evidence has shown that **patients who had their RAASi therapy down-titrated or discontinued, following a hyperkalaemia episode, had 2x the mortality risk compared to those who maintained maximum RAASi dose.**[6]

How should I titrate the dose of LOKELMA, and what monitoring is required?

Please see SmPC for full prescribing details, including dosing considerations, adverse events and precautions for use for LOKELMA.[1]

Method of administration:

LOKELMA is a powder for oral suspension, available in 5g or 10g doses. Mix LOKELMA with 45mL of water. Ensure patients stir well and drink the suspension straight away while still cloudy (powder will not dissolve).[1]

Administer azole antifungals, anti-HIV drugs, tyrosine kinase inhibitors and immunosuppressants 2 hours before or after LOKELMA. Please refer to the SmPC for full details on drug-drug interactions.[1]

Maintenance dose titration guidance (for non-dialysis patients):*[7]

Observed Serum K^+	Current LOKELMA Dose		
	5g Alternate Days (AD)	5g Once Daily (OD)	10g Once Daily (OD)
3.0–3.4 mmol/L	Discontinue	Reduce to 5g AD	Reduce to 5g OD
3.5–5.0 mmol/L	No Change	No Change	No Change
>5.0–6.5 mmol/L	Increase to 5g OD	Increase to 10g OD	Up to 10g can be used once a day to maintain normokalaemia levels. If normokalaemia cannot be achieved, discuss with specialist.

Adapted from Spinowitz *et al.* 2019.

*Based on dosing schedule for maintenance therapy from ZS-005. Study ZS-005 was a 12-month, multicentre, open-label, single-arm, phase 3 trial evaluating the long-term safety and efficacy of LOKELMA in patients with hyperkalaemia. In the correction phase, adult patients (n=751) with serum potassium levels of >5 mmol/L received LOKELMA 10g three times daily for 24-72 hours until normokalaemic (3.5-5.0 mmol/L). Patients (n=746) who achieved normokalaemia entered the subsequent 12-month maintenance phase and received 5g of LOKELMA once daily titrated to maintain normokalaemia without dietary or medication restrictions. Prespecified primary end points were restoration of normal serum potassium values (3.5-5.0 mmol/L) during the correction phase and maintenance of serum potassium >5.1 mmol/L during maintenance phase. Adverse events were assessed throughout.[7]

GB-74340 | March 2026

AstraZeneca

Monitoring requirements:

Serum potassium should be monitored when clinically indicated, including after changes are made to medicinal products that affect the serum potassium concentration (e.g. renin-angiotensin-aldosterone system (RAAS) inhibitors or diuretics) and after the LOKELMA dose is titrated.[1]

Monitoring frequency should be increased when a patient's clinical situation changes, including **changes to medicines** (especially those that are known to affect potassium levels or renal function), **intercurrent illness**, or a **change in the underlying conditions.**[8,9]

Discontinuation:

- Discontinue LOKELMA if the patient develops a hypersensitivity reaction.[1]
- Stop treatment completely if RAASi therapy is no longer indicated, or if potassium binder therapy is ineffective.[4]

Patients should **not** discontinue therapy without consulting with their healthcare professional.

When should I seek advice from specialist care?

Consider consulting this patient's specialist if there are any concerns regarding adjustments to RAASi therapy or potassium binder treatment.

Specialist's contact information

For further advice and support, please contact ..... on:

Telephone: .....

Email: .....

References:

1. LOKELMA© Summary of Product Characteristics
2. AlSahow A, *et al. J Clin Hypertens.* 2023 Jan 30;25(3):251-258
3. AstraZeneca. Data on File. Veeva Approval ID: REF-286306 September 2025
4. NICE. Sodium zirconium cyclosilicate for treating hyperkalaemia. Available at: https://www.nice.org.uk/guidance/ta599/chapter/1-Recommendations. Accessed: 18 August 2025
5. KDIGO CKD Work Group. Kidney Int. 2024;105(Suppl 4S):S117–S314
6. Epstein M, *et al. Am J Manag Care.* 2015;21(suppl):S212-S220
7. Spinowitz BS, *et al. Clin J Am Soc Nephrol.* 2019; 7; 14(6):798-809
8. National Institute For Health and Care Excellence. 2018. Chronic Heart Failure in adults: Diagnosis and Management. NG106. Available at: www.nice.org.uk
9. National Institute For Health and Care Excellence. 2021. Chronic Kidney Disease: Assessment and Management. NG203. Available at: www.nice.org.uk

AstraZeneca

Prescribing Information

LOKELMA®(sodium zirconium cyclosilicate) 5g & 10g POWDER FOR ORAL SUSPENSION

Consult Summary of Product Characteristics before prescribing.

Indication: Lokelma is indicated for treatment of hyperkalaemia in adults.

Presentation: 5g or 10g powder for oral suspension. Each sachet contains 5g or 10g sodium zirconium cyclosilicate.

Dosage and Administration: **Correction phase:** Recommended starting dose is 10g, administered orally, three times a day as a suspension in water. When normokalaemia is achieved the maintenance regimen should be followed. Typically, normokalaemia is achieved within 24 to 48 hours. If patient is still hyperkalaemic after 48 hours of treatment the same regimen can be continued for an additional 24 hours. If normokalaemia not achieved after 72 hours of treatment, other treatment options should be considered. **Maintenance phase:** Establish the minimal effective dose to prevent recurrence of hyperkalaemia. Recommended starting dose of 5g once daily, with possible titration up to 10g once daily, or down to 5g once every other day, as needed, to maintain normal potassium level. No more than 10g once daily should be used for maintenance therapy. Monitor serum potassium levels regularly during treatment. **Missed dose:** If a dose is missed the patient should take the next usual dose at their normal time. **Renal impairment:** No dosage adjustment required for patients who are not on chronic haemodialysis. For patients on dialysis Lokelma should only be dosed on non-dialysis days. The recommended starting dose is 5g once daily. To establish normokalaemia (4.0-5.0 mmol/L), the dose may be titrated up or down weekly based on the pre-dialysis serum potassium value after the long inter-dialytic interval (LIDI). The dose could be adjusted at intervals of one week in increments of 5g up to 15g once daily on non-dialysis days. It is recommended to monitor serum potassium weekly while the dose is adjusted; once normokalaemia is established, potassium should be monitored regularly (e.g. monthly, or more frequently based on clinical judgement including changes in dietary potassium or medication affecting serum potassium. **Hepatic impairment:** No changes from the normal doses are required for patients with hepatic impairment. **Elderly population:** No special dose and administration guidelines are recommended for this population. **Paediatric population:** Safety and efficacy has not been established in children and adolescents (<18 years). **Method of administration:** The entire contents of the sachet(s) should be emptied in a drinking glass containing approximately 45ml of water and stirred well. The tasteless liquid should be drunk while still cloudy. The powder will not dissolve. If the powder settles, the liquid should be stirred again and taken. If needed, rinse the glass with more water to ensure that all of the content is taken. The suspension can be taken with or without food.

Contraindications: Hypersensitivity to the active substance.

Warnings and Precautions: **Serum potassium levels:** Monitor serum potassium levels when clinically indicated, including after changes are made to medicinal products that affect the serum potassium concentration (e.g. renin-angiotensin-aldosterone system (RAAS) inhibitors or diuretics) and after Lokelma dose is titrated. Monitoring frequency will depend upon a variety of factors including other medicinal products, progression of chronic kidney disease and dietary potassium intake. **Hypokalaemia:** Hypokalaemia may be observed. To prevent moderate to severe hypokalaemia dose titration (maintenance posology) may be required. Discontinue and re-evaluate treatment in patients with severe hypokalaemia. **Worsening of pre-existing heart failure:** Monitor patients with pre-existing heart failure, particularly those in whom an increased sodium intake may lead to fluid overload and decompensation. Manifestations of worsening heart failure, including increased dyspnoea, oedema and rapid weight gain, should be managed as per standard clinical practice. **QT Prolongation:** During correction phase, a lengthening of QT interval can be observed as the physiologic result of decline in serum potassium concentration. **Risk of interaction with X rays:** Sodium zirconium cyclosilicate may be opaque to X-rays, keep in mind if patient has abdominal X-ray. **Intestinal perforation:** Risk of intestinal perforation unknown. Special attention to be paid as intestinal perforation has been reported with potassium binders including Lokelma. **Sodium content:** Lokelma is considered high in sodium. This should be particularly taken into account for those on a low salt diet.

Drug Interactions: No expected effects of other medicines on sodium zirconium cyclosilicate as it is not absorbed or metabolised by the body. Sodium zirconium cyclosilicate can transiently increase gastric pH and can lead to changes in solubility where co-administered medicinal product has pH-dependent stability and therefore should be administered at least 2 hours before or 2 hours after oral medicinal products with clinically meaningful gastric pH dependent bioavailability (e.g. azole antifungals, a number of anti-HIV agents, and tyrosine kinase inhibitors). Sodium zirconium cyclosilicate can be co-administered without spacing of dosing times with oral medicinal products that do not exhibit pH-dependent bioavailability. Tacrolimus should be taken at least 2 hours before or after Lokelma.

Pregnancy and Lactation: Preferable to avoid use during pregnancy. Can be used during breast-feeding.

Ability to Drive and Use Machines: Lokelma has no or negligible influence on the ability to drive and use machines.

Undesirable Events: **Consult SmPC for full list of side effects.** Very Common: Worsening of pre-existing heart failure (including increased dyspnoea, oedema and rapid weight gain). Common: Hypokalaemia, constipation, oedema related events (including fluid retention, generalised oedema, hypervolaemia, localised oedema, oedema, oedema peripheral, peripheral swelling).

Legal Category: POM.

Marketing Authorisation Numbers: PLGB 17901/0332, PLGB 17901/0331.

Presentation & Basic NHS Cost: 5g x 30 pack: £156; 10g x 3 pack: £31.20; 10g x 30 pack: £312.

Business Responsible for Sale and Supply / Further Information: AstraZeneca UK Ltd., 2 Pancras Square, 8th Floor, London, N1C 4AG, UK.

Date of preparation: 02/2026

CV 26 0002

Adverse events should be reported. Reporting forms and information can be found at **www.mhra.gov.uk/yellowcard** or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to AstraZeneca by visiting **https://contactazmedical.astrazeneca.com** or by calling **0800 783 0033.**

AstraZeneca