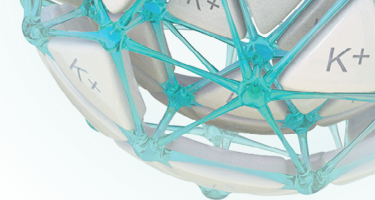


CHOOSE LOKELMA IN THE EMERGENCY DEPARTMENT FOR ADULT PATIENTS WITH HYPERKALEMIA¹



LOKELMA should not be used as an emergency treatment for life-threatening hyperkalemia because of its delayed onset of action. LOKELMA may be initiated in the emergency department to eliminate potassium.¹

Management goals of therapy to treat hyperkalemia should include potassium elimination in the hospital.^{2,3}

MEMBRANE STABILIZATION	K ⁺ REDISTRIBUTION	K ⁺ ELIMINATION
Antagonize the effects of K ⁺ on excitable cell membranes ³ CALCIUM GLUCONATE Increases threshold potential of cardiac myocytes ⁴	Redistribute extracellular K ⁺ into cells ⁵ INSULIN Activates the Na ⁺ /K ⁺ -ATPase pump ³ β₂-ADRENOCEPTOR AGONISTS Activate the Na ⁺ /K ⁺ ATPase pump ⁶	Enhance the elimination of K ⁺ from the body ⁵ LOOP DIURETICS Enhance kaliuresis ³ POTASSIUM BINDERS Remove K ⁺ through intestines ^{1,2,5} EMERGENCY DIALYSIS Removes K ⁺ from blood ^{5,7} SODIUM BICARBONATE Enhances urinary K ⁺ excretion ³
Temporizing measures do not diminish total body K ⁺ ; serum K ⁺ levels rebound when these measures wear off. ^{2,5}		

- ▶ LOKELMA does not replace temporizing agents for the emergency treatment of life-threatening hyperkalemia¹
- ▶ With LOKELMA, there are no contraindications or drug interactions with temporizing agents listed in the Prescribing Information¹

IMPORTANT SAFETY INFORMATION FOR LOKELMA® (sodium zirconium cyclosilicate)

WARNINGS AND PRECAUTIONS:

- ▶ **Gastrointestinal Adverse Events in Patients with Motility Disorders:** Avoid LOKELMA in patients with severe constipation, bowel obstruction or impaction, including abnormal post-operative bowel motility disorders. LOKELMA has not been studied in patients with these conditions and it may be ineffective and may worsen gastrointestinal conditions.
- ▶ **Edema:** Each 5-g dose of LOKELMA contains approximately 400 mg of sodium, but the extent of absorption by the patient is unknown. In clinical trials of LOKELMA in patients who were not on dialysis, edema was observed and was generally mild to moderate in severity and was more commonly seen in patients treated with 15 g once daily. Monitor for signs of edema, particularly in patients who should restrict their sodium intake or are prone to fluid overload (eg, heart failure or renal disease). Advise patients to adjust dietary sodium, if appropriate. Increase the dose of diuretics as needed.

In a clinical trial of LOKELMA in patients on chronic hemodialysis in which most patients were treated with doses of 5 g to 10 g once daily on non-dialysis days, there was no difference in the mean change from baseline in interdialytic weight gain (a measure of fluid retention) between the LOKELMA and placebo groups.

Please see Important Safety Information on next page and full [Prescribing Information](#).

 **LOKELMA®**
(sodium zirconium cyclosilicate)
5g | 10g for oral suspension

IMPORTANT SAFETY INFORMATION

IMPORTANT SAFETY INFORMATION FOR LOKELMA® (sodium zirconium cyclosilicate) (Cont'd)

WARNINGS AND PRECAUTIONS (Cont'd):

- ▶ **Hypokalemia in Patients on Hemodialysis:** Patients on hemodialysis may be prone to acute illness that can increase the risk of hypokalemia on LOKELMA (eg, illnesses associated with decreased oral intake, diarrhea). Consider adjusting LOKELMA dose based on potassium levels in these settings.

ADVERSE REACTIONS: The most common adverse reaction in non-dialysis patients with LOKELMA was mild to moderate edema. In placebo-controlled trials up to 28 days, edema was reported in 4.4%, 5.9%, 16.1% of non-dialysis patients treated with 5 g, 10 g, and 15 g of LOKELMA once daily, respectively vs 2.4% of non-dialysis patients receiving placebo.

DRUG INTERACTIONS: LOKELMA can transiently increase gastric pH. In general, oral medications with pH-dependent solubility should be administered at least 2 hours before or 2 hours after LOKELMA. Spacing is not needed if it has been determined the concomitant medication does not exhibit pH-dependent solubility.

INDICATION AND LIMITATION OF USE

LOKELMA is indicated for the treatment of hyperkalemia in adults.

LOKELMA should not be used as an emergency treatment for life-threatening hyperkalemia because of its delayed onset of action.

DOSING:

▶ Non-hemodialysis Patients

For initial treatment of hyperkalemia, the recommended starting dose is 10 g administered three times a day up to 48 hours. For maintenance treatment, the recommended starting dose is 10 g once daily. Monitor serum potassium and adjust dose of LOKELMA at 1-week intervals or longer in increments of 5 g based on serum potassium and desired target range. The recommended maintenance dose range is from 5 g every other day to 15 g daily. Discontinue or decrease the dose of LOKELMA if serum potassium is below the desired target range.

▶ Hemodialysis Patients

For patients on chronic hemodialysis, administer LOKELMA only on non dialysis days. The recommended starting dose is 5 g once daily on non-dialysis days. Consider a starting dose of 10 g once daily on non-dialysis days in patients with serum potassium greater than 6.5 mEq/L. Monitor serum potassium and adjust the dose of LOKELMA based on the pre dialysis serum potassium value after the long interdialytic interval and desired target range. During initiation and after dose adjustment, assess serum potassium after one week. Discontinue or decrease the dose of LOKELMA if serum potassium falls below the desired target range based on pre-dialysis value after the long interdialytic interval or the patient develops clinically significant hypokalemia. The recommended maintenance dose range is from 5 g to 15 g once daily, on non-dialysis days.

Please see Important Safety Information on previous page and full [Prescribing Information](#).

References: 1. LOKELMA® (sodium zirconium cyclosilicate) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2020. 2. Hollander-Rodriguez JC and Calvert JF Jr. Hyperkalemia. *Am Fam Physician*. 2006;73(2):283-290. 3. Weisberg LS. Management of severe hyperkalemia. *Crit Care Med*. 2008;36(12):3246-3251. 4. Parham WA, Mehdirad AA, Biermann KM, Fredman CS. Hyperkalemia revisited. *Tex Heart Inst J*. 2006;33(1):40-47. 5. Dunn JD, Benton WW, Orozco-Torrentera E, Adamson RT. The burden of hyperkalemia in patients with cardiovascular and renal disease. *Am J Manag Care*. 2015;21(15):S307-S315. 6. Palmer BF. Regulation of potassium homeostasis. *Clin J Am Soc Nephrol*. 2015;10:1050-1060. 7. Mushiyakh Y, Dangaria H, Qavi S, Ali N, Pannone J, Tompkins D. Treatment and pathogenesis of acute hyperkalemia. *J Community Hosp Intern Med Perspect*. 2012;1(4):7372. doi: 10.3402/jchimp.v1i4.7372.



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(sodium zirconium cyclosilicate)
5g | 10g for oral suspension

