

Specialist Initiation = Prescribed products that must be initiated and stabilised by a specialist. Once stabilised, prescribing and monitoring can be undertaken in primary care, where this can be safely delivered without structured ongoing specialist involvement

Adult treatment pathway for sodium zirconium cyclosilicate (SZC) for persistent hyperkalaemia in patients with chronic kidney disease (CKD) (stages 3b-5) or heart failure based on NICE TA1148

Prescribing criteria for sodium zirconium cyclosilicate (a potassium binder)

SZC may be considered for initiation in hospital by a specialist in adult patients with persistent hyperkalaemia in line with NICE [TA1148](#)

**Excludes emergency treatment of acute hyperkalaemia (i.e. potassium ≥ 6.5 mmol/L) which requires management in secondary care to achieve normokalaemia*

Transfer of care after stabilisation of renin-angiotensin system inhibitors (RAASi) and sodium zirconium cyclosilicate (SZC) by specialist

GPs may be asked to take over prescribing and monitoring responsibility once patient is stabilised on:

- **RAASi and**
- **SZC**
- **No dose changes anticipated within the next 4-6 weeks**
- **Potassium is ≤ 5.3 mmol/L**

Specialist responsibilities:

- Communicate the prescribed dose, expected duration of treatment, and ongoing monitoring requirements to primary care. Treatment is expected to continue indefinitely unless otherwise specified in the individual treatment plan.
- Prescribe a further 4 weeks supply.
- Ensure patient is counselled on how to take sachets, storage, potential side effects and advise that long term use has not been studied for more than a year
- Provide ongoing advice to primary care where needed.

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Ongoing management and monitoring of SZC in Primary Care

Primary care to adjust RAASi dose as required to manage underlying condition e.g.CKD/HF.

1. Monitor U&Es and blood pressure 2 weeks after each RAASi dose change.
2. Adjust SZC dose according to serum potassium results if required – see table below.
3. Recheck U+Es within 2 weeks of each change in SZC dose.
4. Repeat step 3 as necessary
5. Once patients are on a stable dose of RAASi to manage the underlying condition and SZC to maintain a stable serum potassium level, monitor U+Es as indicated for standard CKD/HF monitoring schedule ([NICE CKD Guidelines](#)).

Reduce the dose of RAASi in persistent hyperkalaemia despite optimal doses of SZC.

Primary care guide to SZC dose adjustment following out of reference range serum potassium result during maintenance treatment

	SZC Dose		
Current	5g on Alternate Days	5g Once Daily	10g Once Daily
Serum potassium (mmol/L)	<u>Recommended dose adjustment according to serum potassium result</u>		
3.0-3.4	Discontinue	Reduce to 5g Alternate Days	Reduce to 5g OD
3.5-5.0	No Change	No Change	No Change
5.1-6.5	Increase to 5g OD	Increase to 10g OD	Refer back to specialist
>6.5	Urgent referral to specialist for emergency treatment of acute hyperkalaemia*		

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Discontinuing SZC

- Discontinue if the patient develops a hypersensitivity reaction.
- Patients should be instructed not to discontinue therapy without consulting their healthcare professional (increases in serum potassium may occur as early as 2 days after last dose of SZC).
- Stop treatment completely if RAASi therapy is no longer indicated, or if SZC therapy is ineffective

Referral criteria / when to seek advice from secondary care

GP to seek advice from secondary care if concerns arise on:

- RAASi or SZC dose adjustments
- drug interactions
- contraindications, cautions
- monitoring results

Non-urgent advice:

1. On CKD and management of chronic hyperkalaemia available from STHFT renal medicine teams via **ERS Advice and Guidance(A&G)**

Telephone advice should only be used when ERS A&G is unavailable or where discussion is essential and cannot be managed via A&G

- STHFT Renal Team: 01142715327
- DBH Renal Team: on call consultant via DRI Switchboard or Renal Secretaries on 01302 642717

2. Heart failure advice available from local heart failure nurse specialists in Sheffield, Barnsley, Rotherham and Doncaster via usual points of contact.

RED FLAGS

- Potassium <3.5mmol/L - decrease SZC dose or discontinue and monitor potassium level as per table above
- Potassium >6.5mmol/L - refer for emergency treatment of acute hyperkalaemia as per table above*

*Secondary care will review RAASi medication as part of emergency management, if a patient will not be seen by the specialist team on the same day, contact secondary care for urgent advice.

Information about SZC – refer to BNF and SPC for full prescribing information

Administration instructions: make up in 45ml of water and stir well. The powder will not dissolve. Drink/administer the tasteless liquid straight away.

Concomitant medication: azole antifungals, anti-HIV drugs and tyrosine kinase inhibitors to be administered 2 hours before or after sodium zirconium cyclosilicate.

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Development Process

This guidance has been produced by Dr William McKane, Consultant Nephrologist, Sheffield Teaching Hospitals Foundation Trust; Diana Vasile, Lead Pharmacist MO, SY ICB following an specialist initiation classification status of sodium zirconium cyclosilicate by South Yorkshire Integrated Medicines Optimisation Committee (IMOC). This guideline has been reviewed and endorsed by the Department of Renal Medicine, Doncaster Royal Infirmary and was ratified by IMOC at October 2026 meeting. Review date: October 2031

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