

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

\*FHK- Florida Healthy Kids

## Keveyis (dichlorphenamide)

Override(s)	Approval Duration
Prior Authorization	Initial approval: 3 months
Quantity Limit	Continuation approval: 1 year

Medications	Quantity Limit
Keveyis (dichlorphenamide)	May be subject to quantity limit

### APPROVAL CRITERIA

Requests for initiation of therapy with Keveyis (dichlorphenamide) may be approved if the following criteria are met:

- I. Individual is using to treat primary hyperkalemic periodic paralysis; **OR**
- II. Individual is using to treat primary hypokalemic periodic paralysis; **OR**
- III. Individual is using to treat a periodic paralysis related variant (such as but not limited to paramyotonia congenita);

### **AND**

- IV. Individual experiences greater than or equal to one episode of muscle weakness per week.

Requests for continuation of therapy with Keveyis (dichlorphenamide) may be approved if the following criteria are met:

- I. Individual is using to treat primary hyperkalemic periodic paralysis; **OR**
- II. Individual is using to treat primary hypokalemic periodic paralysis; **OR**
- III. Individual is using to treat a periodic paralysis related variant (such as but not limited to paramyotonia congenita);

### **AND**

- IV. Individual has achieved and sustained clinically significant improvement in the number of episodes of muscle weakness experienced per week; **AND**
- V. Results have been confirmed.

PAGE 1 of 2 04/19/2019

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Keveys (dichlorphenamide) may **not** be approved for any of the following:

- I. Individual has a diagnosis of hepatic insufficiency; **OR**
- II. Individual has a severe pulmonary obstruction; **OR**
- III. Individual has a hypersensitivity to sulfonamides; **OR**
- IV. Used concurrently with high-dose aspirin.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

**Key References:**

1. Primary Periodic Paralysis. Rochester, MN: American Association of Neuromuscular & Electrodiagnostic Medicine: 2018. URL: <http://www.aanem.org/Patients/Disorders/Primary-Periodic-Paralysis>.
2. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
3. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: November 26, 2018.
4. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

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