

dichlorphenamide (KEVEYIS)

Diagnoses Considered for Coverage:

- Primary hyperkalemic periodic paralysis (PHPP)
- Primary hypokalemic periodic paralysis (PHoPP)
- Paramyotonia congenita (PMC)

Coverage Criteria:

1. For primary hyperkalemic periodic paralysis (PHPP), primary hypokalemic periodic paralysis (PHoPP), and paramyotonia congenita (PMC):

Initial Authorization

- Being prescribed by or in consultation with a neurologist, **and**
- Inadequate response, intolerable side effect, or contraindication to acetazolamide (Diamox), **and**
- Dose does not exceed 200 mg per day, **and**
- Patient lifestyle modifications, dietary restrictions and exercise restrictions have been maximally challenged.

Coverage duration: 2 months

Reauthorization

- The number of attacks of muscle weakness (paralysis) per week has reduced, **and**
- Dose does not exceed 200 mg per day.

Coverage duration: one year

Coverage Duration: see above

References:

1. Prescribing Information. Keveyis. Taro Pharmaceuticals Inc. 2019
2. Statland JM, Fontaine B, Hanna MG, et al. Review of the Diagnosis and Treatment of Periodic Paralysis. Muscle Nerve 2018; 57:522.

Effective Date: 09/27/2023