

Dichlorphenamide (Keveyis)

Non-formulary **dichlorphenamide (Keveyis)** requires a clinical review before ordering. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Non-formulary **dichlorphenamide (Keveyis)** will be covered for 2 months on the prescription drug benefit when the following criteria are met:

- Prescribed by neurologist with specialty in neuromuscular disorders **AND**
- Patient is diagnosed with Hyperkalemic or Hypokalemic Periodic Paralysis **AND**
- Patient is 18 years or older **AND**
- Patient experiences 1 or more attacks per week as documented by patient and/or neurologist **AND**
- Potential precipitating factors (including lifestyle and recent medication changes*) have been evaluated with documentation of continued attack rate or severity despite changes to therapy or lifestyle modifications **AND**
- Adequate trial (at least 2 month) and failure of acetazolamide 500 mg/day or more (unless intolerant) **AND**
- Patient did NOT experience disease worsening with acetazolamide **AND**
- Baseline serum potassium is greater than 3.5 mmol/L and bicarbonate is greater than 22 mmol/L

* Note: Medications which affect potassium levels include, but are not limited to, oral potassium, steroids, insulin, and diuretics.

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **dichlorphenamide (Keveyis)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- See below for continued use criteria for stable members

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **dichlorphenamide (Keveyis)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient is diagnosed with Hyperkalemic or Hypokalemic Periodic Paralysis **AND**
- Patient is 18 years or older **AND**
- Adequate trial (at least 2 month) and failure of acetazolamide 500 mg/day or more (unless intolerant)

kp.org

Revised: 10/14/21
Effective: 12/02/21

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

Dichlorphenamide (Keveyis)

Continued use criteria (after 2 months of treatment): Non-formulary **dichlorphenamide (Keveyis)** will continue to be covered for 12 months on the prescription drug benefit when the following criteria are met:

- Prescribed by neurologist with specialty in neuromuscular disorders **AND**
- Patient is diagnosed with Hyperkalemic or Hypokalemic Periodic Paralysis **AND**
- Patient is 18 years old or older **AND**
- Patient experienced at least a 50% reduction in paralysis attacks per month OR a severity-weighted attack score of 1 or less, as documented via calendar (sum of attack severity ratings divided by total weeks followed)

Continued use criteria for stable members: Non-formulary **dichlorphenamide (Keveyis)** will continue to be covered for 12 months on the prescription drug benefit when the following criteria are met:

- Prescribed by neurologist with specialty in neuromuscular disorders **AND**
- Patient is diagnosed with Hyperkalemic or Hypokalemic Periodic Paralysis **AND**
- Patient is 18 years or older **AND**
- Adequate trial (at least 2 month) and failure of acetazolamide 500 mg/day or more (unless intolerant)