

Policy Name: Keveyis (dichlorphenamide)**Policy #:** 2447P**Purpose of the Policy**

The purpose of this policy is to establish the criteria for coverage of Keveyis (dichlorphenamide).

Statement of the Policy

Health Alliance Medical Plans will approve the use of Keveyis (dichlorphenamide) under the Specialty Pharmacy benefit when the following criteria have been met.

Criteria**1. Coverage Criteria**

- 1.1 Documented diagnosis of primary hyperkalemic periodic paralysis or primary hypokalemic periodic paralysis, or related variants of primary periodic paralysis (episodes of muscle weakness with or without high or low potassium levels)
- 1.2 Prescribed by a specialist experienced in treating periodic paralysis
- 1.3 Documented failure, intolerance, or contraindication to acetazolamide
- 1.4 If primary hyperkalemic periodic paralysis, documented failure, intolerance, or contraindication to thiazide diuretics (hydrochlorothiazide)
- 1.5 If primary hypokalemic periodic paralysis, documented failure, intolerance, or contraindication to both spironolactone and triamterene as well as potassium supplementation
- 1.6 Coverage of brand Keveyis requires previous trial or contraindication of generic dichlorphenamide

2. Approval Period

- 2.1 Initial Approval: 12 months
- 2.2 Re-approval: 12 months, with documentation of beneficial response

CPT Codes

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HCPCS Codes

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References

1. Keveyis (dichlorphenamide) [prescribing information]. Chicago, IL: Xeris Pharmaceuticals Inc; January 2024.

2. Statland JM, Fontaine B, Hanna MG, et al. Review of the Diagnosis and Treatment of Periodic Paralysis. *Muscle Nerve* 2018; 57:522.
3. Sansone V, Meola G, Links TP, Panzeri M, Rose MR. Treatment for periodic paralysis. *Cochrane Database Syst Rev* 2008;1:CD005045.
4. Akaba Y, Takahashi S, Sasaki Y, Kajino H. Successful treatment of normokalemic periodic paralysis with hydrochlorothiazide. *Brain Dev* 2018; 40:833.
5. Levitt JO. Practical aspects in the management of hypokalemic periodic paralysis. *J Transl Med.* 2014;12:198.
6. Matthews E, Portaro S, Ke Q, et al. Acetazolamide efficacy in hypokalemic periodic paralysis and the predictive role of genotype. *Neurology* 2011; 77:1960.
7. Sansone VA, Burge J, McDermott MP, et al. Randomized, placebo-controlled trials of dichlorphenamide in periodic paralysis. *Neurology* 2016; 86:1408.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.