Keveyis (dichlorphenamide)

Coverage Criteria:

Reserved for patients meeting all of the following:

1. Member is diagnosed with one of the following:
    a. Primary hyperkalemic periodic paralysis and related variants as evidence by genetic testing, medical chart documentation must be provided; OR
    b. Primary hypokalemic periodic paralysis and related variants as evidence by genetic testing, medical chart documentation must be provided; and,
2. Member did not achieve treatment goals (i.e., treatment failure), had persistent intolerable adverse effects, or has a contraindication to treatment with acetazolamide (Diamox); and,
3. Prescribed by a neurologist or specialist in genetic diseases; and,
4. The patient and/or guardian has attested that they will adhere to the treatment plan; and
5. When prescribed according to the FDA approved regimen of up to 200 mg daily.

Coverage Duration:

Initial authorizations will be for 3 months.

Reauthorizations will be provided when the member demonstrates a reduction in the number of attacks of muscle weakness from baseline (i.e., prior to initiation of dichlorphenamide). Medical chart documentation is required. Subsequent approvals will be provided for 12 months.

Renewal Criteria:

Annual reauthorizations will require medical chart documentation that the patient has been seen within the previous 12 months and continued documented benefit from the product.

P&T Date: August 2016
Effective Date: 1/1/2017