



**Commercial/Healthcare Exchange PA Criteria**  
**Effective: April 27,2020**

**Prior Authorization:** Keveyis (dichlorphenamide)

**Products Affected:** Keveyis (dichlorphenamide) oral tablet

**Medication Description:**

Keveyis, a carbonic anhydrase inhibitor that is FDA indicated for the treatment of primary hyperkalemic periodic paralysis (HyperPP), primary hypokalemic periodic paralysis (HypoPP), and related variants. Periodic paralysis is a rare neuromuscular disorder, related to a defect in muscle ion channels, characterized by episodes of painless muscle weakness, which may be precipitated by heavy exercise, fasting, or high-carbohydrate meals. Periodic paralysis (PP) is classified as hypokalemic when episodes occur in association with low potassium blood levels or as hyperkalemic when episodes can be induced by elevated potassium. Most cases of periodic paralysis are hereditary, usually with an autosomal dominant inheritance pattern. Acquired cases of hypokalemic PP have been described in association with hyperthyroidism. Hypokalemic periodic paralysis (PP) is the most common of the periodic paralyses, but is still quite rare, with an estimated prevalence of 1 in 100,000. Hypokalemic PP may be familial with autosomal dominant inheritance or may be acquired in patients with thyrotoxicosis. Clinical penetrance is often incomplete, especially in women. The disorder is three to four times more commonly clinically expressed in men. Approximately one-third of cases represent new mutations.

The recommended initial dose of Keveyis is 50 mg twice daily (BID). The maximum recommended total daily dose is 200 mg. Primary HyperPP, primary HypoPP, and related variants are a heterogeneous group of conditions, for which the response to Keveyis may vary. Therefore, prescribers should evaluate the patient's response to Keveyis after 2 months to decide whether it should be continued.

**Covered Uses:**

1. Hyperkalemic Periodic Paralysis (HyperPP) and Related Variants
2. Hypokalemic Periodic Paralysis (HypoPP) and Related Variants

**Exclusion Criteria:**

Keveyis has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval in the following circumstances.

1. Patient with history of hypersensitivity to dichlorphenamide or other sulfonamides
2. Patient on high dose aspirin
3. Patient with severe pulmonary disease
4. Patient with hepatic insufficiency

**Required Medical Information:**

1. Diagnosis
2. Potassium concentration during paralytic attack (if available)
3. Pertinent family history related to condition (if available)
4. Pertinent confirmation of skeletal muscle calcium or sodium channel mutation (if available)

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Confidential Information

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**Age Restrictions:** None

**Prescriber Restrictions:** Prescribed by or in consultation with a neurologist or a physician who specializes in the care of patients with primary periodic paralysis (e.g., muscle disease specialist, physiatrist).

**Coverage Duration:**

1. Initial therapy – 2 months
2. Continuing therapy – 12 months

**Other Criteria:**

**1. Hyperkalemic Periodic Paralysis (HyperPP) and Related Variants**

Initial Therapy: Approve Keveyis if the patient meets the following criteria (A, B **AND** C)

- A)** Patient has a confirmed diagnosis of primary hyperkalemic periodic paralysis by meeting at least ONE of the following criteria (a, b, c, **OR** d):
- a. Patient has had an increase from baseline in serum potassium concentration of greater than or equal to 1.5 mEq/L during a paralytic attack; **OR**
  - b. Patient has had a serum potassium concentration during a paralytic attack of greater than 5.0 mEq/L; **OR**
  - c. Patient has a family history of the condition; **OR**
  - d. Patient has a genetically confirmed skeletal muscle sodium channel mutation; **AND**
- B)** The prescriber has excluded other reasons for acquired hyperkalemia (e.g., drug abuse, renal and adrenal dysfunction)
- C)** Patient has documented failure or intolerance to a trial of dichlorphenamide.

**2. Hypokalemic Periodic Paralysis (HypoPP) and Related Variants**

Initial Therapy: Approve Keveyis if the patient meets the following criteria (A, B, C **AND** D)

- A)** Patient has a confirmed diagnosis of primary hypokalemic periodic paralysis by meeting at least ONE of the following (a, b, **OR** c):
- a. Patient has had a serum potassium concentration of less than 3.5 mEq/L during a paralytic attack; **OR**
  - b. Patient has a family history of the condition; **OR**
  - c. Patient has a genetically confirmed skeletal muscle calcium or sodium channel mutation; **AND**
- B)** Patient has had improvements in paralysis attack symptoms with potassium intake; **AND**
- C)** The prescriber has excluded other reasons for acquired hypokalemia; **AND**
- Note: Examples of other reasons for acquired hypokalemia include renal, adrenal, or thyroid dysfunction; renal tubular acidosis; and diuretic or laxative abuse.
- D)** Patient has documented failure or intolerance to a trial of dichlorphenamide.

**Renewal Criteria:**

**1. Hyperkalemic Periodic Paralysis (HyperPP) and Related Variants**

Patient has decrease in the frequency or severity of paralytic attacks with treatment as determined by the prescriber

## 2. Hypokalemic Periodic Paralysis (HypoPP) and Related Variants

Patient has decrease in the frequency or severity of paralytic attacks with treatment as determined by the prescriber

### References:

1. Keveyis™ tablets [prescribing information]. Hawthorne, NY: Taro Pharmaceuticals; August 2015.
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3. Genetics Home Reference. Hypokalemic periodic paralysis. Reviewed April 2007. Available at: <http://ghr.nlm.nih.gov/condition/hypokalemic-periodic-paralysis>. Accessed on September 15, 2015.
4. Vicart S, Sternberg D, Arzel-Hezode M, et al. Hypokalemic periodic paralysis. Initial posting April 30, 2002. Updated July 31, 2014. GeneReviews® - NCBI Bookshelf. Available at: <http://www.ncbi.nlm.nih.gov/books/NBK1338/?report=printable>. Accessed on August 12, 2015.
5. Genetics Home Reference. Hyperkalemic periodic paralysis. Reviewed August 2013. Available at: <http://ghr.nlm.nih.gov/condition/hyperkalemic-periodic-paralysis>. Accessed on September 15, 2015.
6. Tawil R, McDermott MP, Brown R, et al. Randomized trials of dichlorphenamide in the periodic paralyses. *Ann Neurol*. 2000;47:46-53.
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8. Levitt JO. Practical aspects in the management of hypokalemic periodic paralysis. Commentary. *J Transl Med*. 2008;6:18.
9. Jurka-Rott K, Lehmann-Horn F. Hyperkalemic periodic paralysis. Initial posting July 18, 2003. Updated May 31, 2011. Available at: <http://www.ncbi.nlm.nih.gov/books/NBK1496/?report=printable>. Accessed on September 16, 2020

### Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	1/13/2016
2	Update	CCI adoption of EH policy Removal from CCI Pa to Indication Policy	Reviewed covered uses and exclusion criteria to FDA label	4/27/2020
3	Update	Added "Patient has documented failure or intolerance to a trial of dichlorphenamide" to <b>Hyperkalemic Periodic Paralysis (HyperPP) and Related Variants and Hypokalemic Periodic Paralysis (HypoPP) and Related Variants criteria</b> . Added to <b>Hypokalemic Periodic Paralysis (HypoPP) and Related Variants</b> The prescriber has excluded other reasons for acquired hypokalemia; <u>Note</u> : Examples of other reasons for acquired hypokalemia include renal, adrenal, or thyroid dysfunction; renal tubular acidosis; and diuretic or laxative abuse.	Other Criteria	6/13/2023