

## Clinical Policy: Dichlorphenamide (Keveyis)

Reference Number: PA.CP.PMN.261

Effective Date: 01/2021

Last Review Date: 01/2026

### Description

Dichlorphenamide (Keveyis<sup>®</sup>) is an oral carbonic anhydrase inhibitor.

### FDA Approved Indication(s)

Keveyis is indicated for the treatment of primary hyperkalemic periodic paralysis, primary hypokalemic periodic paralysis, and related variants.

### Policy/Criteria

*Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.*

It is the policy of PA Health & Wellness<sup>®</sup> that Keveyis is **medically necessary** when the following criteria are met:

#### I. Initial Approval Criteria

##### A. Hyperkalemic/Hypokalemic Periodic Paralysis and Variants (must meet all):

1. Diagnosis of primary hyperkalemic or hypokalemic periodic paralysis, or related variants (i.e., Andersen's syndrome, paramyotonia congenita);
2. Age  $\geq$  18 years;
3. Failure of acetazolamide at up to maximally indicated dose, unless contraindicated or clinically significant adverse effects are experienced;
4. If request is for brand Keveyis, member must use generic dichlorphenamide, unless contraindicated or clinically significant adverse effects are experienced;
5. Dose does not exceed 200 mg (4 tablets) per day.

**Approval duration: 3 months**

##### B. Other diagnoses/indications

1. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

#### II. Continued Therapy

##### A. Hyperkalemic/Hypokalemic Periodic Paralysis and Variants (must meet all):

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies;
2. Member is responding positively to therapy as evidenced by reduced frequency of paralysis;
3. If request is for brand Keveyis, member must use generic dichlorphenamide, unless contraindicated or clinically significant adverse effects are experienced;
4. If request is for a dose increase, new dose does not exceed 200 mg (4 tablets) per day.

**Approval duration: 12 months**

**B. Other diagnoses/indications (must meet 1 or 2):**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies.

**Approval duration: Duration of request or 6 months (whichever is less);** or

2. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

**III. Diagnoses/Indications for which coverage is NOT authorized:**

- A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – PA.CP.PMN.53

**IV. Appendices/General Information**

*Appendix A: Abbreviation/Acronym Key*

FDA: Food and Drug Administration

*Appendix B: Therapeutic Alternatives*

*This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.*

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
acetazolamide (Diamox <sup>®</sup> )	250 to 1,000 mg/day PO in divided doses	1,000 mg/day

*Therapeutic alternatives are listed as Brand name<sup>®</sup> (generic) when the drug is available by brand name only and generic (Brand name<sup>®</sup>) when the drug is available by both brand and generic.*

*Appendix C: Contraindications/Boxed Warnings*

- Contraindication(s): hepatic insufficiency, severe pulmonary obstruction, hypersensitivity to dichlorphenamide or other sulfonamides, concomitant use of Keveyis and high dose aspirin
- Boxed warning(s): none reported

*Appendix D: General Information*

- Variants of periodic paralysis include paramyotonia congenita and Andersen syndrome.
- Per the Keveyis Prescribing Information: Primary hyperkalemic periodic paralysis, primary hypokalemic periodic paralysis, 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 of treatment to decide whether Keveyis should be continued.

**V. Dosage and Administration**

Indication	Dosing Regimen	Maximum Dose
Primary hyperkalemic periodic paralysis, primary hypokalemic periodic	Initial dose of 50 mg PO QD or BID; titrate based on individual response at	200 mg/day

Indication	Dosing Regimen	Maximum Dose
paralysis, and related variants	weekly intervals up to a maximum recommended daily dose of 200 mg	

**VI. Product Availability**

Tablet: 50 mg

**VII. References**

1. Keveyis Prescribing Information. Hawthorne, NY: Taro Pharmaceuticals U.S.A, Inc.; July 2025. Available at: <https://keveyis.com/>. Accessed on November 6, 2025.
2. Micromedex® Healthcare Series [Internet database]. Greenwood Village, Colo: Thomson Healthcare. Updated periodically. Accessed November 7, 2024.
3. Tawil R, McDermott MP, Brown R, et al. Randomized trials of dichlorphenamide in the periodic paralyses. *Ann Neurol* 2000;47:46-53.
4. Venance SL, Cannon SC, Fialho D, et al. The primary periodic paralyses: diagnosis, pathogenesis and treatment. *Brain* 2006; 129:8.
5. Statland JM, Fontaine B, Hanna MG, et al. Review of the diagnosis and treatment of periodic paralysis. *Muscle Nerve* 2018;54(4):522-530.

Reviews, Revisions, and Approvals	Date
Policy created	01/2021
1Q 2022 annual review: references reviewed and updated.	01/2022
1Q 2023 annual review: no significant changes; references reviewed and updated.	01/2023
1Q 2024 annual review: added requirement for use of generic for brand Keveyis requests; references reviewed and updated.	01/2024
1Q 2025 annual review: no significant changes; references reviewed and updated.	01/2025
1Q 2026 annual review: no significant changes; references reviewed and updated.	01/2026