Pharmacy Medical Necessity Guidelines: Dichlorphenamide

Effective: April 1, 2026

Prior Authorization Required	√	Type of Review – Care Management	
Not Covered		Type of Review – Clinical Review	√
Pharmacy (RX) or Medical (MED) Benefit	Rx	Department to Review	RxUM
These pharmacy medical necessity guidelines apply to the following: ☒ Tufts Health RITogether – A Rhode Island Medicaid Plan		**Fax Numbers:** RXUM: 617.673.0939	

Note: This guideline does not apply to Medicare Members (includes dual eligible Members).

OVERVIEW

FOOD AND DRUG ADMINISTRATION (FDA)-APPROVED INDICATIONS

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

COVERAGE GUIDELINES

The plan may authorize coverage of **dichlorphenamide** for Members, when **ALL** of the following criteria are met:

a) Documented diagnosis of primary hyperkalemic periodic paralysis, primary hypokalemic periodic paralysis, and related variants

AND

b) Documentation of an inadequate response, adverse reaction, or contraindication to acetazolamide

LIMITATIONS

1. Requests for brand-name products, which have AB-rated generics, will be reviewed according to the Brand Name criteria.

CODES

None

REFERENCES

1. Keveyis (dichlorphenamide) [prescribing information]. Chicago, IL: Xeris Pharmaceuticals, Inc.; May 2023.
2. National Institute for Health and Care Excellence (NICE). URL: http://www.nice.org.uk. Available from Internet. Accessed 2016 April 20.
3. Sansone V, Meola G, Links TP, et al. Treatment for periodic paralysis. Cochrane Database Syst Rev. 2008; (1):CD005045.
4. Tawil R, McDermott MP, Brown R Jr, et al. Randomized trials of dichlorphenamide in the periodic paralyses. Working Group on periodic paralysis. *Ann Neurol*. 2000;47(1):46-53.
5. Venance SL, Cannon SC, Fialho D, et al. The primary periodic paralyses: diagnosis, pathogenesis and treatment. *Brain*. 2006;129(Pt 1):8-17.
6. Gutmann L, Conwit R. Hypokalemic periodic paralysis. UpToDate. Accessed 31 May 2023. Available at: uptodate.com.
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APPROVAL HISTORY

September 13, 2022: Reviewed by Pharmacy & Therapeutics Committee.
Subsequent endorsement date(s) and changes made:

1. June 13, 2023: No changes.
2. March 12, 2024: Effective April 1, 2024, updated previous trial language. Updated RxUM fax number.
3. March 11, 2025: No changes
4. March 10, 2026: Effective April 1, 2026, updated limitations section to add language that requests for brand-name products with AB-rated generics will be reviewed according to the Brand Name criteria. Updated MNG titled from Keveyis (dichlorphenamide) to Dichlorphenamide.

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage

decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.

Provider Services