PREFERRED SPECIALTY MANAGEMENT POLICY

POLICY: Dichlorphenamide Preferred Specialty Management Policy
- Keveyis® (dichlorphenamide tablets – Strongbridge, generic)

REVIEW DATE: 05/29/2024

OVERVIEW

Dichlorphenamide, a carbonic anhydrase inhibitor, is indicated for the treatment of **primary hyperkalemic periodic paralysis** (HyperPP), **primary hypokalemic periodic paralysis** (HypoPP), and related variants.[1] These conditions are heterogeneous and response to dichlorphenamide may vary; therefore, prescribers should evaluate the patient's response to dichlorphenamide after 2 months to decide whether it should be continued.

POLICY STATEMENT

This Preferred Specialty Management program has been developed to encourage the use of the Preferred Product. For all medications (Preferred and Non-Preferred), the patient is required to meet the respective standard *Prior Authorization Policy* criteria. The program also directs the patient to try the Preferred Product prior to the approval of the Non-Preferred Product. Requests for the Non-Preferred Product will also be reviewed using the exception criteria (below). All approvals are provided for the duration listed in the Dichlorphenamide Prior Authorization Policy.

Documentation: Documentation is required for use of generic dichlorphenamide as noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, and/or other information.

Automation: None.

Preferred Products: Dichlorphenamide
Non-Preferred Products: Keveyis

RECOMMENDED EXCEPTION CRITERIA

REFERENCES

1. Keveyis® tablets [prescribing information]. Trevose, PA: Strongbridge; November 2019.