

Pharmacy Medical Necessity Guidelines: Keveyis™ (dichlorphenamide)

Effective: November 10, 2020

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
<p>These pharmacy medical necessity guidelines apply to the following:</p> <p>Commercial Products</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Tufts Health Plan Commercial products – large group plans <input checked="" type="checkbox"/> Tufts Health Plan Commercial products – small group and individual plans <input checked="" type="checkbox"/> Tufts Health Freedom Plan products – large group plans <input checked="" type="checkbox"/> Tufts Health Freedom Plan products – small group plans • CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization <p>Tufts Health Public Plans Products</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product) <input checked="" type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans <input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan 		<p>Fax Numbers: RXUM: 617.673.0988</p>	

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 Keveyis (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 a trial and failure of, contraindication to or intolerance to acetazolamide

LIMITATIONS

None

CODES

None

REFERENCES

- Keveyis (dichlorphenamide) [prescribing information]. Trevose, PA: Strongbridge Biopharma.; November 2019.
- National Institute for Health and Care Excellence (NICE). URL: <http://www.nice.org.uk>. Available from Internet. Accessed 2016 April 20.
- Sansone V, Meola G, Links TP, et al. Treatment for periodic paralysis. Cochrane Database Syst Rev. 2008; (1):CD005045.
- 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.
- Venance SL, Cannon SC, Fialho D, et al. The primary periodic paralyses: diagnosis, pathogenesis and treatment. *Brain*. 2006;129(Pt 1):8-17.
- Gutmann L, Conwit R. Hypokalemic periodic paralysis. UpToDate. Accessed 26 June 2017. Available at: uptodate.com.
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APPROVAL HISTORY

May 10, 2016: Reviewed by Pharmacy & Therapeutics Committee.

Subsequent endorsement date(s) and changes made:

- May 9, 2017: Administrative update. Effective 6/1/2017, Medical Necessity Guideline applies to Tufts Health RITogether.
- July 11, 2017: No changes
- July 10, 2018: No changes
- November 12, 2019: Administrative update to the overview section. No changes to criteria.
- November 10, 2020: Administrative update to template, no changes to criteria.

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.