MEDICAL MUTUAL®

Drug Policy

Policy:	Keveyis (dichlorphenamide tablets) Ormalvi (dichlorphenamide tablets)	Annual Review Date: 07/17/2025 Last Revised Date: 07/17/2025

OVERVIEW

Keveyis and Ormalvi (dichlorphenamide), carbonic anhydrase inhibitors, 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 policy involves the use of Keveyis and Ormalvi. Prior authorization is recommended for pharmacy benefit coverage of Keveyis and Ormalvi. Approval is recommended for those who meet the conditions of coverage in the **Criteria and Initial/Extended Approval** for the diagnosis provided. **Conditions Not Recommended for Approval** are listed following the recommended authorization criteria. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

Because of the specialized skills required for evaluation and diagnosis of patients treated with Keveyis and Ormalvi as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Keveyis and Ormalvi be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy unless otherwise noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Keveyis and Ormalvi is recommended in those who meet the following criteria:

FDA-Approved Indications

1. **Hypokalemic Periodic Paralysis (HypoPP) and Related Variants.** Approve for the duration noted if the patient meets one of the following criteria (A or B):
   - **A)** Initial Therapy. Approve for 2 months if the patient meets the following criteria (i, ii, iii, iv, v, and vi):
     - **i.** 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

ii. 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.
iii. Patient has had improvements in paralysis attack symptoms with potassium intake; AND
iv. Patient has tried oral acetazolamide therapy; AND
v. According to the prescriber, acetazolamide therapy did not worsen the paralytic attack frequency or severity in the patient; AND
vi. The medication is 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).
vii. If the request is for Keveyis or Ormalvi, the following are met (a or b):
a) Patient has been established on therapy with Keveyis or Ormalvi; OR
b) The patient has tried generic dichlorphenamide products AND cannot take generic dichorphenamide tablets due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the Brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction [documentation required];

B) Patient is Currently Receiving Dichlorphenamide. Approve for 1 year if the patient has responded to dichlorphenamide (e.g., decrease in the frequency or severity of paralytic attacks) as determined by the prescriber.

Initial Approval/ Extended Approval.
A) *Initial Approval:2 months*
B) *Extended Approval:1 year*

2. **Hyperkalemic Periodic Paralysis (HyperPP) and Related Variants.** Approve for the duration noted if the patient meets one of the following criteria (A or B):
A) Initial Therapy. Approve for 2 months if the patient meets the following criteria (i, ii, iii, iv and v):
i. 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
ii. The prescriber has excluded other reasons for acquired hyperkalemia; AND

Note: Examples of other reasons for acquired hyperkalemia include drug abuse, renal dysfunction, and adrenal dysfunction.

iii. Patient has tried oral acetazolamide therapy; AND

iv. According to the prescriber, acetazolamide therapy did not worsen the paralytic attack frequency or severity in the patient; AND

v. The medication is 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).

vi. If the request is for Keveyis or Ormalvi, the following are met (a or b):

a) Patient has been established on therapy with Keveyis or Ormalvi; OR

b) The patient has tried generic dichlorphenamide products AND cannot take generic dichlophenamide tablets due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the Brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction [documentation required];

B) Patient is Currently Receiving Dichlorphenamide. Approve for 1 year if the patient has responded to dichlorphenamide (e.g., decrease in the frequency or severity of paralytic attacks) as determined by the prescriber.

Initial Approval/ Extended Approval.
A) *Initial Approval:2 months*
B) *Extended Approval:1 year*

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Keveyis and Ormalvi have not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational, or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or

performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

REFERENCES

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4. Genetics Home Reference. Hypokalemic periodic paralysis. Reviewed March 1, 2020. Available at: http://ghr.nlm.nih.gov/condition/hypokalemic-periodic-paralysis. Accessed on December 27, 2022.
5. Statland JM, Fontaine B, Hanna MG, et al. Review of the Diagnosis and Treatment of Periodic Paralysis. *Muscle Nerve*. 2018;57(4):522-530.
6. Vicart S, Sternberg D, Arzel-Hezode M, et al. Hypokalemic periodic paralysis. Initial posting April 30, 2002. Updated July 26, 2018. GeneReviews® - NCBI Bookshelf. Available at: http://www.ncbi.nlm.nih.gov/books/NBK1338/?report=printable. Accessed on December 27, 2022.
7. Sansone VA, Burge J, McDermott MP, et al. Randomized, placebo-controlled trials of dichlorphenamide in periodic paralysis. *Neurology*. 2016;86:1408-1416.
8. Levitt JO. Practical aspects in the management of hypokalemic periodic paralysis. Commentary. *J Transl Med.* 2008;6:18.