



Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Primary hyperkalemic periodic paralysis and related variants
2. Primary hypokalemic periodic paralysis and related variants

AND ALL of the following:

1. Baseline and periodic monitoring of serum potassium and bicarbonate levels
2. Diagnosis confirmed by **ONE** of the following:
 - a. Genetic testing
 - b. Provocative testing
 - c. Electromyography
 - d. Muscle biopsy
3. Documentation that lifestyle modifications, dietary restrictions and exercise restrictions have been maximally challenged
4. Inadequate treatment response, intolerance, or contraindication to acetazolamide

AND NONE of the following:

1. Signs of hepatic impairment
2. Severe pulmonary disease
3. Use of high-dose aspirin

Prior - Approval Limits

Quantity 360 tablets per 90 days

Duration 3 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses



**BlueCross.
BlueShield.**

Federal Employee Program.

**KEVEYIS
(dichlorphenamide)**

Patient must have **ONE** of the following:

1. Primary hyperkalemic periodic paralysis and related variants
2. Primary hypokalemic periodic paralysis and related variants

AND the following:

1. Documentation that the patient has had a reduction in the number of paralytic attacks

AND NONE of the following:

1. Signs of hepatic impairment
2. Severe pulmonary disease
3. Use of high-dose aspirin

Prior - Approval *Renewal* Limits

Quantity 360 tablets per 90 days

Duration 12 months