

## Dichlorphenamide

**Goal(s):**

- Encourage appropriate use of dichlorphenamide for Hyperkalemic and Hypokalemic Periodic Paralysis.

**Length of Authorization:**

- Up to 3 months for the first authorization and first renewal. Up to 6 months for renewals thereafter.

**Requires PA:**

Dichlorphenamide

**Covered Alternatives:**

- Current PMPDP preferred drug list per OAR 410-121-0030 at [www.orpdl.org](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is the drug being used to treat an OHP funded condition AND is the requested treatment funded by the OHP for that condition?  Note: Treatments referenced on an unfunded line of the prioritized list ( <a href="http://www.oregon.gov/oha/HPA/CSIHERC/Pages/Prioritized-List.aspx">http://www.oregon.gov/oha/HPA/CSIHERC/Pages/Prioritized-List.aspx</a> ) are not funded by the OHP.	<b>Yes:</b> Go to #3	<b>No:</b> Pass to RPh. Deny; not funded by the OHP.
3. Is the request for continuation of dichlorphenamide treatment previously approved by Fee-For-Service?	<b>Yes:</b> Go to <b>Renewal Criteria</b>	<b>No:</b> Go to #4
4. Is the requested treatment for Andersen-Tawil Syndrome or Paramyotonia congenita?	<b>Yes:</b> Pass to RPh. Deny; medical appropriateness.  Note: Dichlorphenamide is only approved for Hyperkalemic and Hypokalemic Periodic Paralysis.	<b>No:</b> Go to #5

## Approval Criteria

5. Is the request for treatment of Hyperkalemic or Hypokalemic Periodic Paralysis based on genetic testing or clinical presentation?	<b>Yes:</b> Go to #6	<b>No:</b> Pass to RPh. Deny; medical appropriateness.  Note: Dichlorphenamide is not indicated for other forms of periodic paralysis.
6. Does the patient have an average baseline attack rate of $\geq 1$ attack per week?	<b>Yes:</b> Go to #7  Document baseline attack rate.	<b>No:</b> Pass to RPh. Deny; medical appropriateness.
7. Has the patient previously tried and failed acetazolamide?	<b>Yes:</b> Go to #8	<b>No:</b> Pass to RPh. Deny; medical appropriateness.
8. Has the patient previously experienced disease worsening upon treatment with acetazolamide?	<b>Yes:</b> Pass to RPh. Deny; medical appropriateness.  Note: Dichlorphenamide was not studied in this population due to potential for similar disease worsening effects.	<b>No:</b> Go to #9

## Approval Criteria

<p>9. Have potential precipitating factors (including lifestyle and recent medication changes) been evaluated for with documentation of continued attack rate or severity upon changes to therapy or lifestyle modifications?</p> <p>Note: Medications which affect potassium levels include, but are not limited to, oral potassium, steroids, insulin, and diuretics.</p>	<p><b>Yes:</b> Go to #10</p>	<p><b>No:</b> Pass to RPh. Deny; medical appropriateness.</p> <p>Note: Lifestyle and medication changes are generally regarded as first line therapy.</p>
<p>10. Is the patient currently taking <math>\geq 1000</math>mg of aspirin daily?</p>	<p><b>Yes:</b> Pass to RPh. Deny; medical appropriateness.</p> <p>Note: Concurrent use of <math>\geq 1000</math>mg aspirin daily with dichlorphenamide is contraindicated.</p>	<p><b>No:</b> Go to #11</p>
<p>11. Is the patient <math>\geq 18</math> years old?</p>	<p><b>Yes:</b> Go to #12</p>	<p><b>No:</b> Pass to RPh. Deny; medical appropriateness.</p> <p>Note: There is insufficient evidence of safety and efficacy in the pediatric population.</p>
<p>12. Have baseline serum potassium and bicarbonate been documented as <math>&gt;3.5</math> mmol/L and <math>&gt;22</math> mmol/L respectively?</p>	<p><b>Yes:</b> Approve for up to 3 months.</p>	<p><b>No:</b> Pass to RPh. Deny; medical appropriateness.</p>

## Renewal Criteria

<p>1. Has the weekly average attack rate decreased from baseline?</p>	<p><b>Yes:</b> Go to #2</p> <p>Document attack rate.</p>	<p><b>No:</b> Pass to RPh. Deny; medical appropriateness.</p>
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## Renewal Criteria

2. Have the serum potassium and bicarbonate been measured and documented as  $>3.5$  mmol/L and  $>22$  mmol/L respectively since the last approval?

**Yes:** Approve for 3 months at first renewal and up to 6 months for renewals thereafter.

**No:** Pass to RPh. Deny; medical appropriateness.

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*P&T/DUR Review: 3/18 (EH)  
Implementation: 4/16/18*