

## 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 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 #3
3. 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 #4
4. Is the request for treatment of Hyperkalemic or Hypokalemic Periodic Paralysis based on genetic testing or clinical presentation?	<b>Yes:</b> Go to #5	<b>No:</b> Pass to RPh. Deny; medical appropriateness.  Note: Dichlorphenamide is not indicated for other forms of periodic paralysis.
5. Does the patient have an average baseline attack rate of $\geq 1$ attack per week?	<b>Yes:</b> Go to #6  Document baseline attack rate.	<b>No:</b> Pass to RPh. Deny; medical appropriateness.

## Approval Criteria

<p>6. Has the patient previously tried and failed acetazolamide?</p>	<p><b>Yes:</b> Go to #7</p>	<p><b>No:</b> Pass to RPh. Deny; medical appropriateness.</p>
<p>7. Has the patient previously experienced disease worsening upon treatment with acetazolamide?</p>	<p><b>Yes:</b> Pass to RPh. Deny; medical appropriateness.</p> <p>Note: Dichlorphenamide was not studied in this population due to potential for similar disease worsening effects.</p>	<p><b>No:</b> Go to #8</p>
<p>8. 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 #9</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>9. 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 #10</p>
<p>10. Is the patient <math>\geq 18</math> years old?</p>	<p><b>Yes:</b> Go to #11</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>

## Approval Criteria

11. Have baseline serum potassium and bicarbonate been documented as >3.5 mmol/L and >22 mmol/L respectively?

**Yes:** Approve for up to 3 months.

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

## Renewal Criteria

1. Has the weekly average attack rate decreased from baseline?

**Yes:** Go to #2  
Document attack rate.

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

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.