KEVEYIS®
dichlorphenamide 50 mg tablets

PPP MENTOR CONNECT™

Connecting People Living with Primary Periodic Paralysis

PPP Mentor Connect puts adult patients and caregivers living with PPP in contact with another member of the community who can share their journey with PPP and experience with KEVEYIS. Consider PPP Mentor Connect for patients:

- Who want to know more about KEVEYIS before starting therapy
- Who would like to speak to someone else about their PPP journey, including testing and diagnosis
- Starting therapy with KEVEYIS

Indication

KEVEYIS is indicated for the treatment of primary hyperkalemic periodic paralysis, primary hypokalemic periodic paralysis, and related variants.

Important Safety Information

Contraindications

- Hypersensitivity to dichlorphenamide or other sulfonamides
- Concomitant use of KEVEYIS and high-dose aspirin
- Severe pulmonary disease, limiting compensation to metabolic acidosis caused by KEVEYIS
- Hepatic insufficiency: KEVEYIS may aggravate hepatic encephalopathy

Warnings and Precautions

Hypersensitivity and Other Life-Threatening Reactions

- Fatalities associated with the administration of sulfonamides have occurred because of adverse reactions including Stevens-Johnson syndrome, toxic epidermal necrolysis, fulminant hepatic necrosis, agranulocytosis, aplastic anemia, and other blood dyscrasias.
- Pulmonary involvement can occur in isolation or as part of a systemic reaction.
- Discontinue KEVEYIS at the first appearance of skin rash or any sign of immune-mediated or other life-threatening adverse reaction.

PPP Mentors Can Answer Questions and Share Their Experiences

Common topics on PPP Mentor calls include:

- Living with PPP
- Journey to diagnosis
- Their experience with KEVEYIS
- Personal experiences with patient support services

Give your patients the insert and encourage them to call [1-866-769-8398] to schedule a time to talk.

Important Safety Information (cont.)

Concomitant Use of Aspirin or Other Salicylates

- Carbonic anhydrase inhibitors, including KEVEYIS, can cause metabolic acidosis, which can increase the risk of salicylate toxicity.
- Anorexia, tachypnea, lethargy, and coma have been reported with concomitant use of dichlorphenamide and high-dose aspirin.
- Concomitant use of KEVEYIS and high-dose aspirin is contraindicated. Use with caution and carefully monitor in patients receiving low-dose aspirin.

Hypokalemia

- KEVEYIS increases potassium excretion and can cause hypokalemia.
- The risk of hypokalemia is greater when KEVEYIS is used in patients with conditions associated with hypokalemia (eg, adrenocortical insufficiency, hyperchloremic metabolic acidosis, or respiratory acidosis), and in patients receiving other drugs that may cause hypokalemia (eg, loop diuretics, thiazide diuretics, laxatives, antifungals, penicillin, and theophylline).
- Baseline and periodic measurements of serum potassium are recommended.
- If hypokalemia develops or persists, consider reducing the dose or discontinuing KEVEYIS.

Metabolic Acidosis

- KEVEYIS can cause hyperchloremic non-anion gap metabolic acidosis.
- Concomitant use of KEVEYIS with other drugs that cause metabolic acidosis may increase the severity of acidosis.
- Concomitant use of KEVEYIS in compensated patients with respiratory acidosis, such as in advanced lung diseases, may lead to respiratory decompensation.
- Baseline and periodic measurements of serum bicarbonate during KEVEYIS treatment are recommended.
- If metabolic acidosis develops or persists, consider reducing the dose or discontinuing KEVEYIS.

Falls

- KEVEYIS increases the risk of falls; risk is greater in the elderly and with higher doses.
- Consider dose reduction or discontinuation of KEVEYIS in patients who experience falls while treated with KEVEYIS.

Pregnancy and Lactation

Use during pregnancy only if the potential benefit justifies the potential risk to the fetus. It is not known in humans whether dichlorphenamide is excreted in human milk; exercise caution when administered to a nursing woman.

Adverse Reactions

The most common adverse reactions seen in clinical trials (incidence ≥ 10% and greater than placebo) include paresthesias, cognitive disorder, dysgeusia, and confusional state.

Please see accompanying Full Prescribing Information.

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