

### Clinical Pharmacy Program Guidelines for Keveyis

Program	Prior Authorization
Medication	Keveyis (dichlorphenamide)
Markets in Scope	Arizona, California, Colorado, Hawaii, Maryland, Nevada, New Jersey, New York CHIP, New York EPP, Pennsylvania-CHIP, Rhode Island, South Carolina
Issue Date	12/2015
Pharmacy and Therapeutics Approval Date	2/2021
Effective Date	4/2021

#### 1. Background:

Keveyis is indicated for the treatment of primary hyperkalemic periodic paralysis, primary hypokalemic periodic paralysis, and related variants.<sup>1</sup>

#### 2. Coverage Criteria:

<p><b>A. <u>Initial Authorization</u></b></p> <p>1. Diagnosis of <b><u>one</u></b> of the following:</p> <p style="padding-left: 40px;">a. Diagnosis of primary hyperkalemic periodic paralysis or related variant</p> <p style="text-align: center;"><b>-OR-</b></p> <p style="padding-left: 40px;">b. Diagnosis of primary hypokalemic periodic paralysis or related variant</p> <p style="text-align: center;"><b>Authorization will be issued for 12 months.</b></p> <p><b>B. <u>Reauthorization</u></b></p> <p>1. Documentation of positive clinical response to Keveyis therapy</p> <p style="text-align: center;"><b>Authorization will be issued for 12 months.</b></p>
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#### 3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes

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(ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

- Supply limits may be in place.

**4. References:**

1. Keveyis [package insert]. Taro Pharmaceuticals Industries Ltd., Haifa Bay Israel; November 2019.

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<b>Change Control</b>	
Date	Change
12/2015	New policy
11/2016	Annual review, updated policy template
2/2017	Annual review, no changes to clinical criteria.
3/2017	Changed initial authorization to 12 months
2/2018	Updated background, criteria, and references to align with Employer and Individual’s notification policy.
2/2019	Annual review. Updated background and references.
2/2020	Annual review. Updated reference.
2/2021	Annual review. No changes to coverage criteria.