



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2023 P 1177-8
Program	Prior Authorization/Notification
Medication	Keveyis® (dichlorphenamide)
P&T Approval Date	2/2016, 2/2017, 2/2018, 2/2019, 2/2020, 2/2021, 2/2022, 2/2023
Effective Date	5/1/2023; Oxford only: 5/1/2023

1. Background:

Keveyis® (dichlorphenamide) is an oral carbonic anhydrase inhibitor indicated for the treatment of primary hyperkalemic periodic paralysis, primary hypokalemic periodic paralysis, and related variants.¹

Members will be required to meet the coverage criteria below.

2. Coverage Criteria^a:

A. Initial Authorization

1. Keveyis will be approved based on **one** of the following criteria:

a. Diagnosis of primary hyperkalemic periodic paralysis or related variant

-OR-

b. Diagnosis of primary hypokalemic periodic paralysis or related variant

Authorization of therapy will be issued for 3 months.

B. Reauthorization

1. Keveyis will be approved based on the following criterion:

a. Documentation of positive clinical response to Keveyis therapy

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (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® Prescribing Information. Taro Pharmaceuticals U.S.A., Inc., Hawthorne, NY. Revised November 2019.

Program	Prior Authorization/Notification – Keveyis™ (dichlorphenamide)
Change Control	
2/2016	New program.
2/2017	Annual review. No changes to coverage criteria.
2/2018	Annual review. No changes to coverage criteria.
2/2019	Annual review. Updated references. Updated background.
2/2020	Annual review. Updated references. No changes to coverage criteria.
2/2021	Annual review. No changes to coverage criteria.
2/2022	Annual review. No changes to coverage criteria.
2/2023	Annual review. Added state mandate with no changes to coverage criteria.