

**Texas Prior Authorization Program  
Clinical Criteria**

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**Drug/Drug Class****Keveyis (Dichlorphenamide)**

*This criteria was recommended for review by the Texas Medicaid Vendor Drug Program to ensure appropriate and safe utilization.*

**Clinical Information Included in this Document****Keveyis (Dichlorphenamide)**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section

**Revision Notes**

Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).) on each 'Drug Requiring PA' table



## Keveyis (Dichlorphenamide)

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
KEVEYIS 50 MG TABLET	39804



## Keveyis (Dichlorphenamide)

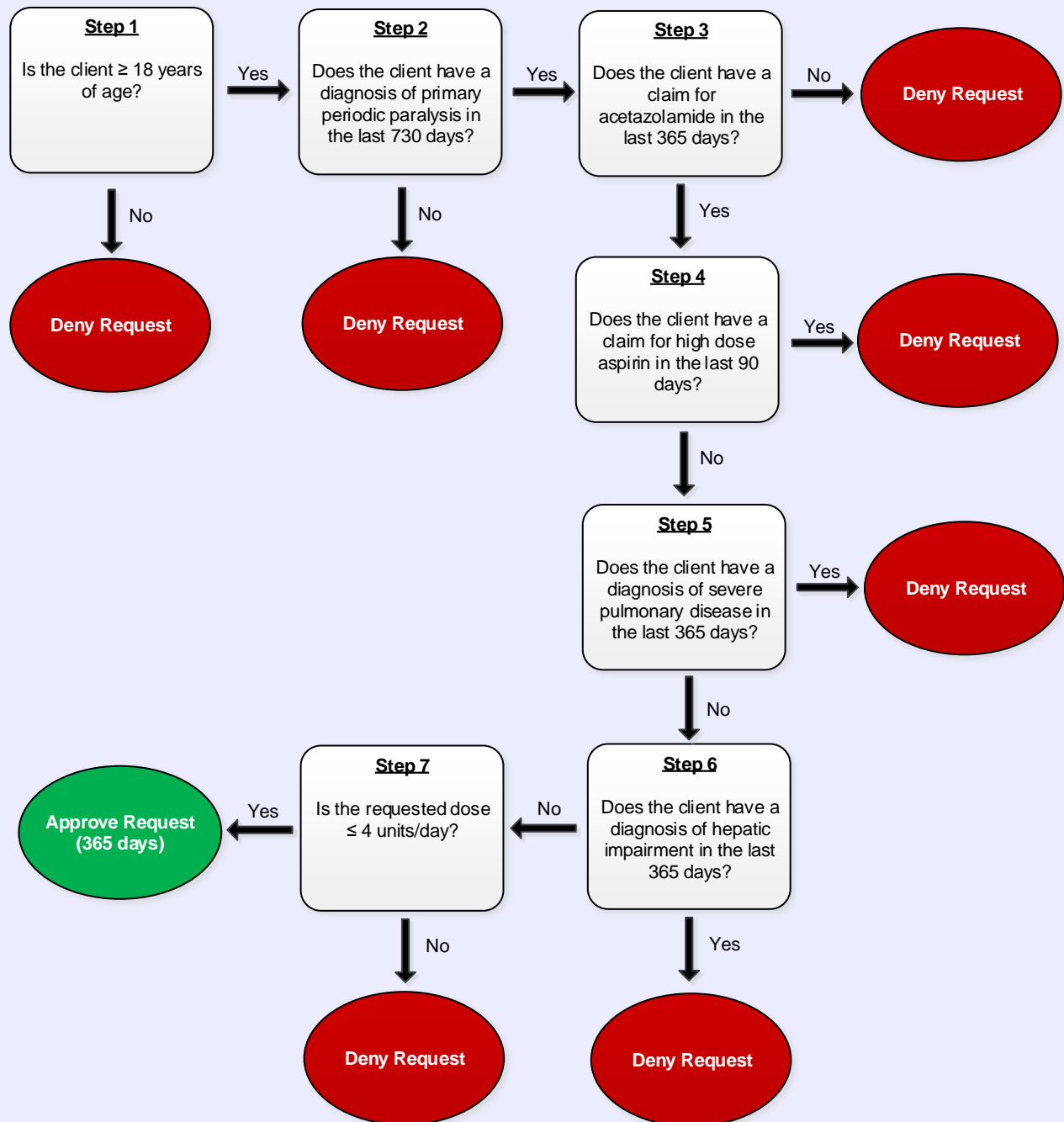
### Clinical Criteria Logic

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
 Yes (Go to #2)  
 No (Deny)
2. Does the client have a diagnosis of **primary periodic paralysis** in the last 730 days?  
 Yes (Go to #3)  
 No (Deny)
3. Does the client have a claim for **acetazolamide** in the last 365 days?  
 Yes (Go to #4)  
 No (Deny)
4. Does the client have a claim for **high dose aspirin** in the last 90 days?  
 Yes (Deny)  
 No (Go to #5)
5. Does the client have a diagnosis of **severe pulmonary disease** in the last 365 days?  
 Yes (Deny)  
 No (Go to #6)
6. Does the client have a diagnosis of **moderate to severe hepatic impairment** in the last 365 days?  
 Yes (Deny)  
 No (Go to #7)
7. Is the requested dose less than or equal to ( $\leq$ ) 4 units per day?  
 Yes (Approve – 365 days)  
 No (Deny)



# Keveyis (Dichlorphenamide)

## Clinical Criteria Logic Diagram





## Keveyis (Dichlorphenamide)

### Clinical Criteria Supporting Tables

<b>Step 2 (diagnosis of primary periodic paralysis)</b> <b>Required diagnoses: 1</b> <b>Look back timeframe: 730 days</b>	
ICD-10 Code	Description
G723	PERIODIC PARALYSIS

<b>Step 3 (acetazolamide)</b> <b>Required number of claims: 1</b> <b>Look back timeframe: 365 days</b>	
GCN	Label Name
34721	ACETAZOLAMIDE 125 MG TABLET
34722	ACETAZOLAMIDE 250 MG TABLET
34700	ACETAZOLAMIDE ER 500 MG CAP
34700	DIAMOX SEQUELS ER 500 MG CAP

<b>Step 4 (high dose aspirin)</b> <b>Required number of claims: 1</b> <b>Look back timeframe: 90 days</b>	
GCN	Label Name
16701	ASPIRIN 325 MG TABLET
16720	ASPIRIN EC 325 MG TABLET

<b>Step 5 (diagnosis of severe pulmonary disease)</b> <b>Required diagnoses: 1</b> <b>Look back timeframe: 365 days</b>	
ICD-10 Code	Description
J42	UNSPECIFIED CHRONIC BRONCHITIS
J430	UNILATERAL PULMONARY EMPHYSEMA [MACLEOD'S SYNDROME]
J431	PANLOBULAR EMPHYSEMA
J432	CENTRILOBULAR EMPHYSEMA
J438	OTHER EMPHYSEMA
J439	EMPHYSEMA, UNSPECIFIED

<b>Step 5 (diagnosis of severe pulmonary disease)</b>	
<b>Required diagnoses: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
J440	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH ACUTE LOWER RESPIRATORY INFECTION
J441	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH (ACUTE) EXACERBATION
J449	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED
J4550	SEVERE PERSISTENT ASTHMA UNCOMPLICATED
J4551	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION
J4552	SEVERE PERSISTENT ASTHMA WITH STATUS ASTHMATICUS
J811	CHRONIC PULMONARY EDEMA
J8410	PULMONARY FIBROSIS, UNSPECIFIED
J84111	IDIOPATHIC INTERSTITIAL PNEUMONIA NOT OTHERWISE SPECIFIED
J84112	IDIOPATHIC PULMONARY FIBROSIS
J84113	IDIOPATHIC NON-SPECIFIC INTERSTITIAL PNEUMONITIS
J84115	RESPIRATORY BRONCHIOLITIS INTERSTITIAL LUNG DISEASE
J84116	CRYPTOGENIC ORGANIZING PNEUMONIA
J84117	DESQUAMATIVE INTERSTITIAL PNEUMONIA
J8481	LYMPHANGIOLEIOMYOMATOSIS
J8482	ADULT PULMONARY LANGERHANS CELL HISTIOCYTOSIS
J8489	OTHER SPECIFIED INTERSTITIAL PULMONARY DISEASES
J849	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED
J9610	CHRONIC RESPIRATORY FAILURE UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA
J9611	CHRONIC RESPIRATORY FAILURE WITH HYPOXIA
J9612	CHRONIC RESPIRATORY FAILURE WITH HYPERCAPNIA
J9620	ACUTE AND CHRONIC RESPIRATORY FAILURE UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA
J9621	ACUTE AND CHRONIC RESPIRATORY FAILURE WITH HYPOXIA
J9622	ACUTE AND CHRONIC RESPIRATORY FAILURE WITH HYPERCAPNIA
J982	INTERSTITIAL EMPHYSEMA
J983	COMPENSATORY EMPHYSEMA

<b>Step 6 (diagnosis of hepatic impairment)</b>	
<b>Required diagnoses: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
B160	ACUTE HEPATITIS B WITH DELTA-AGENT WITH HEPATIC COMA
B161	ACUTE HEPATITIS B WITH DELTA-AGENT WITHOUT HEPATIC COMA

<b>Step 6 (diagnosis of hepatic impairment)</b>	
<b>Required diagnoses: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
B162	ACUTE HEPATITIS B WITHOUT DELTA-AGENT WITH HEPATIC COMA
B169	ACUTE HEPATITIS B WITHOUT DELTA-AGENT AND WITHOUT HEPATIC COMA
B170	ACUTE DELTA-(SUPER) INFECTION OF HEPATITIS B CARRIER
B1710	ACUTE HEPATITIS C WITHOUT HEPATIC COMA
B1711	ACUTE HEPATITIS C WITH HEPATIC COMA
B172	ACUTE HEPATITIS E
B178	OTHER SPECIFIED ACUTE VIRAL HEPATITIS
B179	ACUTE VIRAL HEPATITIS, UNSPECIFIED
B180	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B181	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B182	CHRONIC VIRAL HEPATITIS C
B188	OTHER CHRONIC VIRAL HEPATITIS
B189	CHRONIC VIRAL HEPATITIS, UNSPECIFIED
B190	UNSPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA
B1910	UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA
B1911	UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA
B1920	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA
B1921	UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA
B199	UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA
K700	ALCOHOLIC FATTY LIVER
K7010	ALCOHOLIC HEPATITIS WITHOUT ASCITES
K7011	ALCOHOLIC HEPATITIS WITH ASCITES
K702	ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K7040	ALCOHOLIC HEPATIC FAILURE WITHOUT COMA
K7041	ALCOHOLIC HEPATIC FAILURE WITH COMA
K709	ALCOHOLIC LIVER DISEASE, UNSPECIFIED
K710	TOXIC LIVER DISEASE WITH CHOLESTASIS
K7110	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITHOUT COMA
K7111	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITH COMA
K712	TOXIC LIVER DISEASE WITH ACUTE HEPATITIS
K713	TOXIC LIVER DISEASE WITH CHRONIC PERSISTENT HEPATITIS
K714	TOXIC LIVER DISEASE WITH CHRONIC LOBULAR HEPATITIS
K7150	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITHOUT ASCITES

<b>Step 6 (diagnosis of hepatic impairment)</b>	
<b>Required diagnoses: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
K7151	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITH ASCITES
K716	TOXIC LIVER DISEASE WITH HEPATITIS, NOT ELSEWHERE CLASSIFIED
K717	TOXIC LIVER DISEASE WITH FIBROSIS AND CIRRHOSIS OF LIVER
K718	TOXIC LIVER DISEASE WITH OTHER DISORDERS OF LIVER
K719	TOXIC LIVER DISEASE, UNSPECIFIED
K7200	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA
K7201	ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA
K7210	CHRONIC HEPATIC FAILURE WITHOUT COMA
K7211	CHRONIC HEPATIC FAILURE WITH COMA
K7290	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA
K7291	HEPATIC FAILURE, UNSPECIFIED WITH COMA
K730	CHRONIC PERSISTENT HEPATITIS, NOT ELSEWHERE CLASSIFIED
K731	CHRONIC LOBULAR HEPATITIS, NOT ELSEWHERE CLASSIFIED
K732	CHRONIC ACTIVE HEPATITIS, NOT ELSEWHERE CLASSIFIED
K738	OTHER CHRONIC HEPATITIS, NOT ELSEWHERE CLASSIFIED
K739	CHRONIC HEPATITIS, UNSPECIFIED
K740	HEPATIC FIBROSIS
K741	HEPATIC SCLEROSIS
K742	HEPATIC FIBROSIS WITH HEPATIC SCLEROSIS
K743	PRIMARY BILIARY CIRRHOSIS
K744	SECONDARY BILIARY CIRRHOSIS
K745	BILIARY CIRRHOSIS, UNSPECIFIED
K7460	UNSPECIFIED CIRRHOSIS OF LIVER
K7469	OTHER CIRRHOSIS OF LIVER
K750	ABSCESS OF LIVER
K751	PHLEBITIS OF PORTAL VEIN
K752	NONSPECIFIC REACTIVE HEPATITIS
K753	GRANULOMATOUS HEPATITIS, NOT ELSEWHERE CLASSIFIED
K754	AUTOIMMUNE HEPATITIS
K7581	NONALCOHOLIC STEATOHEPATITIS (NASH)
K7589	OTHER SPECIFIED INFLAMMATORY LIVER DISEASES
K759	INFLAMMATORY LIVER DISEASE, UNSPECIFIED
K761	CHRONIC PASSIVE CONGESTION OF LIVER
K763	INFARCTION OF LIVER



<b>Step 6 (diagnosis of hepatic impairment)</b>	
<b>Required diagnoses: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
K7689	OTHER SPECIFIED DISEASES OF LIVER
K769	LIVER DISEASE, UNSPECIFIED
K77	LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE

**Keveyis (Dichlorphenamide)****Clinical Criteria References**

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8. Hypokalemic Periodic Paralysis: Periodic Paralysis International. 2017.
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## Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
11/03/2017	Initial publication and presentation to the DUR Board
03/29/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a> .) on each 'Drug Requiring PA' table