



Keveyis [dichlorphenamide]

Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-249-6155.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-866-814-5506**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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Patient's Name: _____	Date: _____
Patient's ID: _____	Patient's Date of Birth: _____
Physician's Name: _____	
Specialty: _____	NPI#: _____
Physician Office Telephone: _____	Physician Office Fax: _____
Request Initiated For: _____	

- What is the diagnosis?
 - Primary hypokalemic periodic paralysis
 - Primary hyperkalemic periodic paralysis
 - Other _____
- What is the ICD-10 code? _____
- Is the request for a continuation of therapy with Keveyis? Yes No *If No, skip to #6*
- Is the patient currently receiving Keveyis through samples or a manufacturer's patient assistance program? *If Yes or Unknown, skip to #6* Yes No Unknown
- Is the patient experiencing a response to Keveyis therapy as demonstrated by an improvement of their condition (e.g. decrease in the number or severity of attacks)? Yes No *No further questions.*
- Has the patient tried and had a suboptimal response to treatment with acetazolamide? Yes No

Complete the following section based on the patient's diagnosis, if applicable.

Section A: Primary Hypokalemic Periodic Paralysis

- Was the diagnosis confirmed with at least one of the following criteria: 1) genetic testing, 2) family history of primary hypokalemic periodic paralysis or 3) ruling out the diagnoses of both Andersen-Tawil syndrome and thyrotoxic periodic paralysis?
 - Yes, genetic testing
 - Yes, family history of hypokalemic periodic paralysis
 - Yes, ruled out diagnoses of Anderson-Tawil syndrome AND thyrotoxic periodic paralysis
 - No
- Are the patient's attacks associated with hypokalemia? Yes No

Section B: Primary Hyperkalemic Periodic Paralysis

- Was the diagnosis confirmed with at least one of the following criteria: 1) genetic testing, 2) family history of primary hyperkalemic periodic paralysis or 3) ruling out the diagnosis of Andersen-Tawil syndrome?

Send completed form to: Case Review Unit, CVS Caremark Prior Authorization Fax: 1-866-249-6155

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- Yes, genetic testing
- Yes, family history of hyperkalemic periodic paralysis
- Yes, ruled out diagnosis of Anderson-Tawil syndrome
- No

10. Are the patient's attacks associated with hyperkalemia? Yes No

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

X _____

Prescriber or Authorized Signature

Date (mm/dd/yy)

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