GEORGIA MEDICAID FEE-FOR-SERVICE
KEVEYIS PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetazolamide generic</td>
<td>n/a</td>
</tr>
<tr>
<td>Keveyis (dichlorphenamide)</td>
<td>n/a</td>
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</tbody>
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LENGTH OF AUTHORIZATION: Initial 2 months; repeat 1 year

PA CRITERIA:

- Approvable for members 18 years of age or older with primary (familial) hyperkalemic or hypokalemic periodic paralysis who are experiencing disabling attacks that have not responded to nonpharmacologic measures AND
- Member must have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect with acetazolamide.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling OptumRx at 1-866-525-5827.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to http://dch.georgia.gov/preferred-drug-lists.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.

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