



# Keveyis Quantity Limit Program Summary

Quantity limits apply to Medicaid.

## POLICY REVIEW CYCLE

**Effective Date**  
7/1/2023

**Date of Origin**  
3/1/2018

## FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

## CLINICAL RATIONALE

## REFERENCES

## POLICY AGENT SUMMARY QUANTITY LIMIT

| Target Brand Agent Name(s) | Target Generic Agent Name(s) | Strength | QL Amount | Dose Form | Day Supply | Duration | Addtl QL Info | Allowed Exceptions | Targeted NDCs When Exclusions Exist | Effective Date |
|----------------------------|------------------------------|----------|-----------|-----------|------------|----------|---------------|--------------------|-------------------------------------|----------------|
| Keveyis                    | Dichlorphenamide Tab 50 MG   | 50 MG    | 120       | TABS      | 30         | DAYS     |               |                    |                                     |                |

## CLIENT SUMMARY – QUANTITY LIMITS

| Target Brand Agent Name(s) | Target Generic Agent Name(s) | Strength | Client Formulary |
|----------------------------|------------------------------|----------|------------------|
| Keveyis                    | Dichlorphenamide Tab 50 MG   | 50 MG    | Medicaid         |

## QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

| Module        | Clinical Criteria for Approval   |
|---------------|--|
| QL Standalone | <p><b>Evaluation</b></p> <p>Quantities above the program quantity limit for the <b>Target Agent(s)</b> will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> <li>1. The requested quantity (dose) does NOT exceed the program quantity limit <b>OR</b></li> <li>2. ONE of the following:               <ol style="list-style-type: none"> <li>A. BOTH of the following:                   <ol style="list-style-type: none"> <li>1. The requested agent does NOT have a maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. Information has been provided to support therapy with a higher dose for the requested indication <b>OR</b></li> </ol> </li> <li>B. BOTH of the following:                   <ol style="list-style-type: none"> <li>1. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication <b>AND</b></li> </ol> </li> </ol> </li> </ol> |

| Module | Clinical Criteria for Approval   |
|--------|--|
|        | <p data-bbox="469 184 1409 268">2. Information has been provided to support why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit <b>OR</b></p> <p data-bbox="354 270 695 296">c. BOTH of the following:</p> <ol data-bbox="469 298 1398 415" style="list-style-type: none"> <li data-bbox="469 298 1398 352">1. The requested quantity (dose) is greater than the maximum FDA labeled dose for the requested indication <b>AND</b></li> <li data-bbox="469 354 1398 415">2. Information has been provided to support therapy with a higher dose for the requested indication</li> </ol> <p data-bbox="232 451 708 480"><b>Length of Approval:</b> up to 12 months</p> |