Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	April 18, 2013, June 22, 2022, September 8, 2022

KEPIVANCE® (palifermin)

LENGTH OF AUTHORIZATION: UP TO 1 YEAR

REVIEW CRITERIA:

- Must be 1 year of age or older.
- For the prevention and treatment of severe oral mucositis in patient with hematologic malignancy, receiving chemotherapy and autologous hematopoietic stem cell infusion.
- Prescribing physician must be a specialist (hematologist/oncologist).

DOSING & ADMINISTRATION:

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/
- Available as 6.25 mg lyophilized powder in single-use vials.