

POLICY NAME	Kepivance (palifermin)	POLICY #	3215P
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Criteria

Coverage Criteria

- ☐ 1.1 Diagnosis of severe oral mucositis or at risk of developing \geq WHO Grade 3 mucositis
- ☐ 1.2 Diagnosis of blood related cancer
- ☐ 1.3 Patient is currently receiving cancer treatment that causes a decreased immune system response and requiring autologous (cells from same person) stem cell transplant support
- ☐ 1.4 Prescribed by or in consultation with an oncologist (cancer doctor) or hematologist (blood doctor)

Exclusion Criteria – Any of the following prevents coverage

- ☐ 2.1 Use in patients with non-blood related cancers
 - Safety and efficacy have not been established for non-blood related cancers
- ☐ 2.2 Use in patients receiving allogeneic (cells from a different person) stem cell transplant
 - Kepivance was not effective in decreasing the incidence of severe mucositis in the setting of allogeneic stem cell transplant support