

Kepivance® (palifermin) Prior Authorization Form

Member Name: _____ **Date of Birth:** _____ **Member ID#:** _____

Drug Information

Physician billing (HCPCS code: _____ **)** **Pharmacy billing (NDC:** _____ **)**

Dose: _____ **Regimen:** _____ **Start Date (or date of next dose):** _____

Billing Provider Information

Provider NPI: _____ **Provider Name:** _____

Provider Phone: _____ **Provider Fax:** _____

Prescriber Information

Prescriber NPI: _____ **Prescriber Name:** _____

Prescriber Phone: _____ **Prescriber Fax:** _____ **Specialty:** _____

Criteria

For Initial Authorization:

1. Please indicate the diagnosis and information:
 - Hematologic Malignancy** (Please specify: _____)
 - Other** _____
 2. Please include the most recent office visit note or clinical summary to support your request. Is this information attached? Yes ___ No ___
 3. Is member undergoing autologous stem cell transplantation? Yes ___ No ___
 4. Is a preparative regimen, predicted to result in ≥Grade 3 mucositis in >50% of patients, being used? Yes ___ No ___
 5. Please provide the preparative regimen: _____
 6. Please provide a reference (PMCID, DOI or physical copy) for the preparative regimen: _____
- Please note: Single dose melphalan 200mg/m² is not included as an appropriate preparative regimen due to lack of efficacy of palifermin with this regimen.*

Additional Information: _____

Prescriber Signature: _____ **Date:** _____

I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge. Failure to complete this form in full will result in processing delays.

<p><u>PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:</u></p> <p style="text-align: center;">University of Oklahoma College of Pharmacy Pharmacy Management Consultants Product Based Prior Authorization Unit</p> <p style="text-align: center;">Fax: 1-800-224-4014 Phone: 1-800-522-0114 Option 4</p>	<p style="text-align: center;"><u>CONFIDENTIALITY NOTICE</u></p> <p><i>This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.</i></p>
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