



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	April 18, 2013

KEPIVANCE® (palifermin)

REVIEW CRITERIA:

- Must be 18 years of age or older.
- Patient must have hematologic malignancy, receiving chemotherapy and hematopoietic stem cell infusion.
- Prescribing physician must be a specialist (hematologist/oncologist).

DOSING & ADMINISTRATION:

- Administer as an intravenous bolus injection at a dose of 60 mcg/kg/day for 3 consecutive days before and 3 consecutive days after myelotoxic therapy for a total of 6 doses.
 - Administer the first 3 doses prior to myelotoxic therapy with the third dose 24 to 48 hours before myelotoxic therapy
 - Administer the last 3 doses after myelotoxic therapy is complete with the first of these doses on the day of hematopoietic stem cell infusion after the infusion is completed, and more than 4 days after the most recent administration of Kepivance
- **Dosage Form:** 6.25 mg lyophilized powder in single-use vials