

# HealthAlliance**MEDICARE**

## **PURPOSE OF THE POLICY**

To define coverage criteria for Kepivance® (palifermin)

## **STATEMENT OF THE POLICY**

Kepivance® (palifermin) will be covered if the following criteria are met and applies to new starts only for Medicare Part D members

## **PROCEDURES**

### **1. Inclusion criteria**

- 1.1 Kepivance is prescribed by an oncologist associated with cancer treatment. AND
- 1.2 Kepivance is to be used for prevention or treatment of severe oral mucositis in patients with hematologic malignancies receiving myelotoxic therapy requiring hematopoietic stem cell support.

### **2. Exclusion criteria**

- 2.1 Patients with
  - Non-hematologic malignancies
- 2.2 Pediatric patients < 13 yo
- 2.3 Geriatric patients > 65 yo