

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 \geq 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.**

Fax completed prior authorization request form to **888-601-8461** or submit Electronic Prior Authorization through CoverMyMeds[®] or SureScripts.
All requested data must be provided. Incomplete forms or forms without the chart notes will be returned. Pharmacy Coverage Guidelines are available at **AetnaBetterHealth.com/Oklahoma**.

CONFIDENTIALITY NOTICE

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.