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**Ellen M. Buettner** | Chief Executive Officer

**J. Kevin Stitt** | Governor

OHCA 2024-07

April 5, 2024

RE: Prior Authorization of Kepivance™ – Effective May 6, 2024

Dear Provider,

As authorized by [OAC 317:30-5-77-2](#), effective May 6, 2024, the Oklahoma Health Care Authority (OHCA) will require a prior authorization (PA) for Kepivance™ (palifermin).

SoonerCare members currently being treated with Kepivance will be approved for continuation of therapy. Kepivance is covered through either the pharmacy or medical benefit.

Medical claims typically lag behind the treatment date, and OHCA may be unable to verify current therapy. To avoid a disruption in therapy, we recommend submitting a PA request for members who began treatment after April 15, 2024. Dates of previous doses must be listed on the PA form if a member has already received therapy.

The specific PA requirements for Kepivance are below and are located on OHCA's [prior authorization page](#) in the "Oncologic Therapies" therapeutic category. A PA form is required for all claim types. The Kepivance specific PA form, PHARM-261, is located on the OHCA [pharmacy forms page](#).

**Kepivance (Palifermin) Approval Criteria [Oral Mucositis Associated with Autologous Stem Cell Transplant Conditioning Diagnosis]:**

- Diagnosis of hematologic malignancy.
- Undergoing autologous stem cell transplantation.
- Using a preparative regimen predicted to result in  $\geq$ Grade 3 mucositis in  $>50\%$  of patients.
- The preparative regimen and a reference for the preparative regimen must be provided.



**ADDRESS**

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105



**WEBSITES**

[oklahoma.gov/ohca](http://oklahoma.gov/ohca)  
[mysoonerCare.org](http://mysoonerCare.org)



**PHONE**

Admin: 405-522-7300  
Helpline: 800-987-7767



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- Single dose melphalan 200mg/m<sup>2</sup> is not included as an appropriate preparative regimen due to lack of efficacy of palifermin with this regimen.

All medication PA requests must be submitted to the Pharmacy Prior Authorization Unit at the fax number located at the bottom of the PA form. Do **not** submit PA requests to the Medical Authorization Unit or online via the provider portal.

If the member is enrolled in a SoonerSelect health plan, please use the plan's prior authorization process. If you have questions, please contact the Pharmacy Prior Authorization Unit at 800-522-0114, option 4.

Thank you for your continued service to Oklahoma's SoonerCare members.

Sincerely,

Traylor Rains  
State Medicaid Director



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