Information for Vermont Prescribers of Prescription Drugs
KEPIVANCE® (palifermin)

This list does not imply that the products on this chart are interchangeable or have the same efficacy or safety. Please refer to each product's FDA-approved label and indication for further information.

The prices listed below are Average Wholesale Prices ("AWP") as established and made available to the public by a third party publisher. The price paid by consumers may be higher or lower than the prices listed below. Information about AWP of these drugs is being provided to Vermont prescribers pursuant to Vermont law, to give you information about the relative prices of marketed drugs and other drugs in the same therapeutic class.

The prices listed here do not necessarily reflect price per dosage, price per course of treatment or the cost effectiveness, of all the products listed. For simplicity, only the smallest package sizes available for each product are included.

				AWP	
Product Name	**Manufacturer**	**NDC or UPC**	**Pkg Size**	**Pack**	**Tab**
Kepivance Intravenous Solution Reconstituted 5.16 MG	SOBI	66658-0113-03	1 EA	Non-Pill Product	Non-Pill Product

Other Products	**Manufacturer**	**NDC or UPC**	**Pkg Size**	**Pack**	**Tab**
Elitek Intravenous Solution Reconstituted 1.5 MG	SANOFI-AVE	00024-5150-10	1 EA	Non-Pill Product	Non-Pill Product
Elitek Intravenous Solution Reconstituted 7.5 MG	SANOFI-AVE	00024-5151-74	1 EA	Non-Pill Product	Non-Pill Product
Elitek Intravenous Solution Reconstituted 7.5 MG	SANOFI-AVE	00024-5151-75	1 EA	Non-Pill Product	Non-Pill Product

AWP information source: Medispan

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