

PHARMACY POLICY STATEMENT

Marketplace

DRUG NAME	Palforzia [Peanut (Arachis hypogaea) Allergen Powder-dnfp]
BILLING CODE	Must use valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Office, Home
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) QUANTITY LIMIT— 1 dose pack (30 sachets) per 30 days after loading doses (see Dosage Allowed)
LIST OF DIAGNOSES CONSIDERED NOT MEDICALLY NECESSARY	Click Here

Palforzia (Peanut (Arachis hypogaea) Allergen Powder) is a non-preferred product and will only be considered for coverage under the pharmacy benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

PEANUT ALLERGY

For initial authorization:

1. Member is between 4 and 17 years of age; AND
2. Medication is prescribed and managed by an allergist; AND
3. Documentation must be submitted to confirm presence of peanut allergy, as evidenced by serum IgE >0.35kUa/L OR Skin Prick Test wheal >3mm compared to control; AND
4. Chart notes must show the member does not have any of the following:
 - a) Anaphylaxis in the last 60 days;
 - b) Uncontrolled asthma;
 - c) Eosinophilic esophagitis or other eosinophilic gastrointestinal disease;
 - d) Cardiovascular disease or uncontrolled hypertension; AND
5. Member has been assessed for ability to comply with daily dosing requirement, and can adhere to the daily dosing schedule; AND
6. Member understands to continue a peanut-avoidant diet.
7. Dosage allowed: One initial dose escalation packet (13 caps) for 1 day. One up-dosing packet (pack size varies) for 15 days each x 11 packets (165 days total). Then, maintenance dose of one 300mg sachet once daily.

If member meets all the requirements listed above, the medication will be approved for 6 months .

For reauthorization :

1. If the member is over 17 years of age, therapy must have been initiated between 4-17 years of age; AND
2. Chart notes must show the member has not had worsening of asthma or emergence of eosinophilic gastrointestinal disease; AND
3. Chart notes must show the member tolerates therapy and has not had anaphylaxis requiring a higher level of care; AND
4. Member must be compliant with daily dosing regimen.

