



PHARMACY POLICY STATEMENT

North Carolina 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

