**Palforzia (peanut allergen powder)**

**Effective 12/01/2020**

<table>
<thead>
<tr>
<th>Plan</th>
<th>☒ MassHealth</th>
<th>☒ Commercial/Exchange</th>
<th>Program Type</th>
<th>☒ Prior Authorization</th>
<th>☐ Quantity Limit</th>
<th>☐ Step Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit</td>
<td>☒ Pharmacy Benefit</td>
<td>☐ Medical Benefit (NLX)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Specialty Limitations**

N/A

<table>
<thead>
<tr>
<th>Specialty Medications</th>
<th>Non-Specialty Medications</th>
<th>Medical Specialty Medications (NLX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Plans</td>
<td>Phone: 866-814-5506</td>
<td>Fax: 866-249-6155</td>
</tr>
<tr>
<td>MassHealth</td>
<td>Phone: 877-433-7643</td>
<td>Fax: 866-255-7569</td>
</tr>
<tr>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
</tr>
<tr>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
</tr>
<tr>
<td>All Plans</td>
<td>Phone: 844-345-2803</td>
<td>Fax: 844-851-0882</td>
</tr>
</tbody>
</table>

**Contact Information**

**Exceptions**

N/A

**Overview**

Palforzia is an allergen-specific immunotherapy which gives controlled exposure to consistent, precise amounts of peanut protein which may help patients with their sensitivity to small amounts of peanuts over time.

**Coverage Guidelines**

Authorization may be granted when documentation is submitted for members who are currently receiving Initial Dose Escalation of Palforzia and are between the ages of 4 and 17, excluding when the product is obtained as sample or via manufacturer’s assistance program.

OR

Approval of Palforzia will be granted if the member meets all following criteria and documentation has been submitted:

1. The member is between 4 and 17 years of age
2. The prescriber is an allergist or immunologist, or a specialist’s consultation notes are provided.
3. The member has a documented diagnosis of peanut allergy as confirmed by one of the following:
   - Serum peanut-specific immunoglobulin (IgE)
   - Skin test confirmation of immunoglobulin (IgE) antibodies for peanut-specific antigen

**Reauthorization**

Reauthorizations will require physician documentation of the following:

1. The member is 4 years of age and older for Up-Dosing and maintenance
   OR
2. The member is 18 years of age or older and has been stable on maintenance dose of Palforzia
   AND
3. The medication is being prescribed by or in consultation with an allergist or immunologist
Limitations
Initial approvals will be granted for 12-months intervals.

References

Review History
09/16/2020 – Created and Reviewed at Sept P&T. Effective 12/01/2020.

Disclaimer
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.