

**Palforzia (peanut allergen powder)
Effective 12/01/2020**

Plan	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
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

1. Palforzia (peanut [*Arachis hypogaea*] allergen powder) [prescribing information]. Brisbane, CA: Aimmune Therapeutics Inc; January 2020.
2. Vickery BP, Vereda A, Casale TB, et al; PALISADE Group of Clinical Investigators. AR101 oral immunotherapy for peanut allergy. *N Engl J Med*. 2018;379(21):1991-2001.[\[PubMed 30449234\]](#)10.1056/NEJMoa1812856
3. Pitsios C, Tsoumani M, Bilò MB, et al. Contraindications to immunotherapy: a global approach. *Clin Transl Allergy*. 2019;9:45.[\[PubMed 31528333\]](#)10.1186/s13601-019-0285-4

Review History

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

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