

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

Plan	<input type="checkbox"/> MassHealth UPPL <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		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

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.

