

**Palforzia (peanut allergen powder)**  
**Effective 01/01/2025**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange		<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit			<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	N/A			
<b>Contact Information</b>	<b>Medical Benefit</b>	Phone: 833-895-2611	Fax: 888-656-6671	
	<b>Pharmacy Benefit</b>	Phone: 800-711-4555	Fax: 844-403-1029	
<b>Exceptions</b>	N/A			

### Overview

Palforzia (peanut allergen powder) is an oral allergen-specific immunotherapy indicated for the mitigation of allergic reactions, including anaphylaxis, that may occur with accidental exposure to peanut. Palforzia is approved for use in patients with a confirmed diagnosis of peanut allergy. Initial dose escalations may be administered to patients aged 1 through 17 years of age. Up-dosing and maintenance may be continued in patients 1 year of age and older.

Palforzia is to be used in conjunction with a peanut-avoidant diet. Palforzia is NOT indicated for the emergency treatment of allergic reactions, including anaphylaxis.

### Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

#### OR

Approval of Palforzia will be granted if the member meets all of the following criteria:

1. The member is between 1 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 1 year of age or older and using Palforiza for up-dosing or maintenance
2. The medication is being prescribed by or in consultation with an allergist or immunologist

### Limitations

Initial and reauthorization approvals will be granted for 12 months.

## References

1. Palforzia (peanut [*Arachis hypogaea*] allergen powder) [prescribing information]. Bridgewater, NJ: Aimmune Therapeutics Inc; January 2020.
2. 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
3. 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

## Review History

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

10/09/2024 – Reviewed and updated at October P&T. Updated criteria to reflect age indication of 1 year and older. Updated reauthorization criteria to remove age breakdown for pediatrics and adults. Effective 1/1/2025.

