

PHARMACY POLICY STATEMENT

Indiana Medicaid

DRUG NAME	Palforzia [Peanut (<i>Arachis hypogaea</i>) 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 **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
3. Documentation must be submitted to confirm presence of peanut allergy, as evidenced by serum IgE >0.35kUa/L OR Skin Prick Test wheal >3mm compared to control; AND
4. Chart notes must show the member does **not** have any of the following:
 - a) Anaphylaxis in the last 60 days;
 - b) Uncontrolled asthma;
 - c) Eosinophilic esophagitis or other eosinophilic gastrointestinal disease;
 - d) Cardiovascular disease or uncontrolled hypertension; AND
5. **Dosage allowed:** One initial dose escalation packet (13 caps) for 1 day. One up-dosing packet (pack size varies) for 15 days each x 11 packets (165 days total). Then, maintenance dose of one 300mg sachet once daily.

If member meets all the requirements listed above, the medication will be approved for 6 months.

For **reauthorization**:

1. History of Palforzia in the past 90 days
2. Requested dose does not exceed 300 mg daily

If member meets all the reauthorization requirements above, the medication will be approved for an additional 6 months.

CareSource considers Palforzia (Peanut (*Arachis hypogaea*) Allergen Powder) not medically necessary for the treatment of the diseases that are not listed in this document.

DATE	ACTION/DESCRIPTION
05/15/2020	New policy for Palforzia created.
11/18/2021	Removed assessment for compliance to daily dosing and understanding of continuing peanut-avoidant diet. Revised reauthorization criteria.

References:

1. Palforzia [package insert]. Brisbane, CA; Aimmune Therapeutics, Inc.: February, 2020.
2. PALISADE Group of Clinical Investigators, et al. AR101 oral immunotherapy for peanut allergy. *N Engl J Med.* 2018;379(21):1991-2001. doi: 10.1056/NEJMoa1812856.
3. Chu DK, Wood RA, French S, et al. Oral immunotherapy for peanut allergy (PACE): A systematic review and meta-analysis of efficacy and safety.
4. Patrawala, M., Shih, J., Lee, G. and Vickery, B., 2020. Peanut Oral Immunotherapy: a Current Perspective. *Current Allergy and Asthma Reports*, 20(5).

Effective date: 01/01/2022

Revised date: 11/18/2021