Commercial PA Criteria

Effective: June 3, 2020

Prior Authorization: Palforzia

Products Affected: Palforzia (peanut allergen-dnfp) oral capsule, oral powder

Medication Description: Palforzia, an oral immunotherapy, is indicated for the mitigation of allergic reactions, including anaphylaxis, that may occur with accidental exposure to peanut. It is approved for use in patients with a confirmed diagnosis of peanut allergy. Palforzia is to be used in conjunction with a peanut-avoidant diet. It is not indicated for the emergency treatment of allergic reactions, including anaphylaxis. Prior to initiation, the prescriber should verify that the patient has injectable epinephrine and has been instructed on its appropriate use.

Covered Uses: The mitigation of allergic reactions, including anaphylaxis, that may occur with accidental exposure to peanut.

Exclusion Criteria:

1. Emergency treatment of allergic reactions, including anaphylaxis.
2. Patients with uncontrolled asthma
3. Patients with a history of eosinophilic esophagitis and other eosinophilic gastrointestinal disease

Required Medical Information:

1. Diagnosis
2. Current medications
3. Positive skin prick test (SPT)
4. Positive in vitro test (i.e., a blood test) for peanut-specific IgE

Age Restrictions: 4 years of age and older

Prescriber Restrictions: Prescribed by, or in consultation with, an allergist or immunologist.

Coverage Duration: 12 months

Other Criteria:

1. The patient has a history of an allergic reaction to peanut that meets each of the following (a, b, and c):
    a. The patient demonstrated signs and symptoms of a significant systemic allergic reaction; **AND**
    b. This reaction occurred within a short period of time following a known ingestion of peanut or peanut-containing food; **AND**
    c. The prescriber deemed this reaction significant enough to require a prescription for an epinephrine auto-injector; **AND**
2. The patient has a positive skin prick test (SPT) response to peanut with a wheal diameter ≥ 3 mm larger than the negative control; **AND**
3. The patient has a positive in vitro test (i.e., a blood test) for peanut-specific IgE with a level ≥ 0.35 kUA/L; **AND**

4. Palforzia will be used in conjunction with a peanut-avoidant diet.

References:

1. Palforzia® allergen powder [prescribing information]. Brisbane, CA: Aimmune Therapeutics; January 2020.

Revision History:

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	6/3/2020
2	Annual Review	No updates	All	3/10/2025