



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

PEANUT ALLERGEN POWDER-DNFP

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
PEANUT (ARACHIS HYPOGAEA) ALLERGEN POWDER-DNFP	PALFORZIA	46332		GPI-10 (2010004020)	

**GUIDELINES FOR USE**

**INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)**

1. Does the patient have a diagnosis of a peanut allergy and meet **ALL** of the following criteria?
  - The patient is 4 to 17 years of age
  - Therapy is prescribed by or in consultation with an allergist or immunologist
  - The patient has a clinical history of allergic reaction to peanuts
  - Palforzia will be used in conjunction with a peanut-avoidance diet
  - Palforzia will **NOT** be used concurrently with a peanut-specific immunotherapy (e.g., Viaskin Peanut)

If yes, continue to #2.

If no, do not approve.

**DENIAL TEXT:** See the initial denial text at the end of the guideline.

2. Has the patient completed a purposeful food challenge and has a documentation (e.g., chart notes, lab results, diagnostic test results, etc.) of **ONE** of the following criteria?
  - The patient tested positive on a skin prick test with a wheal diameter of at least 3 mm within the past 24 months
  - The patient has a peanut-specific immunoglobulin E level of at least 0.35 kUA/L within the past 24 months

If yes, **approve for 12 months by GPID or GPI-14 for all of the following:**

- **300 mg powder packet/sachet: #1 per day.**
- **All other strengths: No quantity limit.**

If no, continue to #3.

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INITIAL CRITERIA (CONTINUED)

3. Has the patient NOT completed a purposeful food challenge and has a documentation (e.g., chart notes, lab results, diagnostic test results, etc.) of **ONE** of the following criteria?
- The patient tested positive on a skin prick test with a wheal diameter of at least 8 mm within the past 24 months
  - The patient has a peanut-specific immunoglobulin E level of at least 14 kUA/L within the past 24 months

If yes, **approve for 12 months by GPID or GPI-14 for all of the following:**

- **300 mg powder packet/sachet: #1 per day.**
- **All other strengths: No quantity limit.**

If no, do not approve.

**INITIAL DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **PEANUT ALLERGEN POWDER-DNFP (Palforzia)** requires the following rule(s) be met for approval:

- A. You have a peanut allergy
  - B. You are 4 to 17 years of age
  - C. Therapy is prescribed by or in consultation with an allergist (allergy doctor) or immunologist (immune system doctor)
  - D. You have a clinical history of an allergic reaction to peanuts
  - E. Palforzia will be used together with a peanut-avoidance diet
  - F. Palforzia will NOT be used concurrently (at the same time) with peanut-specific immunotherapy (such as Viaskin Peanut)
  - G. You meet ONE of the following:
    1. If you have completed a purposeful food challenge (a type of test): you have documentation (such as chart notes, lab results, diagnostic test results) of a positive skin prick test (a skin test to check for peanut allergy) with a wheal diameter of at least 3 mm within the past 24 months, OR you had a peanut-specific immunoglobulin E (IgE: a blood test that indicates an allergy to peanuts) level of at least 0.35 kUA/L within the past 24 months
    2. If you have NOT completed a purposeful food challenge: you have documentation (such as chart notes, lab results, diagnostic test results) of a positive skin prick test (a skin test to check for peanut allergy) with a wheal diameter of at least 8 mm within the past 24 months, OR you had a peanut-specific immunoglobulin E (IgE: a blood test that indicates an allergy to peanuts) level of at least 14 kUA/L within the past 24 months
- (Initial denial text continued on next page)***

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**INITIAL CRITERIA (CONTINUED)**

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

**RENEWAL CRITERIA**

1. Does the patient have a peanut allergy and meet **ALL** of the following criteria?
  - Therapy is prescribed by or in consultation with an allergist or immunologist
  - Palforzia will be used in conjunction with a peanut-avoidance diet
  - Palforzia will **NOT** be used concurrently with a peanut-specific immunotherapy (e.g., Viaskin Peanut)

If yes, continue to #2.

If no, do not approve.

**DENIAL TEXT:** See the renewal denial text at the end of the guideline.

2. Has the patient completed a purposeful food challenge?

If yes, continue to #3.

If no, continue to #4.

3. Does the patient have a documentation (e.g., chart notes, lab results, diagnostic test results, etc.) of a persistent peanut allergy and meets **ONE** of the following criteria?
  - The patient tested positive on a skin prick test with a wheal diameter of at least 3 mm within the past 24 months
  - The patient has a peanut-specific immunoglobulin E level of at least 0.35 kUA/L within the past 24 months

If yes, **approve for 12 months by GPID or GPI-14 for all of the following:**

- **300 mg powder packet/sachet: #1 per day.**
- **All other strengths: No quantity limit.**

If no, do not approve.

**DENIAL TEXT:** See the renewal denial text at the end of the guideline.

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RENEWAL CRITERIA (CONTINUED)

4. Does the patient have a documentation (e.g., chart notes, lab results, diagnostic test results, etc.) of a persistent peanut allergy and meets **ONE** of the following criteria?
- The patient tested positive on a skin prick test with a wheal diameter of at least 8 mm within the past 24 months
  - The patient has a peanut-specific immunoglobulin E level of at least 14 kUA/L within the past 24 months

If yes, **approve for 12 months by GPID or GPI-14 for all of the following:**

- **300 mg powder packet/sachet: #1 per day.**
- **All other strengths: No quantity limit.**

If no, do not approve.

**RENEWAL DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **PEANUT ALLERGEN POWDER-DNFP (Palforzia)** requires the following rule(s) be met for renewal:

- A. You have an allergy to peanuts
- B. Therapy is prescribed by or in consultation with an allergist (allergy doctor) or immunologist (immune system doctor)
- C. Palforzia will be used together with a peanut-avoidance diet
- D. Palforzia will NOT be used concurrently (at the same time) with peanut-specific immunotherapy (such as Viaskin Peanut)
- E. You meet ONE of the following:
  1. If you have undergone a purposeful food challenge (a type of test): you have documentation (such as chart notes, lab results, diagnostic test results) of a persistent peanut allergy based on a positive skin prick test (a skin test to check for peanut allergy) with a wheal diameter of at least 3 mm, OR peanut-specific immunoglobulin E (IgE: a blood test that indicates an allergy to peanuts) level of at least 0.35 kUA/L within the past 24 months
  3. If you have NOT undergone a purposeful food challenge: you have documentation (such as chart notes, lab results, diagnostic test results) of a persistent peanut allergy based on a positive skin prick test (a skin test to check for peanut allergy) with a wheal diameter of at least 8 mm, OR you had a peanut-specific immunoglobulin E (IgE: a blood test that indicates an allergy to peanuts) level of at least 14 kUA/L within the past 24 months

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Palforzia.

**REFERENCES**

- Palforzia [Prescribing Information]. Brisbane, CA: Aimmune Therapeutics, Inc.; March 2023.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 08/01/23

Created: 02/20

Client Approval: 06/23

P&T Approval: 07/20