



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

PEANUT ALLERGEN POWDER-DNFP

Generic	Brand	HICL	GCN	Exception/Other
PEANUT (ARACHIS HYPOGAEA) ALLERGEN POWDER-DNFP	PALFORZIA	46332		

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

- Does the patient have a diagnosis of peanut allergy and meet **ALL** of the following criteria?
 - The patient is 4 to 17 years of age
 - Therapy is prescribed by or given in consultation with an allergist/immunologist
 - The patient has a clinical history of allergic reaction to peanuts
 - The requested medication will be used in conjunction with a peanut-avoidance diet
 - Documentation of a positive skin prick test (wheal diameter ≥ 3 mm) **OR** peanut-specific immunoglobulin E (≥ 0.35 kUA/L) within the past 24 months

If yes, continue to #2.

If no, do not approve.

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

- Is the request for the 300mg powder packet/sachet?

If yes, **approve for 12 months by GPID with a quantity limit of #1 per day.**

If no, **approve for 12 months by GPID for all requested strengths with no quantity limit.**

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:

- You have a peanut allergy
- You are 4 to 17 years of age
- The medication is prescribed by given in consultation with an allergist/immunologist (allergy/immune system doctor)
- You have a clinical history of allergic reaction to peanuts
- The medication is to be used in conjunction with a peanut-avoidance diet
- You have documentation of a positive skin prick test (wheal diameter greater than or equal to 3 mm) (skin test to check for peanut allergy) **OR** peanut-specific immunoglobulin E (IgE greater than or equal to 0.35 kUA/L) (blood test that indicates an allergy to peanuts) 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 given in consultation with an allergist/immunologist
 - The requested medication is to be used in conjunction with a peanut-avoidance diet

If yes, continue to #2.

If no, do not approve.

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

2. Does the patient meet **ONE** of the following criteria?
 - The patient has a *persistent* peanut allergy
 - Documentation of persistent peanut allergy by positive skin prick test (wheal diameter ≥ 3 mm)
OR Peanut-specific immunoglobulin E (≥ 0.35 kUA/L) within the past 24 months

If yes, continue to #3.

If no, do not approve.

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

3. If the request for the 300mg powder packet/sachet?

If yes, **approve for 24 months by GPID with a quantity limit of #1 per day.**

If no, **approve for 24 months by GPID for all requested strengths with no quantity limit.**

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PEANUT ALLERGEN POWDER-DNFP

RENEWAL CRITERIA (CONTINUED)

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. The medication is prescribed by given in consultation with an allergist/immunologist (allergy/immune system doctor)
- C. The medication is to be used in conjunction with a peanut-avoidance diet
- D. You meet ONE of the following:
 - 1. You continue to have a persistent a peanut allergy (your peanut allergy has not gone away)
 - 2. You have documentation of a peanut allergy by a positive skin prick test (wheal diameter greater than or equal to 3 mm) (skin test to check for peanut allergy) OR peanut-specific immunoglobulin E (IgE greater than or equal to 0.35 kUA/L) (blood test that indicates an allergy to peanuts) 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.

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.; January 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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