STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Office of Pharmacy Services
Prior Authorization Criteria
Palforzia® (Arachis hypogaea)
Peanut Allergen Powder-dnfp
Effective 3/1/2021

Prior Authorization Request Form

Palforzia *is an oral immunotherapy indicated for the mitigation of allergic reactions, including anaphylaxis, that may occur with accidental exposure to peanuts. Palforzia is approved for use in patients with a confirmed diagnosis of peanut allergy.*

Palforzia is not indicated for the emergency treatment of allergic reactions, including anaphylaxis.

CRITERIA FOR APROVAL:

1. Patient age must be ≥ 4 years and ≤ 17 years for initial dose escalation or ≥ 4 years for up-dosing and maintenance; **AND**

2. Palforzia must be prescribed by, or in conjunction with, an allergist or immunologist; **AND**

3. Patient must have a diagnosis of a peanut allergy confirmed by a serum immunoglobulin E (IgE) to peanut ≥0.35 kUA/L (kilos of allergen-specific units per liter within the past 12 months); **and/or** a skin prick test (SPT) to peanuts ≥3 mm compared to control; **AND**

4. Palforzia must be used in conjunction with a peanut-avoidant diet; **AND**

5. Patient must NOT have a recent history of uncontrolled asthma, eosinophilic esophagitis, or other eosinophilic gastrointestinal disease; **AND**

6. Prescriber, pharmacy, and patient must be registered with the REMS Program; **AND**

7. The patient must be prescribed injectable epinephrine, be given training and instruction on its appropriate use, and be instructed to seek immediate medical attention upon being used.

Approval Duration:

Initial approval will be granted for 6 months and includes approval for initial dose escalation and Up Dosing. *Approval for Up Dosing may be extended if the patient was unable to tolerate all the dose levels at 2-week intervals.

Maintenance Dosing approval (300mg daily) will be initially granted for 6 months upon which pharmacy records will be evaluated to assess compliance with once daily therapy and ensure no level was missed during Up Dosing. Documentation must be provided attesting that the patient has not experienced any treatment restricting adverse events (such as systemic allergic reactions, severe anaphylaxis). 12-month authorizations may be granted thereafter upon evaluation of compliance and prescriber attestation that patient is not experiencing any adverse events/reactions to Palforzia.

References:

1.) Palforzia Package Insert
2.) Lexi-Comp Clinical Application 2/2021