

Peanut (arachis hypogaea) Allergen Powder-dnfp (Palforzia)

Goal(s):

- To ensure appropriate use of desensitization products in patients with peanut allergies

Length of Authorization:

- 12 months

Requires PA:

- Peanut (arachis hypogaea) allergen powder-dnfp (Palforzia) (both pharmacy and physician administered claims)

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is the request by, or in consultation with, an allergist or immunologist?	Yes: Go to #3	No: Pass to RPh. Deny; medical appropriateness
3. Is the request for continuation of current therapy previously approved by the FFS program?	Yes: Go to Renewal Criteria	No: Go to #4
4. Is the request for an FDA-approved indication and age?	Yes: Go to #5	No: Pass to RPh. Deny; medical appropriateness
5. Does the patient have a history of serious peanut allergy or anaphylaxis?	Yes: Go to #6	No: Pass to RPh. Deny; medical necessity
6. Is there baseline documentation of number of epinephrine administrations and hospital/emergency department visits (if any) in past 12 months which were caused by presumed peanut exposure.	Yes: Go to #7 Epi administrations: _____ Hospital/ED visits: _____	No: Pass to RPh. Deny; medical appropriateness
7. Does the patient have a history of severe peanut reaction that included circulatory shock or need for mechanical ventilation?	Yes: Pass to RPh. Deny; medical appropriateness	No: Go to #8

Approval Criteria		
8. Does the patient have a peanut-specific positive IgE of ≥ 0.35 kU _a /L <u>OR</u> a skin prick test wheal of ≥ 3 mm?	Yes: Go to #9	No: Pass to RPh. Deny; medical appropriateness
9. Does the patient have uncontrolled asthma, history of eosinophilic esophagitis, or other eosinophilic gastrointestinal disease?	Yes: Pass to RPh. Deny; medical appropriateness	No: Go to #10
10. Are the healthcare setting and the prescriber certified in the Palforzia REMS program AND will the patient be enrolled in the REMS program upon PA approval?	Yes: Approve for 12 months	No: Pass to RPh. Deny; medical appropriateness

Renewal Criteria		
1. Is the request for the full 300 mg daily maintenance dose of peanut allergen powder?	Yes: Go to #3	No: Go to #2
2. Is the patient new to OHA FFS and has the patient not yet completed the initial dose titration prior to FFS enrollment?	Yes: Approve for 12 months; Document baseline epinephrine use and hospital/emergency department visits	No: Pass to RPh. Deny; medical appropriateness
3. Has the patient had a reduced number of allergic attacks since beginning peanut allergen powder as evidenced by either: <ul style="list-style-type: none"> • Absence of, or reduction in the number of needed epinephrine administrations due to presumed peanut exposure? OR • Absence of, or reduction in the number of hospital/emergency department visits due to presumed peanut exposure? 	Yes: Approve for 12 months	No: Pass to RPh. Deny; medical appropriateness

P&T/DUR Review: 8/24 (DM); 8/23 (DM); 2/21 (SF)
Implementation: 9/1/24; 3/1/21