

**PALFORZIA**  
**[Peanut (Arachis hypoqaea) Allergen Powder-dnfp]**

## **Pre - PA Allowance**

None

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## **Prior-Approval Requirements**

**Age** 1 year of age or older

### **Diagnosis**

Patient must have the following:

Peanut allergy

**AND ALL** of the following:

1. Patient has received, or will receive, **Initial Dose Escalation while age 1 through 17**
2. Used for the mitigation of allergic reactions that may occur with accidental exposure to peanut use
3. The diagnosis of peanut allergy has been confirmed with an IgE  $\geq 0.35$  kUA/L or skin-prick test  $\geq 3$ mm compared to control
4. Used in conjunction with a peanut-avoidant diet
5. The first dose of each new Up-Dosing level must be administered under the supervision of a health care professional in a health care setting
6. Patient has been prescribed injectable epinephrine **AND** patient and/or caregiver has been instructed and trained on its appropriate use
7. Prescribed by or recommended by an allergist or immunology specialist
8. Health care provider, health care setting, and the patient are enrolled in the Palforzia REMS program
9. **NOT** for emergency treatment of allergic reactions, including anaphylaxis
10. **NO** uncontrolled asthma
11. **NO** history of eosinophilic esophagitis or other eosinophilic gastrointestinal disease

## **Prior - Approval Limits**

**Duration** 12 months

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## **Prior – Approval *Renewal* Requirements**

**Age** 1 year of age or older



**BlueCross  
BlueShield**

Federal Employee Program.

## **PALFORZIA**

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#### **Diagnosis**

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**AND ALL** of the following:

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2. Used for the mitigation of allergic reactions that may occur with accidental exposure to peanut use
3. Used in conjunction with a peanut-avoidant diet
4. Patient has been prescribed injectable epinephrine **AND** patient and/or caregiver has been instructed and trained on its appropriate use
5. **NOT** for emergency treatment of allergic reactions, including anaphylaxis
6. **NO** uncontrolled asthma
7. **NO** history of eosinophilic esophagitis or other eosinophilic gastrointestinal disease

#### **Prior - Approval *Renewal* Limits**

Same as above