

Policy Name:	Palforzia (peanut allergen powder)	Policy #:	2793P
---------------------	---	------------------	--------------

Purpose of the Policy

The purpose of this policy is to define the criteria for coverage of Palforzia.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Palforzia under the specialty pharmacy benefit when the following criteria have been met.

Criteria

1. Coverage Criteria

- 1.1 Documented peanut allergy confirmed with an IgE \geq 0.35 KUA/L or skin-prick test \geq 3 mm compared to control
- 1.2 Age 1 year through 17 years at the beginning of treatment
- 1.3 Prescribed by an immunologist (immune system doctor) or allergist (allergy doctor)
- 1.4 Documentation to support that Palforzia will be used in addition to an injectable epinephrine product and a peanut-avoidant diet

2. Exclusion Criteria

- 2.1 Uncontrolled asthma
- 2.2 Eosinophilic esophagitis and other eosinophilic gastrointestinal disease

3. Approval Period

- 3.1 Initial: 12 months
- 3.2 Reauthorization: 12 months with documented clinical benefit from therapy as evidenced by lack of anaphylaxis events while receiving therapy or successful controlled food challenge

CPT Codes

--	--

HCPCS Codes

--	--

References

1. Palforzia (peanut [*Arachis hypogaea*] allergen powder) [prescribing information]. Brisbane, CA: Aimmune Therapeutics Inc; July 2024.
2. Patrawala M, Shih J, Lee G, Vickery B. Peanut Oral Immunotherapy: a Current Perspective. *Curr Allergy Asthma Rep.* 2020 Apr 20;20(5):14.

3. Pepper AN, Assa'ad A, Blaiss M, et al. Consensus report from the Food Allergy Research & Education (FARE) 2019 Oral Immunotherapy for Food Allergy Summit. *J Allergy Clin Immunol.* 2020;146(2):244-249.

Created Date: 10/21/20

Effective Date: 10/21/20

Posted to Website: 01/01/22

Revision Date: 10/02/24

DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.