

FAX Completed Form To 1.833.404.2392

Pharmacy Help Desk 1.800.460.8988

Prescriber Help Desk 1.833.587.2012

Request for Prior Authorization PEANUT (ARACHIS HYPOGAEA) ALLERGEN POWDER-DNFP (PALFORZIA)

(PLEASE PRINT – ACCURACY IS IMPORTANT)

IA Medicaid Member ID #	Patient name	DOB			
Patient address					
Provider NPI	Prescriber name	Phone			
Prescriber address		Fax			
Pharmacy name	Address	Phone			
Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.					
Pharmacy NPI	Pharmacy fax NDC				

Prior authorization (PA) is required for Peanut (*Arachis hypogaea*) Allergen Powder-dnfp (Palforzia). Payment will be considered under the following conditions:

- Patient has a confirmed diagnosis of peanut allergy, as documented by a skin prick test to peanut ≥ 3 mm compared to control or a peanut-specific serum IgE ≥ 0.35 kUA/L (kilos of allergen-specific units per liter); and
- 2. Patient is 4 to 17 years of age at initiation of therapy or 4 years of age and older for continued up-dosing and maintenance therapy; and
- 3. Prescribed by or in consultation with an allergist or immunologist; and
- 4. Patient has access to injectable epinephrine: and
- 5. Will be used in conjunction with a peanut-avoidant diet; and
- 6. Patient does not have any of the following:
 - a. Uncontrolled asthma; and/or
 - b. A history of eosinophilic esophagitis or other eosinophilic gastrointestinal disease; and
- 7. Patient will adhere to the complex up-dosing schedule that requires frequent visits to the administering healthcare facility; and
- 8. The initial dose escalation and the first dose of each new up-dosing level is administered under the supervision of a health care professional in a health care setting with the ability to manage potentially severe allergic reactions, including anaphylaxis. Initial dose escalation and the first dose of all up-dosing levels is not to be billed to the lowa Medicaid outpatient pharmacy program as the initial dose escalation is administered in the provider office and should be billed via the medical benefit and the first dose of all up-doing is provided via the Office Dose Kit; and
- 9. Follows FDA approved dosing; and
- 10. PA is required for all up-dosing dose levels (dose level 1 through 11); and
- 11. Maintenance dosing will be considered with documentation patient has successfully completed all dose levels of up-dosing.

Non-Preferred

Palforzia



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Request for Prior Authorization
PEANUT (ARACHIS HYPOGAEA) ALLERGEN
POWDER-DNFP (PALFORZIA)

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	Strength	Dosage Instructions	Quantity	Days Supply		
Diagnosi						
Attach documentation of a skin prick or peanut-specific serum IgE test.						
Is prescriber an allergist or immunologist?						
Consultation Date:						
Physician Name, Phone & Specialty:						
Does patient have access to injectable epinephrine? Yes No						
Will Palforzia be used in conjunction with a peanut-avoidant diet? Yes No						
Does patient have any of the following:						
0	Uncontrolled asthma	🗌 Yes 🔲 No				
0	A history of eosinophi	lic esophagitis or other eosinophilic gast	rointestinal disease	e 🗌 Yes 🗌 No		
Will patient adhere to the complex up-dosing schedule that requires frequent visits to the administering healthcare facility?						
Provide date of dose escalation for the requested dose provided by a health care professional in a health care setting: Dose Level (1 through 11):						
For maintenance dosing, has patient successfully completed all dose levels of up-dosing? (attach documentation) Yes No						
Attach lab results and other documentation as necessary.						

Prescriber signature (Must match prescriber listed above.)	Date of submission		

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for continues to be eligible for Medicaid.