

<b>POLICY NAME</b>	Palforzia (peanut allergen powder)	<b>POLICY #</b>	2793P
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## Criteria

### Coverage Criteria

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

### Exclusion Criteria – Any of the following prevents coverage

- ☐ Uncontrolled asthma
- ☐ Eosinophilic esophagitis and other eosinophilic gastrointestinal disease