Iowa Department of Human Services

FAX Completed Form To
1 (800) 574-2515

Provider Help Desk
1 (877) 776-1567

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:

1. **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 Iowa 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.**

<u>Non-Preferred</u>

☐ Palforzia

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

(PLEASE PRINT – ACCURACY IS IMPORTANT)

Strength	**Dosage Instructions**	**Quantity**	**Days Supply**
________	______________________________	________	____________

Diagnosis: ____

Attach documentation of a skin prick or peanut-specific serum IgE test.

Is prescriber an allergist or immunologist? ☐ Yes ☐ No (If no, note consultation with 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:

- Uncontrolled asthma ☐ Yes ☐ No
- A history of eosinophilic esophagitis or other eosinophilic gastrointestinal disease ☐ Yes ☐ No

Will patient adhere to the complex up-dosing schedule that requires frequent visits to the administering healthcare facility? ☐ Yes ☐ No

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 Medicaid.*