

Texas Prior Authorization Program Clinical Criteria

Drug/Drug Class

Palforzia (Peanut Allergen Powder)

This criteria was recommended for review by several MCOs to ensure appropriate and safe utilization

Clinical Information Included in this Document

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

- Annual review by staff
- Updated references



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Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
PALFORZIA INITIAL DOSE PACK	47639
PALFORZIA 12 MG (LEVEL 3)	47654
PALFORZIA 120 MG (LEVEL 7)	47659
PALFORZIA 160 MG (LEVEL 8)	47664
PALFORZIA 20 MG (LEVEL 4)	47655
PALFORZIA 200 MG (LEVEL 9)	47649
PALFORZIA 240 MG (LEVEL 10)	47652
PALFORZIA 3 MG (LEVEL 1)	47647
PALFORZIA 300 MG (MAINTENANCE)	47653
PALFORZIA 300 MG (LEVEL 11)	47653
PALFORZIA 40 MG (LEVEL 5)	47656
PALFORZIA 6 MG (LEVEL 2)	47648
PALFORZIA 80 MG (LEVEL 6)	47658



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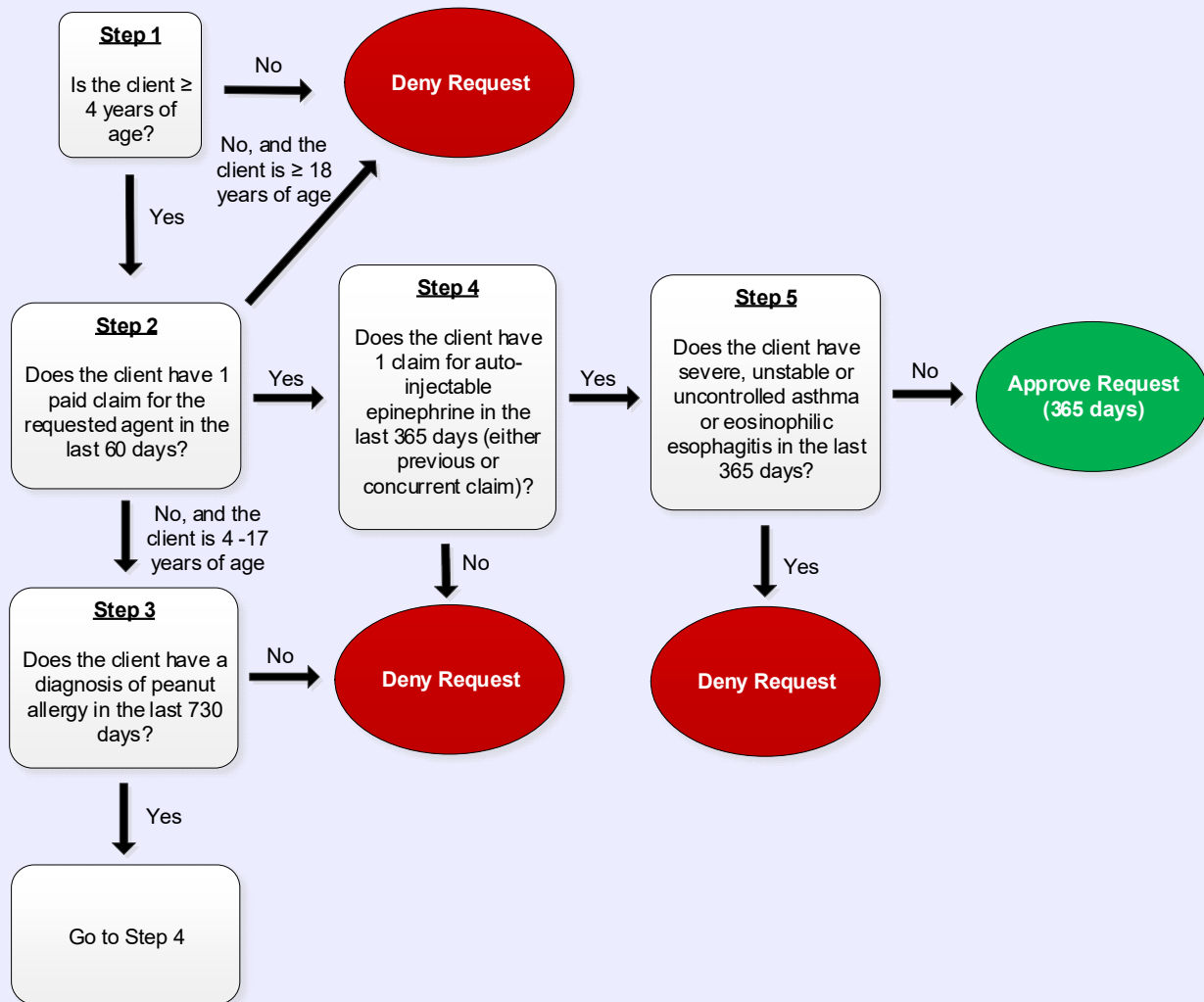
Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 4 years of age?
 Yes (Go to #2)
 No (Deny)
2. Does the client had at least 1 paid claim for the requested agent in the last 60 days?
 Yes, (Go to #4)
 No, and the client is 4 – 17 years of age (Go to #3)
 No, and the client is \geq 18 years of age (Deny)
3. Does the client have a diagnosis of **peanut allergy** in the last 730 days?
 Yes (Go to #4)
 No (Deny)
4. Does the client have 1 claim for **auto-injectable epinephrine** in the last 365 days or is the patient receiving auto-injectable epinephrine concurrently?
 Yes (Go to #5)
 No (Deny)
5. Does the client have a history of severe, unstable or uncontrolled **asthma OR a history of eosinophilic esophagitis** in the last 365 days?
 Yes (Deny)
 No (Approve – 365 days)



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Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Step 3 (diagnosis of peanut allergy) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
Z91010	ALLERGY TO PEANUTS

Step 4 (history of auto-injectable epinephrine) Required quantity: 1 Look back timeframe: 365 days	
GCN	Description
28038	EPINEPHRINE 0.15MG AUTO-INJECTOR
19861	EPINEPHRINE 0.15MG AUTO-INJCT
19862	EPINEPHRINE 0.3MG AUTO-INJECTOR
19862	EIPEN 0.3MG AUTO-INJECTOR
19861	EIPEN JR 0.15MG AUTO-INJECTOR
46623	SYMJEPI 0.15MG/0.3ML SYRINGE
22547	SYMJEPI 0.3MG/0.3ML SYRINGE

Step 5 (diagnosis of asthma or eosinophilic esophagitis) Required quantity: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
J4550	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED
J4551	SEVERE PERSISTENT ASTHMA, WITH (ACUTE) EXACERBATION
J4552	SEVERE PERSISTENT ASTHMA, WITH STATUS ASTHMATICUS
J45901	UNSPECIFIED ASTHMA, WITH (ACUTE) EXACERBATION
K200	EOSINOPHILIC ESOPHAGITIS



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Clinical Criteria References

1. 2020 ICD-10-CM Diagnosis Codes. 2020. Available at www.icd10data.com. Accessed on June 20, 2022.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2020. Available at www.clinicalpharmacology.com. Accessed on June 20, 2022.
3. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on June 20, 2022.
4. Palforzia Prescribing Information. Brisbane, CA. Aimmune Therapeutics, Inc. January 2020.

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
07/24/2020	<ul style="list-style-type: none">Initial publication and presentation to DUR Board
08/24/2020	<ul style="list-style-type: none">Updated criteria logic
10/08/2021	<ul style="list-style-type: none">Removed requirement for specialist from criteria
10/19/2022	<ul style="list-style-type: none">Annual review by staffUpdated references