



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIALLERGENS, ORAL PA SUMMARY**

Preferred	Non-Preferred
N/A	Oralair (five grass pollen sublingual tablet) Palforzia (peanut [<i>Arachis hypogaea</i>] allergen powder-dnfp)

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

Oralair

- ❖ Approvable for members 5-65 years of age with a diagnosis of grass pollen-induced allergic rhinitis (with or without conjunctivitis) and positive skin test or positive in vitro testing for pollen specific IgE antibodies for Sweet Vernal, Orchard, Perennial Rye, Timothy or Kentucky Bluegrass

AND

- ❖ Member has failed to achieve relief with allergy symptom medications

AND

- ❖ Member is unable to receive subcutaneous immunotherapy

AND

- ❖ Must be prescribed with an epinephrine autoinjector

AND

- ❖ Must be prescribed by or in consultation with an allergist or immunologist

AND

- ❖ Member must be observed for at least 30 minutes after administration under the supervision of a physician with experience in the diagnosis and treatment of severe allergic reactions.

Palforzia

- ❖ For members 4-55 years of age with a diagnosis of peanut allergy when used for mitigation of allergic reactions, including anaphylaxis, that may occur with accidental exposure to peanut and when used in conjunction with a peanut-avoidance diet

AND

- ❖ Must be prescribed with an epinephrine autoinjector

AND

- ❖ Must be prescribed by or in consultation with an allergist or immunologist

AND

- ❖ Member must be observed for at least 60 minutes after administration of the initial dose escalation and first dose of each up-dosing level under the supervision of a health care professional in a health care setting with the ability to manage potentially severe allergic reactions, including anaphylaxis

AND

- ❖ Healthcare facility, prescriber, pharmacy and member enrolled in the Palforzia REMS program

AND

- ❖ Prescriber must submit a written letter of medical necessity.



EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.