



HEALTH

Food Allergy
Prior Authorization Form

Fax completed form to:
855-207-0250
For questions regarding this
prior authorization, call
866-773-0695

Prior Authorization Vendor for ND Medicaid

ND Medicaid requires that members receiving a prescription for Palforzia to meet specific clinical criteria for coverage
which can be found at https://ndmedicaid.acentra.com/ndpdl/

Member Name, Member Date of Birth, Member Medicaid ID Number, Prescriber Name, Specialist involved in therapy, Prescriber NPI, Telephone Number, Fax Number, Address, City, State, Zip Code

Requested Drug, Strength, and Directions; Dosage Form (e.g., tablet)

Diagnosis for this request

Qualifications for Coverage (initial request):
1. Does the member have access to epinephrine...
2. Does the member have a history of severe (type 1) allergic response...
3. Has the member experienced an allergic reaction...
4. Does the member have the following (check all that apply):
- History of urticaria, angioedema, or wheeze
- Skin prick wheal of at least 3 mm
- Positive IgE as determined by allergist/immunologist; IgE level:
- Food allergy is likely to produce anaphylaxis as determined by an allergist/immunologist

Renewal Requests (Palforzia):
1. Has the member been able to tolerate the maintenance dose of Palforzia 300 mg daily?
a. If no, what is the planned timeline for the member's up-titration to a final dose of Palforzia 300 mg daily (must be complete by week 40):

Additional Qualifications for Coverage (if applicable)

I confirm that I have considered a generic or other alternative and that the requested drug is expected to result in the successful medical management of the member.

Prescriber (or Staff) / Pharmacy Signature; Date

** By completing this form, I hereby certify that the above request is true, accurate and complete. That the request is medically necessary, does not exceed the medical needs of the member, and is clinically supported in the member's medical records. I also understand that any misrepresentations or concealment of any information requested in the prior authorization request may subject me to audit and recoupment.