

Market Applicability															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	NA

\*FHK- Florida Healthy Kids

## Daraprim (pyrimethamine)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Daraprim (pyrimethamine)	3 tablets per day  Initiation of therapy for <b>toxoplasmosis</b> : May approve an additional five tablets as a one-time loading dose.

### APPROVAL CRITERIA

Requests for Daraprim (pyrimethamine) may be approved if the following criteria are met:

- I. Individual is using in combination with leucovorin; **AND**
- II. Individual is using to for one of the following:
  - A. Individual is using to treat toxoplasmosis; **AND**
  - B. Individual is using in combination with a sulfonamide unless contraindicated or not tolerated;

**OR**

  - C. Individual has a diagnosis of human immunodeficiency virus infection and is using to prevent an initial episode of toxoplasmosis (AHFS); **AND**
  - D. Individual has an intolerance or contraindication to trimethoprim-sulfamethoxazole (CDC/NIH/IDSA);

**OR**

  - E. Individual has a diagnosis of human immunodeficiency virus infection and is using to prevent recurrence of toxoplasmosis (AHFS);

**OR**

  - F. Individual has a diagnosis of human immunodeficiency virus infection and is using to treat or prevent recurrence of cystoisosporiasis (AHFS); **AND**
  - G. Individual has an intolerance or contraindication to trimethoprim-sulfamethoxazole (CDC/NIH/IDSA);

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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**OR**

- H. Individual has a diagnosis of human immunodeficiency virus infection and is using to prevent an initial episode or recurrence of *Pneumocystis jiroveci* pneumonia (AHFS); **AND**
- I. Individual has an intolerance or contraindication to trimethoprim-sulfamethoxazole (CDC/NIH/IDSA).

Daraprim (pyrimethamine) may **not** be approved for the following:

- I. Individual has a diagnosis of megaloblastic anemia due to folate deficiency.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

**Key References:**

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DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio:

Lexi-Comp, Inc.; 2017. Updated periodically. Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Disease Society of America. Available at [http://aidsinfo.nih.gov/contentfiles/lvguidelines/adult\\_oi.pdf](http://aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi.pdf). Accessed: December 7, 2017.

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