Daraprim (pyrimethamine)

Override(s) | Approval duration
---|---
Prior authorization | 1 year
Quantity limit |

<table>
<thead>
<tr>
<th>Medications</th>
<th>Quantity limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daraprim (pyrimethamine)</td>
<td>3 tablets per day</td>
</tr>
</tbody>
</table>

Initiation of therapy for toxoplasmosis: 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;
II. Individual is using to for one of the following:
   a. Individual is using to treat acute malaria due to susceptible strains of plasmodia; AND
   b. Individual has tried and had an inadequate response or intolerance to two other malaria treatment regimens (such as but not limited to atovaquone/proguanil, Coartem, chloroquine, hydroxychloroquine, chloroquine plus Primaquine, quinine plus clindamycin, quinidine plus doxycycline) (CDC);

OR

   c. Individual is using for prophylaxis of malaria due to susceptible strains of plasmodia; AND
   d. Individual has tried and had an inadequate response or intolerance to two other malaria treatment regimens (such as but not limited to atovaquone/proguanil, Coartem, chloroquine, hydroxychloroquine, chloroquine plus Primaquine, quinine plus clindamycin, quinidine plus doxycycline) (CDC);

OR

   e. Individual is using to treat toxoplasmosis; AND
   f. Individual is using in combination with a sulfonamide unless contraindicated, not tolerated, or has been tried and had an inadequate response;

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.

WEB-PEC-0420-16-B
### Market Applicability/Effective Date

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

*FHK- Florida Healthy Kids

**OR**

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

**OR**

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

**OR**

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

**OR**

- l. 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**
- m. Individual has an intolerance or contraindication to trimethoprim-sulfamethoxazole (CDC/NIH/IDSA).

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

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

### State Specific Mandates

<table>
<thead>
<tr>
<th>State</th>
<th>N/A</th>
<th>N/A</th>
<th>N/A</th>
</tr>
</thead>
</table>

**Key References:**


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.  
WEB-PEC-0420-16-B