Pharmacy Policy Bulletin: J-0802 Daraprim (pyrimethamine) – Commercial and Healthcare Reform	
Number: J-0802	**Category:** Prior Authorization
Line(s) of Business: ☒ Commercial ☒ Healthcare Reform ☐ Medicare	**Benefit(s):** **Commercial (1.):** **1.** Other Managed Prior Authorization = Yes w/ PA **Healthcare Reform:** Not Applicable
Region(s): ☒ All ☐ Delaware ☐ New York ☐ Pennsylvania ☐ West Virginia	**Additional Restriction(s):** None
Version: J-0802-009	**Original Date:** 11/07/2018
Effective Date: 02/14/2025	**Review Date:** 01/29/2025

Drugs Product(s):	• Daraprim (pyrimethamine)
FDA-Approved Indication(s):	• Treatment of toxoplasmosis when used conjointly with a sulfonamide, since synergism exists with this combination

Background:	• Daraprim is a folic acid antagonist highly selective for plasmodia and *Toxoplasma gondii.* In theory, the decrease in nucleic acid precursors hinders the growth of susceptible parasites.
	• Daraprim has long been used as a treatment for toxoplasmosis and malaria. However, the advent of newer and safer alternatives, such as trimethoprim-sulfamethoxazole (TMP-SMX) and chloroquine, has decreased utilization of Daraprim.
	• The use of Daraprim for the treatment or prophylaxis of malaria is no longer recommended by the CDC.
	• Prescribing Considerations:
	  ○ It is strongly recommended that patients concurrently take folic acid while receiving Daraprim.
	  ○ For the treatment of toxoplasmosis, Daraprim should be given synergistically with a sulfonamide (e.g., sulfadiazine).
	  ○ Pregnant patients are recommended to receive leucovorin (folinic acid) while receiving Daraprim for the treatment of toxoplasmosis.

Approval Criteria

I. Initial Authorization

A. *Toxoplasmosis gondii* Infection

When a benefit, coverage of Daraprim (pyrimethamine) may be approved when one (1) of the following criteria are met **(1. or 2.)**:

1. The member has a diagnosis of *Toxoplasmosis gondii* infection (ICD-10: B58), classified as acute, and meets the following criterion **(a.)**:

a. If the request is for brand Daraprim, the member has experienced therapeutic failure or intolerance to generic pyrimethamine.

2. The member meets one (1) of the following criteria **(a. or b.)**:

a. The member will be using Daraprim (pyrimethamine) for primary prophylaxis of *Toxoplasmosis gondii* infection (ICD-10: B58) and meets all of the following criteria **(i. through iv.)**:

i. The member has a CD4 count < 100 cells/mm^3.

ii. The member is *Toxoplasma* IgG positive.

iii. The member has experienced therapeutic failure, intolerance, or contraindication to trimethoprim-sulfamethoxazole (TMP-SMX).

iv. If the request is for brand Daraprim, the member has experienced therapeutic failure or intolerance to generic pyrimethamine.

b. The member will be using Daraprim (pyrimethamine) for secondary prophylaxis/chronic maintenance of *Toxoplasmosis gondii* infection (ICD-10: B58) to prevent relapse and meets all of the following criteria **(i. and ii.):**

i. The member has a CD4 count < 200 cells/mm^3.

ii. If the request is for brand Daraprim, the member has experienced therapeutic failure or intolerance to generic pyrimethamine.

B. Cystoisosporiasis (isosporiasis)

When a benefit, coverage of Daraprim (pyrimethamine) may be approved when all of the following criteria are met **(1., 2., and 3.)**:

1. The member meets one (1) of the following criteria **(a. or b.)**:

a. The member has a diagnosis of acute cystoisosporiasis infection. (ICD-10: A07.3)

b. The member will be using Daraprim (pyrimethamine) for secondary prophylaxis/chronic maintenance of cystoisosporiasis infection (ICD-10: A07.3) and meets the following criterion **(i.)**:

i. The member has a CD4 count < 200 cells/mm^3.

2. The member has experienced therapeutic failure, contraindication, or intolerance to trimethoprim-sulfamethoxazole (TMP-SMX).

3. If the request is for brand Daraprim, the member has experienced therapeutic failure or intolerance to generic pyrimethamine.

C. *Pneumocystis jirovecii* Pneumonia

When a benefit, coverage of Daraprim (pyrimethamine) may be approved when all of the following criteria are met **(1. through 5.)**:

1. The member has a diagnosis of HIV. (ICD-10: B20)

2. The member will be using Daraprim (pyrimethamine) for primary prophylaxis of *Pneumocystis jirovecii* pneumonia. (ICD-10: B59)

3. The member has a CD4 count < 200 cells/mm^3.

4. The member has experienced therapeutic failure, contraindication, or intolerance to trimethoprim-sulfamethoxazole (TMP-SMX).

5. If the request is for brand Daraprim, the member has experienced therapeutic failure or intolerance to generic pyrimethamine.

II. Reauthorization

When a benefit, reauthorization of Daraprim (pyrimethamine) may be approved when the following criterion is met **(A.)**:

A. The prescriber attests that the member has experienced positive clinical response to therapy.

III. An exception to some or all of the criteria above may be granted for select members and/or circumstances based on state and/or federal regulations.

Limitations of Coverage

I. When used for the treatment of *Toxoplasmosis gondii* infection, Daraprim (pyrimethamine) should be given in conjunction with a sulfonamide.
II. Coverage of drug(s) addressed in this policy for disease states outside of the FDA-approved indications should be denied based on the lack of clinical data to support effectiveness and safety in other conditions unless otherwise noted in the approval criteria.
III. For Commercial or HCR members with a closed formulary, a non-formulary product will only be approved if the member meets the criteria for a formulary exception in addition to the criteria outlined within this policy.

Authorization Duration

- Commercial Plans: If approved, up to a 12 month authorization may be granted.

Automatic Approval Criteria

None

References:

1. Daraprim [package insert]. New York, New York: Vyera Pharmaceuticals LLC; June 2017.
2. Centers for Disease Control and Prevention. Infectious Diseases Related to Travel: Malaria. Updated: December 31, 2021. Available at: https://wwwnc.cdc.gov/travel/yellowbook/2020/travel-related-infectious-diseases/malaria. Accessed December 3, 2024.
3. Department of Health and Human Services. Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV: Recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Available at: https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-opportunistic-infection/whats-new-guidelines. Accessed December 3, 2024.
4. Centers for Disease Control and Prevention. Parasites – Toxoplasmosis (Toxoplasma infection). Resources for Health Professionals. Available at: https://www.cdc.gov/toxoplasmosis/treatment/?CDC_AAref_Val=https://www.cdc.gov/parasites/toxoplasmosis/health_professionals/index.html. Accessed December 3, 2024.