



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Daraprim (pyrimethamine) Page: 1 of 3

Effective Date: 2/3/2023 Last Review Date:

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input checked="" type="checkbox"/> Virginia	

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Daraprim (pyrimethamine) under the patient's prescription drug benefit.

Description:

Daraprim is indicated for the treatment of toxoplasmosis when used conjointly with a sulfonamide, since synergism exists with this combination.

Compendial Uses

Toxoplasmosis; Prophylaxis

Pneumocystis jirovecii pneumonia; Prophylaxis

Cystoisosporiasis; Treatment and secondary prophylaxis

Applicable Drug List:

Daraprim (pyrimethamine)

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the treatment of congenital toxoplasmosis in a pediatric patient
- OR**
- The requested drug is being prescribed for the treatment of toxoplasmosis
- OR**
- The requested drug is being prescribed for secondary prophylaxis of toxoplasmosis
 - AND**
 - The patient has had a CD4 cell count of less than 200 cells/mm³ within the past 6 months
- OR**
- The patient has experienced an intolerance or has a contraindication to sulfamethoxazole/trimethoprim **AND** the requested drug is being prescribed for any of the following: A) primary prophylaxis of toxoplasmosis, B) *Pneumocystis jirovecii* pneumonia prophylaxis
 - AND**
 - The patient has had a CD4 cell count less than 200 cells/mm³ within the past 3 months



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OR

- The patient has experienced an intolerance or has a contraindication to sulfamethoxazole/trimethoprim AND the requested drug is being prescribed for the treatment of cystoisosporiasis

OR

- The patient has experienced an intolerance or has a contraindication to sulfamethoxazole/trimethoprim AND the requested drug is being prescribed for secondary prophylaxis of cystoisosporiasis

AND

- The patient has had a CD4 cell count less than 200 cells/mm³ within the past 6 months

Approval Duration and Quantity Restrictions:

Approval:

Treatment of congenital toxoplasmosis in a pediatric patient: 12 months

Treatment of toxoplasmosis, primary prophylaxis of toxoplasmosis, or pneumocystis jirovecii pneumonia prophylaxis: 3 months

Treatment of cystoisosporiasis, secondary prophylaxis of cystoisosporiasis, or secondary prophylaxis of toxoplasmosis: 6 months

References:

1. Daraprim [package insert]. New York, New York: Vyera Pharmaceuticals, LLC; August 2017.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, Ohio: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed November 9, 2021.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <https://www.micromedexsolutions.com/>. Accessed November 9, 2021.
4. 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 Diseases Society of America. Available at https://clinicalinfo.hiv.gov/sites/default/files/inline-files/adult_oi.pdf. Accessed November 29, 2021.
5. Panel on Opportunistic Infections in HIV-Exposed and HIV-Infected Children. Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Exposed and HIV-Infected Children. Department of Health and Human Services. Recommendations from the National Institutes of Health, Centers for Disease Control and Prevention, the HIV Medicine Association of the Infectious Diseases Society of America, the Pediatric Infectious Diseases Society, and the



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American Academy of Pediatrics. Available at http://aidsinfo.nih.gov/contentfiles/lvguidelines/oi_guidelines_pediatrics.pdf. Accessed November 29, 2021.

6. Treatment of Malaria: Guidelines for Clinicians (United States). Centers for Disease Control and Prevention. Available at https://www.cdc.gov/malaria/diagnosis_treatment/index.html. Accessed December 3, 2021.
7. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. Available at <https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/AdultandAdolescentGL.pdf>. Accessed December 6, 2021.