



Pre - PA Allowance

None

Prior-Approval Requirements

Diagnosis

Patient must have the following:

Toxoplasmosis

AND ALL of the following:

1. Used in combination with sulfonamide and folinic acid
2. Monitor complete blood and platelet counts twice a week
3. **NO** megaloblastic anemia due to folate deficiency
4. Patient must test positive for Toxoplasmosis gondii IgG antibodies

AND ONE of the following:

1. HIV/AIDS with CD4<100
2. Congenital toxoplasmosis
3. Acute symptomatic toxoplasmosis

Prior - Approval Limits

Duration 1 month

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Same as above