# **PRIOR AUTHORIZATION CRITERIA**

# BRAND NAME (generic)

DARAPRIM (pyrimethamine)

Status: CVS Caremark<sup>®</sup> Criteria Type: Initial Prior Authorization

## POLICY

### FDA-APPROVED INDICATIONS

#### **Treatment of Toxoplasmosis**

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

#### Compendial Uses

Toxoplasmosis; Prophylaxis<sup>2,3,4,5</sup> *Pneumocystis jirovecii* pneumonia; Prophylaxis<sup>2,3,4</sup> Cystoisosporiasis; Treatment and secondary prophylaxis <sup>2,4,5</sup>

#### **COVERAGE CRITERIA**

#### **Congenital Toxoplasmosis**

Authorization may be granted when the requested drug is being prescribed for the treatment of congenital toxoplasmosis in a pediatric patient.

#### Cystoisosporiasis

Authorization may be granted when the requested drug is being prescribed for the treatment of cystoisosporiasis when the following criteria is met:

• The patient has experienced an intolerance or has a contraindication to sulfamethoxazole/trimethoprim

#### Pneumocystis Jirovecii Pneumonia Prophylaxis, Primary Prophylaxis of Toxoplasmosis

Authorization may be granted when the requested drug is being prescribed for *Pneumocystis Jirovecii* pneumonia prophylaxis or primary prophylaxis of toxoplasmosis when ALL the following criteria are met:

- The patient has experienced an intolerance or has a contraindication to sulfamethoxazole/trimethoprim
- The patient has had a CD4 cell count less than 200 cells/mm3 within the past 3 months

#### Secondary Prophylaxis of Cystoisosporiasis

Authorization may be granted when the requested drug is being prescribed for secondary prophylaxis of cystoisosporiasis when ALL the following criteria are met:

- The patient has experienced an intolerance or has a contraindication to sulfamethoxazole/trimethoprim
- The patient has had a CD4 cell count less than 200 cells/mm3 within the past 6 months

#### Secondary Prophylaxis of Toxoplasmosis

Authorization may be granted when the requested drug is being prescribed for secondary prophylaxis of toxoplasmosis when the following criteria is met:

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

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#### Toxoplasmosis

Authorization may be granted when the requested drug is being prescribed for the treatment of toxoplasmosis.

#### **DURATION OF APPROVAL (DOA)**

- 1341-A:
  - $\circ$   $\,$  Congenital toxoplasmosis in a pediatric patient: DOA: 12 months
  - o Toxoplasmosis (treatment, primary prophylaxis, secondary prophylaxis): DOA: 3 months
  - Pneumocystis jirovecii Pneumonia (prophylaxis): DOA: 3 months
  - Cystoisosporiasis (treatment, secondary prophylaxis): DOA: 6 months

#### **REFERENCES**

- 1. Daraprim [package insert]. New York, New York: Vyera Pharmaceuticals, LLC; August 2017.
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- 3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 12/11/2023).
- 4. Panel on Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. National Institutes of Health, Centers for Disease Control and Prevention, HIV Medicine Association, and Infectious Diseases Society of America. Available at https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-opportunistic-infection. Accessed December 11,2023.
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- 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/en/guidelines/adult-and-adolescent-arv. Accessed December 11, 2023.

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