



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Daraprim (pyrimethamine) Page: 1 of 2

Effective Date: 6/26/2024 Last Review Date: 6/5/2024

Applies to:  Illinois  Florida  Michigan  
 New Jersey  Maryland  Florida Kids  
 Pennsylvania Kids  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 (pyrimethamine) 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:

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/mm<sup>3</sup> 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/mm<sup>3</sup> within the past 3 months

**OR**



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	<input type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input checked="" type="checkbox"/> Virginia	

- 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/mm<sup>3</sup> within the past 6 months

**Approval Duration and Quantity Restrictions:**

- 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. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed December 11, 2023.
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.
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. Available at <https://clinicalinfo.hiv.gov/en/guidelines/pediatric-opportunistic-infection>. Accessed December 11, 2023.
6. 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.