

Clinical Pharmacy Program Guidelines for Daraprim

Program	Prior Authorization
Medication	Daraprim (pyrimethamine)
Markets in Scope	Arizona, California, Florida- CHIP, Hawaii, Nevada, Ohio
Issue Date	10/2015
Pharmacy and	3/2019
Therapeutics	
Approval Date	
Effective Date	5/2019

1. Background:

Daraprim[®] (pyrimethamine) is indicated for the treatment of toxoplasmosis when used conjointly with a sulfonamide, since synergism exists with this combination.

The use of Daraprim for the treatment or prophylaxis of malaria is no longer recommended in the CDC Guidelines for the Treatment of Malaria in the United States. For the treatment of malaria, contact the CDC Malaria Hotline: (770) 488-7788 or (855) 856-4713 toll-free Monday-Friday 9 am to 5 pm EST - (770) 488-7100 after hours, weekends and federal holidays ²⁻³

Limitations of Use:

Outpatient medication access is available exclusively through the Daraprim Direct program in partnership with Optime Care, Inc.⁴

Members will be required to meet the coverage criteria below.



2. Coverage Criteria:

- **A. Daraprim** will be approved based on medical record documentation (e.g. chart notes) to **one** of the following criteria:
 - 1. Treatment of severe acquired toxoplasmosis, including toxoplasmic encephalitis

-OR-

2. Treatment of congenital toxoplasmosis

-OR-

3. Secondary prophylaxis of toxoplasmic encephalitis

-OR-

- 4. **All** of the following:
 - a. Primary Pneumocystis pneumonia (PCP) prophylaxis in HIV-infected patients or as secondary prophylaxis in HIV-infected patients who have been treated for an acute episode of Pneumocystis pneumonia
 - b. Patient has experienced intolerance to prior prophylaxis with trimethoprim-sulfamethoxazole (TMP-SMX)
 - c. **One** of the following:
 - (1) Patient has been re-challenged with trimethoprim-sulfamethoxazole (TMP-SMX) using a desensitization protocol and is still unable to tolerate
 - (2) Evidence of moderately severe or life threatening-reaction to trimethoprim-sulfamethoxazole (TMP-SMX) in the past (e.g. toxic epidermal necrolysis (TEN), Stevens-Johnson syndrome)

-OR-

- 5. **All** of the following:
 - a. Primary prophylaxis of toxoplasmic encephalitis
 - b. Toxoplasma IgG positive
 - c. CD4 ≤ 100 cells/mm³ if initiating prophylaxis or if CD4 100-200 cells/mm³ if reinstituting prophlyaxis
 - d. Will be used in combination with dapsone or atovaquone
 - e. Patient has experienced intolerance to prior prophylaxis with trimethoprim-sulfamethoxazole (TMP-SMX)
 - f. **One** of the following:

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- (1) Patient has been re-challenged with trimethoprim-sulfamethoxazole (TMP-SMX) using a desensitization protocol and is still unable to tolerate
- (2) Evidence of moderately severe or life threatening-reaction to trimethoprim-sulfamethoxazole (TMP-SMX) in the past (e.g. toxic epidermal necrolysis (TEN), Stevens-Johnson syndrome)

Authorization will be issued for 12 months.*

*Consider discontinuation of primary prophylaxis if $CD4 > 200 \text{ cells/mm}^3$ for > 3 months after institution of combination antiretroviral therapy.

3. References:

- 1. Daraprim [Package Insert]. New York, NY: Vyera Pharmaceuticals; August 2017.
- Centers for Disease Control and Prevention. Treatment of Malaria (Guidelines For Clinicians). Accessed April 3,
 - 2019: http://www.cdc.gov/malaria/resources/pdf/clinicalguidance.pdf
- 3. Centers for Disease Control and Prevention. CDC Health Information for International Travel 2016. New York: Oxford University Press; 2016. Accessed April 3, 2019: http://wwwnc.cdc.gov/travel/yellowbook/2016/infectious-diseases-related-to-travel/malaria#4904
- 4. Daraprim How to Prescribe Information. Accessed April 3, 2019: http://www.daraprimdirect.com/how-to-prescribe
- 5. Department of Health and Human Services. Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents. Accessed April 3, 2019: https://aidsinfo.nih.gov/guidelines/html/4/adult-and-adolescent-oi-prevention-and-treatment-guidelines/322/toxo
- 6. Department of Health and Human Services. Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Exposed and HIV-Infected Children. Accessed April 3, 2019: https://aidsinfo.nih.gov/guidelines/html/5/pediatric-oi-prevention-and-treatment-guidelines/418/toxoplasmosis

Program	Prior Authorization –Daraprim (pyrimethamine)	
Change Control		
Date	Change	
10/2015	New program	
11/2016	Updated clinical criteria to align with Employer and Individual	
11/2017	Updated references	
3/2018	Added criteria for PCP prophylaxis and clarified existing criteria.	
	Updated references.	

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5/2019	Updated background information. Clarified CD4 count for
	prophylaxis. Updated references.