

pyrimethamine (DARAPRIM)

Diagnoses Considered for Coverage:

- Toxoplasmosis – treatment
- Toxoplasmosis – prevention
- Pneumocystis jiroveci pneumonia (PJP) (*previously known as pneumocystitis carinii pneumonia, PCP*) – prevention
- Isospora belli – treatment & secondary prevention

Coverage Criteria:

For diagnosis of treatment of toxoplasmosis:

- Prescribed by or in consultation with an infectious disease specialist, ophthalmologist, or gynecologist, **and**
- Dose does not exceed 200 mg loading dose followed by 75 mg per day.

Coverage Duration: 8 weeks

For prevention of toxoplasmosis:

- Prescribed by or in consultation with an infectious disease specialist, ophthalmologist, or gynecologist, **and**
- One of the following:
 - Patient is HIV+ AND dose does not exceed 50 mg per day **or**
 - Patient is immunocompromised (i.e. cancer, HIV+, post-transplantation) AND inadequate response, intolerable side effect, or contraindication to trimethoprim/sulfamethoxazole (Bactrim, Septra) AND dose does not exceed 25 mg per day or 75 mg once weekly.

Coverage Duration: one year

For diagnosis of prevention of PJP (*previously known as PCP*):

- Prescribed by or in consultation with an infectious disease specialist (or HIV specialist), **and**
- Inadequate response, intolerable side effect, or contraindication to trimethoprim/sulfamethoxazole (Bactrim, Septra), **and**
- Patient is immunocompromised (i.e. cancer, HIV+, post-transplantation), **and**
- Dose does not exceed 25 mg per day.

Coverage Duration: one year

For diagnosis of treatment or secondary prevention following reoccurrence of *Cystoisospora belli* (previously known as *Isospora belli*):

- Prescribed by or in consultation with an infectious disease specialist, **and**
- Inadequate response, intolerable side effect, or contraindication to trimethoprim/sulfamethoxazole (Bactrim, Septra), **and**
- ***For treatment of *Cystoisospora belli****: Dose does not exceed 75 mg per day or
- ***For secondary prevention of *Cystoisospora belli****: Patient is immunocompromised (i.e. cancer, HIV+, post-transplantation), **AND** dose does not exceed 25 mg per day for indefinite use.

Coverage Duration:

treatment: 14 days

prevention: one year

Coverage Duration: see specific coverage criteria

References:

1. Prescribing Information. Daraprim. Turing Pharmaceuticals. 2017
2. AHFS-DI: Accessed March 2022

Effective Date: 5/31/2023