

## PRIOR AUTHORIZATION POLICY

**POLICY:** Infectious Disease – Pyrimethamine Prior Authorization Policy

- Daraprim® (pyrimethamine tablets – Vyera, generic)

**REVIEW DATE:** 12/11/2024

### OVERVIEW

Pyrimethamine tablets (Daraprim, generic), a folic acid antagonist, are indicated for the treatment of **toxoplasmosis** when used conjointly with a sulfonamide, since synergism exists with this combination.<sup>1</sup>

Pyrimethamine tablets are considered to be the most effective drug against toxoplasmosis and are a standard component of therapy.<sup>2</sup> Leucovorin, a folinic acid, protects the bone marrow from the toxic effects of pyrimethamine and is prescribed in conjunction with pyrimethamine.

### Guidelines

The Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with Human Immunodeficiency (HIV) [last updated September 2023] recommend pyrimethamine tablets as the drug of choice for treatment and chronic maintenance treatment (secondary prophylaxis) of *Toxoplasma gondii* encephalitis.<sup>3</sup> Pyrimethamine tablets are recommended as an option for: primary prophylaxis of *Toxoplasma gondii* encephalitis; primary prophylaxis and secondary prophylaxis (chronic maintenance treatment) of *Pneumocystis* pneumonia; and secondary prophylaxis (chronic maintenance treatment) and treatment of cystoisosporiasis (formerly isosporiasis). The drug of choice for these conditions is trimethoprim-sulfamethoxazole.

### POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of pyrimethamine tablets. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with pyrimethamine tablets as well as the monitoring required for adverse events and long-term efficacy, approval requires pyrimethamine tablets to be prescribed by or in consultation with a physician who specializes in the condition being treated.

**Automation:** None.

### RECOMMENDED AUTHORIZATION CRITERIA

Coverage of pyrimethamine tablets is recommended in those who meet one of the following criteria:

#### FDA-Approved Indication

- 1. Toxoplasmosis – Treatment.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):
  - A)** The medication is prescribed in combination with leucovorin; AND
  - B)** Patient meets ONE of the following (i or ii):
    - i.** The medication is prescribed in combination with sulfadiazine; OR
    - ii.** Patient meets BOTH of the following (a and b):
      - a)** Patient is unable to take sulfadiazine; AND
      - b)** Patient meets ONE of the following (1 or 2):

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- (1) The medication is prescribed in combination with systemic clindamycin; OR
- (2) The medication is prescribed in combination with atovaquone; AND
- C) The medication is prescribed by or in consultation with an infectious diseases specialist or a physician specializing in the treatment of human immunodeficiency virus (HIV) infection.

#### Other Uses with Supportive Evidence

**2. Cystoisosporiasis (formerly known as isosporiasis) – Secondary Prophylaxis (Chronic Maintenance Treatment).** Approve for 1 year if the patient meets ALL of the following (A, B, and C):

- A) Patient has tried at least one other therapy for this condition; AND  
Note: Examples of other therapies used for this condition include trimethoprim-sulfamethoxazole and systemic ciprofloxacin.
- B) The medication is prescribed in combination with leucovorin; AND
- C) The medication is prescribed by or in consultation with an infectious diseases specialist or a physician specializing in the treatment of human immunodeficiency virus (HIV) infection.

**Commented [KG1]:** Consider moving to Note upon next revision

**3. Cystoisosporiasis (formerly known as isosporiasis) – Treatment.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):

- A) Patient has tried at least one other therapy for this condition; AND  
Note: Examples of other therapies used for this condition include trimethoprim-sulfamethoxazole and systemic ciprofloxacin.
- B) The medication is prescribed in combination with leucovorin; AND
- C) The medication is prescribed by or in consultation with an infectious diseases specialist or a physician specializing in the treatment of human immunodeficiency virus (HIV) infection.

**Commented [KG2]:** Same as above

**4. Pneumocystis Pneumonia – Primary Prophylaxis.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

- A) Patient has tried at least one other therapy for this condition; AND  
Note: Examples of other therapies used for this condition include trimethoprim-sulfamethoxazole, systemic dapsone, aerosolized pentamidine (via Respigard II™ nebulizer), and atovaquone.
- B) The medication is prescribed in combination with leucovorin; AND
- C) Patient meets ONE of the following (i or ii):
  - i. The medication is prescribed in combination with systemic dapsone; OR
  - ii. The medication is prescribed in combination with atovaquone; AND
- D. The medication is prescribed by or in consultation with an infectious diseases specialist or a physician specializing in the treatment of human immunodeficiency virus (HIV) infection.

**5. Pneumocystis Pneumonia – Secondary Prophylaxis (Chronic Maintenance Therapy).** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

- A) Patient has tried at least one other therapy for this condition; AND  
Note: Examples of other therapies used for this condition include trimethoprim-sulfamethoxazole, systemic dapsone, aerosolized pentamidine (via Respigard II™ nebulizer), and atovaquone.
- B) The medication is prescribed in combination with leucovorin; AND
- C) Patient meets ONE of the following (i or ii):
  - i. The medication is prescribed in combination with systemic dapsone; OR
  - ii. The medication is prescribed in combination with atovaquone; AND
- D) The medication is prescribed by or in consultation with an infectious diseases specialist or a physician specializing in the treatment of human immunodeficiency virus (HIV) infection.

6. ***Toxoplasma gondii* Encephalitis – Primary Prophylaxis.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
- A) Patient has tried at least one other therapy for this condition; AND  
Note: Examples of other therapies used for this condition include trimethoprim-sulfamethoxazole and atovaquone.
  - B) The medication is prescribed in combination with leucovorin; AND
  - C) Patient meets ONE of the following (i or ii):
    - i. The medication is prescribed in combination with systemic dapsone; OR
    - ii. The medication is prescribed in combination with atovaquone; AND
  - D) The medication is prescribed by or in consultation with an infectious diseases specialist or a physician specializing in the treatment of human immunodeficiency virus (HIV) infection.
7. ***Toxoplasma gondii* Encephalitis – Secondary Prophylaxis (Chronic Maintenance Therapy).** Approve for 1 year if the patient meets ALL of the following (A, B, and C):
- A) The medication is prescribed in combination with leucovorin; AND
  - B) Patient meets ONE of the following (i or ii):
    - i. The medication is prescribed in combination with sulfadiazine; OR
    - ii. Patient meets BOTH of the following (a and b):
      - a) Patient is unable to take sulfadiazine; AND
      - b) Patient meets ONE of the following (1 or 2):
        - (1) The medication is prescribed in combination with systemic clindamycin; OR
        - (2) The medication is prescribed in combination with atovaquone; AND
  - C) The medication is prescribed by or in consultation with an infectious diseases specialist or a physician specializing in the treatment of human immunodeficiency virus (HIV) infection.

#### CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of pyrimethamine is not recommended in the following situations:

- 1. **Malaria – Chemoprophylaxis or Treatment.** Pyrimethamine is no longer indicated for the treatment of acute malaria or for chemoprophylaxis of malaria.<sup>1</sup>
- 2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

#### REFERENCES

- 1. Daraprim® tablets [prescribing information]. New York, NY: Vyera; August 2017.
- 2. Centers for Disease Control and Prevention – Toxoplasmosis. Available at: <https://www.cdc.gov/parasites/toxoplasmosis/index.html>. Accessed on December 5, 2024.
- 3. Guidelines for the prevention and treatment of opportunistic infections in adults and adolescents with HIV: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Available at: <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-opportunistic-infection/whats-new-guidelines>. Accessed on December 5, 2024.

