



Original Effective Date: 10/01/2015  
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Last P&T Approval/Version: 01/28/2026  
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Policy Number: C8631-A

## Daraprim (pyrimethamine)

### PRODUCTS AFFECTED

Daraprim (pyrimethamine), pyrimethamine

### COVERAGE POLICY

*Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.*

#### **Documentation Requirements:**

*Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational, or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.*

#### **DIAGNOSIS:**

Toxoplasmosis prophylaxis or treatment, Prophylaxis of pneumocystis pneumonia, Cystoisosporiasis (formerly Isosporiasis) treatment and secondary prevention

#### **REQUIRED MEDICAL INFORMATION:**

This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by-case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

## Drug and Biologic Coverage Criteria

### A. PRIMARY PROPHYLAXIS OF TOXOPLASMOSIS:

1. Documentation of a confirmed positive test for toxoplasmosis gondii IgG antibodies  
AND
2. Documentation that member has a diagnosis of HIV/AIDS  
AND
3. Documentation that member has a CD4 count <100 cell/ $\mu$ L  
AND
4. Documentation that member has tried/failed or has an absolute contraindication to the recommended first line agent trimethoprim-sulfamethoxazole (TMP-SMX)  
AND
5. Documentation providing rationale that member is not an appropriate candidate for atovaquone 1500mg once daily  
AND
6. Prescriber attestation pyrimethamine will be used as part of combination therapy regimen (See Appendix)

### B. TOXOPLASMA ENCEPHALITIS:

1. Documentation of confirmed positive serum test for toxoplasmosis gondii IgG antibodies  
AND
2. Documentation that member has a diagnosis of HIV/AIDS  
AND
3. Documentation that member has a CD4 count <100cell/ $\mu$ L  
AND
4. Documentation that member has clinical syndrome of headache, fever and neurological symptoms present AND brain imaging (CT or MRI) demonstrates typical radiographic ring-enhancing lesions  
AND
5. Prescriber attestation that pyrimethamine will be used in combination with sulfadiazine and leucovorin per FDA label or guideline recommended combination therapy

### C. CHRONIC MAINTENANCE THERAPY OF TOXOPLASMOSIS:

1. Documentation member completed six weeks of active treatment for HIV/AIDS-related toxoplasmosis  
AND
2. Documentation that a CT scan or MRI showed improvement in the ring-enhancing lesions prior to initiating maintenance therapy AND documented improvement in clinical symptoms in physical exam  
AND
3. Documentation that pyrimethamine will be used in combination with sulfadiazine and leucovorin per FDA label or guideline recommended combination therapy

### D. NON-HIV/AIDS RELATED TOXOPLASMOSIS:

1. Documented diagnosis of acquired or congenital toxoplasmosis  
AND
2. Documentation that pyrimethamine is being used in combination with sulfadiazine and leucovorin

### E. PNEUMOCYSTIS PNEUMONIA PROPHYLAXIS:

1. (a) Documentation that member has a diagnosis of HIV/AIDS AND Documentation that member has a CD4 count <200 cell/ $\mu$ L  
OR

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(b) Prescriber attests member is at high risk of infectious complication due to hematopoietic cell transplant or chemotherapy regimen

AND

2. Documentation of inadequate treatment response, serious side effects, contraindication, or non-susceptibility to a first-line agent trimethoprim-sulfamethoxazole (TMP-SMX)

AND

3. Prescriber attestation pyrimethamine will be used as part of combination therapy regimen

## F. CYSTOISOSPORIASIS (FORMERLY ISOSPORIASIS) TREATMENT AND SECONDARY PREVENTION:

1. Documentation that member has a diagnosis of Cystoisosporiasis confirmed by fecal specimen

AND

2. Documentation that member has a contraindication to use of TMP-SMX AND ciprofloxacin

## CONTINUATION OF THERAPY:

### A. PRIMARY PROPHYLAXIS OF TOXOPLASMOSIS:

1. Adherence to therapy at least 85% of the time as verified by the prescriber or member medication fill history OR adherence less than 85% of the time due to the need for surgery or treatment of an infection, causing temporary discontinuation

AND

2. Documentation that CD4 counts have NOT been greater than 200 cells/ $\mu$ L for at least 3 months

AND

3. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity

### B. TOXOPLASMA ENCEPHALITIS:

1. Adherence to therapy at least 85% of the time as verified by the prescriber or member medication fill history OR adherence less than 85% of the time due to the need for surgery or treatment of an infection, causing temporary discontinuation

AND

2. Documentation of improvement on brain imaging (CT or MRI) and of clinical symptoms

AND

3. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity

### C. CHRONIC MAINTENANCE THERAPY OF TOXOPLASMOSIS:

1. Adherence to therapy at least 85% of the time as verified by the prescriber or member medication fill history OR adherence less than 85% of the time due to the need for surgery or treatment of an infection, causing temporary discontinuation

AND

2. Documentation that CD4 counts have NOT been greater than 200 cells/ $\mu$ L for at least 3 months

AND

3. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity

### D. ALL OTHER INDICATIONS:

1. Adherence to therapy at least 85% of the time as verified by the prescriber or member medication fill history OR adherence less than 85% of the time due to the need for surgery

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or treatment of an infection, causing temporary discontinuation

AND

2. Documentation of positive clinical response as demonstrated by low disease activity and/or improvements in the condition's signs and symptoms  
AND
3. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity

### **DURATION OF APPROVAL:**

Initial authorization: 12 months, Continuation of Therapy: 12 months

### **PRESCRIBER REQUIREMENTS:**

Prescribed by or in consultation with an infectious disease specialist, neurologist or HIV specialist. [If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests]

### **AGE RESTRICTIONS:**

None

### **QUANTITY:**

Dosage, frequency, and total treatment duration must be supported by FDA label or compendia supported dosing for prescribed indication

### **PLACE OF ADMINISTRATION:**

The recommendation is that oral medications in this policy will be for pharmacy benefit coverage and patient self-administered.

## **DRUG INFORMATION**

### **ROUTE OF ADMINISTRATION:**

Oral

### **DRUG CLASS:**

Antimalarial

### **FDA-APPROVED USES:**

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

### **COMPENDIAL APPROVED OFF-LABELED USES:**

Prophylaxis of pneumocystis pneumonia, Prophylaxis of toxoplasmosis, Cystoisosporiasis (formerly Isosporiasis) treatment and secondary prevention

## **APPENDIX**

### **APPENDIX:**

National Institutes of Health, the Centers for Disease Control and Prevention, and the HIV Medicine Association of the Infectious Diseases Society of America Panel on Guidelines for the

## Drug and Biologic Coverage Criteria

### Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV **Preventing 1st Episode of Toxoplasma gondii Encephalitis (Primary Prophylaxis)**

#### Indications for Initiating Primary Prophylaxis:

- Toxoplasma IgG positive patients with CD4 count <100 cells/mm<sup>3</sup> (AIII)

NOTE: Listed regimens are also effective against PCP.

#### Preferred Regimen:

- TMP-SMX 1 DS PO daily (AII)

#### Alternative Regimens:

- TMP-SMX 1 DS PO three times weekly (BII), or
- TMP-SMX 1 SS PO daily (BIII), or
- Dapsone 50 mg PO daily + (pyrimethamine 50 mg + leucovorin 25 mg) PO weekly (BI), or
- (Dapsone 200 mg + pyrimethamine 75 mg + leucovorin 25 mg) PO weekly (CI), or
- Atovaquone 1500 mg PO daily (CIII), or
- (Atovaquone 1500 mg + pyrimethamine 25 mg + leucovorin 10 mg) PO daily (CIII)

#### Indication for Discontinuing Primary Prophylaxis:

- CD4 count >200 cells/mm<sup>3</sup> for >3 months and sustained HIV RNA below limits of detection in response to ARV therapy (AI); or
- Can consider if CD4 count is 100-200 cells/mm<sup>3</sup> and HIV RNA remains below limits of detection for at least 3-6 months (BII).

#### Indication for Restarting Primary Prophylaxis:

- CD4 count <100 cells/mm<sup>3</sup> (AIII)
- CD4 count 100-200 cells/mm<sup>3</sup> and HIV RNA above detection limits (AIII)

### **Treating Toxoplasmosis**

#### Preferred Regimen for Acute Infection (AI):

- Pyrimethamine 200 mg PO once, followed by weight-based dosing (AI):
  - Body weight ≤60 kg:
    - pyrimethamine 50 mg PO daily + sulfadiazine 1000 mg PO q6h + leucovorin 10–25 mg PO daily (can increase to 50 mg daily or BID)
  - Body weight >60 kg:
    - pyrimethamine 75 mg PO daily + sulfadiazine 1500 mg PO q6h + leucovorin 10–25 mg PO daily (can increase to 50 mg daily or BID)

or

- TMP-SMX (TMP 5 mg/kg and SMX 25 mg/kg) (IV or PO) twice daily (AII)
  - Note: if pyrimethamine is unavailable or cannot be obtained without delay due to costs or other factors, TMP-SMX should be used in place of pyrimethamine-sulfadiazine (AII).

#### Alternative Regimens for Acute Infection:

- (Pyrimethamine + leucovorin) plus clindamycin 600 mg IV or PO q6h (AI); preferred alternative for patients intolerant of sulfadiazine or who do not respond to pyrimethamine-sulfadiazine; must add additional agent for PCP prophylaxis (AII), or
- Atovaquone 1500 mg PO BID + (pyrimethamine + leucovorin) (BII), or
- Atovaquone 1500 mg PO BID + sulfadiazine (BII), or
- Atovaquone 1500 mg PO BID (BII)
- For patients with a history of sulfa allergy, rapid sulfa desensitization may be attempted using one of several published strategies (BI).
- During the desensitization phase, atovaquone 1,500 mg PO should be administered twice daily until therapeutic doses of TMP-SMX (TMP 5 mg/kg and SMX 25 mg/kg) twice daily are achieved (CIII).

#### Total Duration for Treating Acute Infection:

- At least 6 weeks (BII); longer duration if clinical or radiologic disease is extensive or response is incomplete at 6 weeks
- After completion of the acute therapy, all patients should be continued on chronic maintenance

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therapy as outlined below

### **Chronic Maintenance Therapy for *Toxoplasma gondii* Encephalitis**

#### Preferred Regimens:

- Pyrimethamine 25–50 mg PO daily + sulfadiazine 2000–4000 mg PO daily (in 2 to 4 divided doses) + leucovorin 10–25 mg PO daily (AI), or
- TMP-SMX DS one tablet BID (All)

#### Alternative Regimens:

- (Pyrimethamine 25–50 mg + leucovorin 10–25 mg) PO daily plus clindamycin 1,800 mg PO daily dose (in 3 or 4 divided doses) (BI); must add additional agent to prevent PCP (All), or
- Atovaquone 750–1500 mg PO BID + (pyrimethamine 25 mg + leucovorin 10 mg) PO daily (BII), or
- Atovaquone 750–1500 mg PO BID + sulfadiazine 2000–4000 mg PO daily (in 2 to 4 divided doses) (BII), or
- Atovaquone 750–1500 mg PO BID (BII)

#### Criteria for Discontinuing Chronic Maintenance Therapy (BI):

- Successfully completed initial therapy, and
- Asymptomatic of signs and symptoms of TE, and
- CD4 count >200 cells/mm<sup>3</sup> for >6 months in response to ARVs

#### Criteria for Restarting Secondary Prophylaxis/Chronic Maintenance

- CD4 count <200 cells/mm<sup>3</sup> regardless of HIV RNA level (AIII)

### **Recommendations for Preventing First Episode of Pneumocystis Pneumonia (Primary Prophylaxis)**

#### Indications for Initiating Primary Prophylaxis

- CD4 count 100–200 cells/mm<sup>3</sup>, if plasma HIV RNA level above detection limits (AI), or
- CD4 count <100 cells/mm<sup>3</sup>, regardless of plasma HIV RNA level (AIII)
- Note: Patients who are receiving pyrimethamine-sulfadiazine for treatment or suppression of toxoplasmosis do not require additional prophylaxis for PCP (All).

#### Preferred Therapy

- TMP-SMX, 1 DS tablet PO daily (AI), or
- TMP-SMX, 1 SS tablet PO daily (AI)
- Note: TMP-SMX also confers protection against toxoplasmosis and some protection against many respiratory bacterial infections.

#### Alternative Therapy

- The following regimens can be used for people who are seropositive or seronegative for *Toxoplasma gondii*:
  - TMP-SMX 1 DS tablet PO three times weekly (BI), or
  - Dapsone 50 mg PO daily with pyrimethamine 50 mg plus leucovorin 25 mg PO weekly (BI), or
  - Dapsone 200 mg plus pyrimethamine 75 mg plus leucovorin 25 mg PO weekly (BI), or
  - Atovaquone 1,500 mg PO daily with food (BI)

## **BACKGROUND AND OTHER CONSIDERATIONS**

### **BACKGROUND:**

Daraprim® (pyrimethamine) is indicated for the treatment of toxoplasmosis when used conjointly with a sulfonamide, since synergism exists with this combination. Daraprim is also indicated for the treatment of acute malaria. It should not be used alone to treat acute malaria. Fast-acting schizonticides such as chloroquine or quinine are indicated and preferable for the treatment of acute malaria. However, conjoint use of Daraprim with a sulfonamide (e.g., sulfadoxine) will initiate

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transmission control and suppression of susceptible strains of plasmodia. In addition, Daraprim is indicated for the chemoprophylaxis of malaria due to susceptible strains of plasmodia. However, resistance to pyrimethamine is prevalent worldwide. It is not suitable as a prophylactic agent for travelers to most areas. 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.

### **CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:**

All other uses of Daraprim (pyrimethamine) are considered experimental/investigational and therefore, will follow Molina's Off-Label policy. Contraindications to Daraprim (pyrimethamine) include: known hypersensitivity to pyrimethamine or to any component of the formulation. Use of the drug is also contraindicated in patients with documented megaloblastic anemia due to folate deficiency.

### **OTHER SPECIAL CONSIDERATIONS:**

Daraprim is available through the Daraprim Direct Program. See [daraprimdirect.com](http://daraprimdirect.com) for details. If pyrimethamine is unavailable or cannot be obtained without delay due to costs or other factors, TMP- SMX should be used in place of pyrimethamine-sulfadiazine (AII). For patients with a history of sulfa allergy, rapid sulfa desensitization may be attempted using one of several published strategies (BI).<sup>57- 62</sup> During the desensitization period, atovaquone with or without pyrimethamine should be administered until therapeutic doses of TMP-SMX are achieved (CIII).

## **CODING/BILLING INFORMATION**

***CODING DISCLAIMER.*** Codes listed in this policy are for reference purposes only and may not be all- inclusive or applicable for every state or line of business. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. Molina has the right to reject/deny the claim and recover claim payment(s) if it is determined it is not billed appropriately or not a covered benefit. Molina reserves the right to revise this policy as needed.

<b>HCPCS CODE</b>	<b>DESCRIPTION</b>
NA	

### **AVAILABLE DOSAGE FORMS:**

Daraprim TABS 25MG

Pyrimethamine TABS 25MG

**REFERENCES**

1. Daraprim (pyrimethamine) tablet for oral administration [prescribing information]. New York, NY: Vyera Pharmaceuticals; October 2023.
2. Centers for Disease Control and Prevention. Treatment of Malaria (Guidelines For Clinicians): <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 January 9, 2018: <http://wwwnc.cdc.gov/travel/yellowbook/2016/infectious-diseases-related-totravel/malaria#4904>
4. Daraprim How to Prescribe Information. Accessed January 9,2018: <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.: <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.: <https://aidsinfo.nih.gov/guidelines/html/5/pediatric-oi-prevention-and-treatment-guidelines/418/toxoplasmosis>
7. 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, and the HIV Medicine Association of the Infectious Disease Society of America. Toxoplasma gondii Encephalitis. Available at <https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-oi/toxoplasma-gondii-encephalitis-adult-adolescent-oi.pdf>. Accessed 23 December 2022.
8. 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, and the HIV Medicine Association of the Infectious Disease Society of America. Toxoplasmosis. Available at <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections/toxoplasmosis>. Accessed 21 January 2025.
9. 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, and the HIV Medicine Association of the Infectious Disease Society of America. Toxoplasmosis, Pneumocystis Pneumonia, Cystoisosporiasis (Formerly Isosporiasis). Available at <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-pediatric-opportunistic-infections/whats-new>. Accessed 26 December 2025.

SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Diagnosis Duration of Approval Compendial Off-Labeled Uses Appendix References	Q1 2026

Drug and Biologic Coverage Criteria

REVISION- Notable revisions: Appendix Other Special Considerations References	Q1 2025
REVISION- Notable revisions: Required Medical Information Continuation of Therapy	Q1 2024
REVISION- Notable revisions: Products Affected Required Medical Information Continuation of Therapy Appendix Other Special Considerations References	Q1 2023
Q2 2022 Established tracking in new format	Historical changes on file