

## Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☐ Commercial (Traditional) ☐ Commercial (Individual/Optimized)

☒ Medicaid

This request is: ☐ Urgent (life threatening) ☐ Non-Urgent (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

## Daraprim (pyrimethamine)

### Member

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

ID #: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Requesting Provider: \_\_\_\_\_

Prov. Phone: \_\_\_\_\_ Prov. Fax: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider NPI: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Product Information

☐ New request ☐ Continuation request

Drug product: ☐ Daraprim 25mg

Start date (or date of next dose): \_\_\_\_\_

Date of last dose (if applicable): \_\_\_\_\_

Dosing frequency: \_\_\_\_\_

### Precertification Requirements

Before this drug is covered, the patient must meet one of the following requirements:

1. Treatment of toxoplasmosis
2. Secondary prevention of toxoplasmosis in patients with HIV
3. Prevention of pneumocystis pneumonia (PCP) in patients with HIV

If approved, the initial authorization will be for 6 weeks for toxoplasmosis and 3 months for pneumocystis. If approved for continuation, re-authorization may be required every 6 months for toxoplasmosis and every 3 months for pneumocystis.

For continuation when used for toxoplasmosis prophylaxis, patient must have met one of the following requirements:

- Patient remains symptomatic
- Patient is not receiving antiretroviral therapy
- Patient has a detectable HIV viral load
- Patient has maintained a CD4 count > 200 cells/microliter for less than six months

For continuation when used for pneumocystis prophylaxis, patient must have met one of the following requirements:

- CD4 count <200 cells/microliter
- Oropharyngeal candidiasis
- CD4 count percentage <14
- CD4 cell count between 200 and 250 cells/microliter IF frequent monitoring (eg, every three months) of CD4 cell counts is not possible

**Note:** Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

## New request

### Priority Health Precertification Documentation

#### A. What condition is this drug being requested for?

- ☐ Treatment of toxoplasmosis
- ☐ Secondary prevention of toxoplasmosis in patient with HIV
- ☐ Prevention of PCP (pneumocystis pneumonia) in patient with HIV

☐ Other – the patient's condition is: \_\_\_\_\_  
Rationale for use: \_\_\_\_\_

## Request to continue a previously authorized approval

### Priority Health Precertification Documentation

#### A. What condition is this drug being requested for?

- ☐ Treatment of toxoplasmosis
- ☐ Secondary prevention of toxoplasmosis in patient with HIV
- ☐ Prevention of PCP (pneumocystis pneumonia) in patient with HIV
- ☐ Other – the patient's condition is: \_\_\_\_\_

Rationale for use: \_\_\_\_\_

### Complete the following information for patients using Daraprim for toxoplasmosis prophylaxis or treatment:

#### B. Which of the following applies to the patient?

- ☐ Patient remains symptomatic
- ☐ Patient is not receiving antiretroviral therapy
- ☐ Patient has a detectable HIV viral load
- ☐ Patient has maintained a CD4 count > 200 cells/microliter for less than six months
- ☐ Other. Rationale for continued use: \_\_\_\_\_

### Complete the following information for patients using Daraprim for pneumocystis prophylaxis:

#### A. Which of the following applies to the patient?

- ☐ CD4 count <200 cells/microliter
- ☐ Oropharyngeal candidiasis
- ☐ CD4 count percentage <14
- ☐ CD4 cell count between 200 and 250 cells/microliter IF frequent monitoring (eg, every three months) of CD4 cell counts is not possible
- ☐ Other. Rationale for continued use: \_\_\_\_\_