

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

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: _____
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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: _____
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