Jefferson Health Plans

***PRIOR AUTHORIZATION REQUEST FORM***
Individual and Family Plans

# Pyrimethamine

**Fax back to: (833) 605-4407**
Phone: (215) 991-4300

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

**PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.**

| **Patient Name:** | **Prescriber Name:** |
|---|---|
| Member Number: | Fax: Phone: |
| Date of Birth: | Office Contact: |
| Line of Business: □ Exchange - PA | NPI: State Lic ID: |
| Address: | Address: |
| City, State ZIP: | City, State ZIP: |
| Primary Phone: | **Specialty/facility name (if applicable):** |

☐ REQUEST FOR EXPEDITED REVIEW: By checking this box and signing below, I certify that the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

| | |
|---|---|
| Drug Name: | |
| Strength: | |
| Directions / SIG: | |

**Please attach any pertinent medical history including labs and information for this member that may support approval.**
**Please answer the following questions and sign.**

Q1. Is pyrimethamine being prescribed by or in consultation with an infectious disease specialist?

☐ Yes ☐ No

Q2. Is documentation attached showing an inadequate response, intolerance, or contraindication to trimethoprim-sulfamethoxazole?

☐ Yes ☐ No

Q3. Is documentation attached showing pyrimethamine will be used in combination with leucovorin and a sulfonamide OR the patient had therapeutic failure, intolerance, or contraindication to a sulfonamide?

☐ Yes ☐ No

Q4. Is pyrimethamine being requested for acute treatment of toxoplasmosis?

☐ Yes ☐ No

Q5. Does the patient have severe or prolonged symptoms that warrants treatment?

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| **Patient Name:** | **Prescriber Name:** |
|---|---|

| | |
|---|---|
| ☐ Yes | ☐ No |
| Q6. Does the patient have a confirmed diagnosis of HIV? | |
| ☐ Yes | ☐ No |
| Q7. Is pyrimethamine being requested for primary prophylaxis of toxoplasmosis gondii (T. gondii) infection? | |
| ☐ Yes | ☐ No |
| Q8. Does the patient have documentation of a CD4 count less than 100 cells/mm*3? | |
| ☐ Yes | ☐ No |
| Q9. Is the patient T. gondii IgG positive? | |
| ☐ Yes | ☐ No |
| Q10. Is pyrimethamine being requested for secondary prophylaxis of toxoplasmosis gondii infection? | |
| ☐ Yes | ☐ No |
| Q11. Is pyrimethamine being requested for primary prophylaxis of Pneumocystis jirovecii pneumonia? | |
| ☐ Yes | ☐ No |
| Q12. Does the patient have CD4 count less than 200 cells/mm*3? | |
| ☐ Yes | ☐ No |
| Q13. Additional Information: | |

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|---|---|

Prescriber Signature Date

*v2025*