



**MEDICARE ADVANTAGE
PRIOR AUTHORIZATION REQUEST FORM**

Pyrimethamine - Medicare

Phone: 215-991-4300

Fax back to: 866-371-3239

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.

Member Name:	Prescriber Name:	
Member Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Line of Business: <input type="checkbox"/> Medicare Advantage	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 applying the 72 hour 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 pyrimethamine being requested for acute treatment of toxoplasmosis?

Yes

No

Q4. Does the patient have severe or prolonged symptoms that warrants treatment?

Yes

No

Q5. Does the patient have a confirmed diagnosis of HIV?

Yes

No



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Member Name:	Prescriber Name:
Q6. Is pyrimethamine being requested for primary prophylaxis of toxoplasmosis gondii (T. gondii) infection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q7. Does the patient have documentation of a CD4 count less than 100 cells/mm ³ ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q8. Is the patient T. gondii IgG positive? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q9. Is pyrimethamine being requested for secondary prophylaxis of toxoplasmosis gondii infection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q10. Is pyrimethamine being requested for primary prophylaxis of Pneumocystis jirovecii pneumonia? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q11. Does the patient have CD4 count less than 200 cells/mm ³ ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q12. Requested Duration: <input type="checkbox"/> 12 Months <input type="checkbox"/> Other	
Q13. Additional Information:	

Prescriber Signature

Date

v2025