

The following policy is for medication that falls under the Medicare Part D benefit only.

Prior Authorization Group: Antimalarial Drug Policy

Drug(s): ARALEN (chloroquine), DARAPRIM (pyrimethamine), FANSIDAR (pyrimethamine; sulfadoxine), LARIAM (mefloquine), MALARONE (atovaquone; proguanil), MEPRON SUS (atovaquone), Primaquine, QUALAQUIN (quinine)

Covered Uses: All FDA-approved indications not otherwise excluded from Part D. All criteria in "other criteria" section must be met for coverage.

Required Medical Information: Laboratory report identifying pathogen.

Age Restrictions: Per FDA approved package labeling.

Prescriber Restrictions: Restricted to infectious disease specialists.

Other Criteria: N/A

Exclusion Criteria: Antimalarials, including quinine are not a covered benefit for the following situations:

- Prevention of malaria when used for travel outside of the United States.
- Treatment or prevention of leg cramps.
- Treatment of severe or complicated malaria.
- Use in members with prolonged QT interval, G6-PD deficiency, myasthenia, myasthenia gravis, optic neuritis, or a known hypersensitivity to quinine.
- Travel purposes.
- Quinine products that are not FDA-approved.

Coverage Duration: Up to 14 days when medically indicated