



ANTIMALARIALS

PREFERRED	Chloroquine phosphate (generic), Hydroxychloroquine sulfate (generic), Mefloquine hydrochloride (generic)
NON-PREFERRED	Atovaquone/Proguanil (generic), Coartem, Malarone, Qalaaquin, Quinine sulfate (generic)

LENGTH OF AUTHORIZATION: 1 Month

NOTE: If generic atovaquone/proguanil is approved, the PA will be issued for the brand-name product, Malarone. If brand-name Qalaaquin is approved, the PA will be issued for the generic product, quinine sulfate.

PA CRITERIA:

For Coartem

- ❖ Approvable for members weighing 5 kg (11 lbs) or more when used for the treatment of acute, uncomplicated malaria infection due to Plasmodium falciparum when chloroquine resistant-malaria is suspected.
- ❖ If chloroquine-resistant malaria is not suspected, physician should submit documentation of allergies, contraindications, drug-to-drug interactions, history of intolerable side effects, or ineffectiveness to chloroquine or hydroxychloroquine.

For Malarone (brand or generic)

- ❖ Approvable for members weighing 5 kg (11 lbs) or more when used for the prevention or treatment of acute, uncomplicated malaria infection due to Plasmodium falciparum when chloroquine resistant-malaria is suspected.
- ❖ If chloroquine-resistant malaria is not suspected, physician should submit documentation of allergies, contraindications, drug-to-drug interactions, history of intolerable side effects, or ineffectiveness to chloroquine or hydroxychloroquine.

For Qalaaquin (brand or generic)

- ❖ Approvable for members 16 years of age or older when used for the treatment of acute, uncomplicated malaria infection due to Plasmodium falciparum when chloroquine resistant-malaria is suspected.
- ❖ If chloroquine-resistant malaria is not suspected, physician should submit documentation of allergies, contraindications, drug-to-drug interactions, history of intolerable side effects, or ineffectiveness to chloroquine or hydroxychloroquine.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827.**



PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.