



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIMALARIALS PA SUMMARY**

| Preferred | Non-Preferred |
|---|---|
| Chloroquine phosphate generic Hydroxychloroquine sulfate generic Krintafel (tafenoquine)* Mefloquine hydrochloride generic Primaquine generic | Atovaquone/proguanil generic Coartem (artemether/lumefantrine) Malarone (atovaquone/proguanil) Quinine sulfate generic |

*preferred but requires PA

LENGTH OF AUTHORIZATION: 1 Month

NOTES:

- ❖ Krintafel is preferred but requires prior authorization (PA).
- ❖ If generic atovaquone/proguanil is approved, the PA will be issued for brand Malarone.
- ❖ Criteria for Daraprim (pyrimethamine) is in the Antiprotozoals PA Summary.
- ❖ Antimalarials must be prescribed by or in consultation with an infectious disease specialist.

PA CRITERIA:

Krintafel

- ❖ Approvable for members 16 years of age or older when used for radical cure (prevention of relapse) of malaria infection due to *Plasmodium vivax* or *Plasmodium ovale* who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to primaquine and when used with treatment for acute malaria infection.

Atovaquone/Proguanil Generic and Malarone

- ❖ Approvable for members stepping down from parenteral artesunate quinidine, quinine or artemether or for members weighing 5 kg (11 lbs) or more when used for the prevention or treatment of acute, uncomplicated malaria infection when chloroquine resistant-malaria is suspected or if chloroquine-resistant malaria is not suspected, member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to chloroquine or hydroxychloroquine.

Coartem

- ❖ Approvable for members stepping down from parenteral artesunate quinidine, quinine or artemether or for members weighing 5 kg (11 lbs) or more when used for the treatment of acute, uncomplicated malaria infection when chloroquine resistant-malaria is suspected or if chloroquine-resistant malaria is not suspected, member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to chloroquine or hydroxychloroquine.



Quinine Sulfate Generic

- ❖ Approvable for members stepping down from parenteral artesunate quinidine, quinine or artemether or for members weighing 5 kg (11 lbs) or more when used for the treatment of acute, uncomplicated malaria infection in combination with other clinically-appropriate therapy when chloroquine resistant-malaria is suspected or if chloroquine-resistant malaria is not suspected, member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or history of intolerable side effects to chloroquine or hydroxychloroquine.
- ❖ Approvable for members weighing 5 kg (11 lbs) or more when used for the treatment of babesiosis in combination with other clinically-appropriate therapy.

EXCEPTIONS:

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

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

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