GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIMALARIALS PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chloroquine phosphate generic</td>
<td>Atovaquone/proguanil generic</td>
</tr>
<tr>
<td>Hydroxychloroquine sulfate generic</td>
<td>Coartem (artemether/lumefantrine)</td>
</tr>
<tr>
<td>Krintafel (tafenoquine)*</td>
<td>Malarone (atovaquone/proguanil)</td>
</tr>
<tr>
<td>Mefloquine hydrochloride generic</td>
<td>Quinine sulfate generic</td>
</tr>
<tr>
<td>Primaquine generic</td>
<td></td>
</tr>
</tbody>
</table>

*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 quinine, 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 quinine, 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.

Revised 6/4/2019
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 Pharmacy and click on Other Documents, then select the most recent quarters QLL List.