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>Mefloquine hydrochloride generic</td>
<td>Malarone (atovaquone/proguanil)</td>
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<tr>
<td></td>
<td>Quinine sulfate generic</td>
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</tbody>
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LENGTH OF AUTHORIZATION: 1 Month

NOTES:

- If generic atovaquone/proguanil is approved, the PA will be issued for brand Malarone.
- Criteria for Daraprim (pyrimethamine) is in the Antiprotozoals PA Summary.

PA CRITERIA:

**Atovaquone/Proguanil Generic and Malarone**

- 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 member is stepping down from intravenous (IV) artesunate or chloroquine resistant-malaria is suspected.
- 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.
- In addition for generic atovaquone/proguanil, prescriber must submit a written letter of medical necessity stating the reasons brand Malarone is not appropriate for the member.

**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, member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or history of intolerable side effects to chloroquine or hydroxychloroquine.

**Quinine Sulfate 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 member is stepping down from IV quinidine or chloroquine resistant-malaria is suspected.
- 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.

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interactions or history of intolerable side effects 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 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.