ANTIMALARIALS

<table>
<thead>
<tr>
<th>PREFERRED</th>
<th>Chloroquine phosphate (generic), Hydroxychloroquine sulfate (generic), Mefloquine hydrochloride (generic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-PREFERRED</td>
<td>Atovaquone/Proguanil (generic), Coartem, Malarone, Qualaquin, Quinine sulfate (generic)</td>
</tr>
</tbody>
</table>

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 Qualaquin 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 Qualaquin (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.

Revised 10/11/2012
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.