

ALASKA MEDICAID

Quinine Sulfate and Quinine Sulfate Powder

Capsule: Quaalquin® 324 mg

Preferred Medication:

NA

Non-Preferred Medication:

NA

INDICATION:

1. "Quaalquin® is indicated only for treatment of uncomplicated *Plasmodium. falciparum* malaria."¹

CRITERIA FOR APPROVAL:

1. The patient is being treated for uncomplicated *P. falciparum* malaria.

CRITERIA CAUSING DENIAL:

1. The patient is being treated for any unapproved condition, such as; treatment of severe or complicated malaria, prevention of malaria and treatment or prevention of nocturnal leg cramps¹.

LENGTH OF AUTHORIZATION:

1. Approved criteria may be authorized for up to 60 days.

REFERENCES / FOOTNOTES:

¹ Quaalquin® package insert, available at:

<http://www.accessdata.fda.gov/drugsatfda_docs/label/2008/021799s0081bl.pdf>

Accessed 06/05/2009.