

ALASKA MEDICAID

**Quinine Sulfate and Quinine Sulfate Powder**

Capsule: Quaalquin<sup>®</sup> 324 mg

**Preferred Medication:**

NA

**Non-Preferred Medication:**

NA

**INDICATION:**

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

**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 cramps<sup>1</sup>.

**LENGTH OF AUTHORIZATION:**

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

**REFERENCES / FOOTNOTES:**

<sup>1</sup> Quaalquin<sup>®</sup> package insert, available at:

<[http://www.accessdata.fda.gov/drugsatfda\\_docs/label/2008/021799s0081bl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2008/021799s0081bl.pdf)>

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