

Clinical Policy: Antimalarials

Reference Number: PHW.PDL.711

Effective Date: 01/01/2020

Last Review Date: 11/2024

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health & Wellness® that Antimalarials are **medically necessary** when the following criteria are met:

I. Requirements for Prior Authorization of Antimalarials

A. Prescriptions That Require Prior Authorization

Prescriptions for Antimalarials that meet any of the following conditions must be prior authorized:

1. A non-preferred Antimalarial.
2. An Antimalarial with a prescribed quantity that exceeds the quantity limit.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for an Antimalarial, the determination of whether the requested prescription is medically necessary will take into account whether the member:

1. For a non-preferred Antimalarial, **all** of the following:
 - a. Is prescribed the Antimalarial for an indication included in the U.S. Food and Drug Administration (FDA)-approved package labeling OR a medically accepted indication,
 - b. Is prescribed a dose and duration of therapy that is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature,
 - c. **One** of the following:
 - i. For treatment of malaria, has a history of therapeutic failure, contraindication, or intolerance of the preferred Antimalarials for the member's diagnosis
 - ii. For prevention of malaria, has a contraindication or intolerance of the preferred Antimalarials for the member's indication;

AND

2. If a prescription for an Antimalarial is in a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in PA.CP.PMN.59 Quantity Limit Override.

NOTE: If the member does not meet the clinical review guidelines listed above but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the member, the request for prior authorization will be approved.

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above to assess the medical necessity of a prescription for an Antimalarial. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the member.

D. Dose and Duration of Therapy

PA Health & Wellness will limit authorization of prescriptions for Antimalarials consistent with the FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature.

E. References

1. Centers for Disease Control and Prevention. Guidelines for Treatment of Malaria in the United States. <https://www.cdc.gov/malaria/resources/pdf/treatmenttable.pdf>. Accessed April 30, 2019.
2. Centers for Disease Control and Prevention. Choosing a Drug to Prevent Malaria. <https://www.cdc.gov/malaria/travelers/drugs.html>. Accessed April 30, 2019.

| Reviews, Revisions, and Approvals | Date |
|------------------------------------|------------|
| Policy created | 01/01/2020 |
| Q3 2020 annual review: no changes. | 07/2020 |
| Q1 2021 annual review: no changes. | 01/2021 |
| Q1 2022 annual review: no changes. | 11/2021 |
| Q1 2023 annual review: no changes. | 11/2022 |
| Q1 2024 annual review: no changes. | 11/2023 |
| Q1 2025 annual review: no changes. | 11/2024 |

