

Policies Repository



**Independence
Blue Cross**

Policy Title Quinine Sulfate (Qualaquin™)

Policy Number FS.CLIN.35

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This Pharmacy Policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this Policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Policy **Quinine sulfate (Qualaquin™)** is an oral antimalarial agent that is indicated for the treatment of uncomplicated Plasmodium falciparum malaria.

The use of quinine sulfate (Qualaquin™) requires prior authorization (ie, clinical pharmacy and/or Medical Director review).

Policy Description

Quinine sulfate (Qualaquin™) inhibits nucleic acid synthesis, protein synthesis, and glycolysis in Plasmodium falciparum organisms. It also binds to hemozoin in parasitized erythrocytes. However, the precise mechanism of antimalarial activity of quinine sulfate (Qualaquin™) is not completely understood.

Quinine is associated with side effects including, but not limited to, abnormal heart rhythms and severe hypersensitivity reactions. Due to the serious health risks associated with the drug, quinine sulfate (Qualaquin™) should be used only for the treatment of uncomplicated Plasmodium falciparum malaria.

Policy Guideline Inclusion

Quinine sulfate (Qualaquin™) is approved when the following inclusion criterion is met:

- Documentation of uncomplicated Plasmodium falciparum malaria

Policy Guideline Exclusion

Quinine sulfate (Qualaquin™) is denied when the following exclusion criterion is present:

- No documentation of uncomplicated Plasmodium falciparum malaria

Policy List of Applicable Drugs

Brand Name	Generic Name
Qualaquin	quinine sulfate

Dosing and Administration

Refer to the specific manufacturer's prescribing information for administration and dosage details

Policy References

AHFS [qualaquin]. Available at: <http://www.statref.com>. Accessed June 13, 2010.

Qualaquin [package insert] Philadelphia PA. AR Scientific; June 2009.

National Center for Infectious Diseases. Division of Parasitic Diseases. General approach and treatment: Uncomplicated malaria. [Centers for Disease Control and Prevention Web site.] 03/06/07. Available at: http://www.cdc.gov/malaria/diagnosis_treatment/clinicians2.htm. Accessed August 3, 2009.

Policy Link to Related Policies

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