Annual Review of Qualaquin® (Quinine Sulfate) - Fiscal Year 2011

Oklahoma HealthCare Authority April 2012

Current Prior Authorization Criteria

- Approval based on an FDA approved diagnosis of malaria.
- Off label use for the prevention/treatment of leg cramps and other related conditions will not be covered.

Utilization of Medication or Class

Comparison of Fiscal Years

Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2010	0	0	0	0	0	0	0
2011	0	0	0	0	0	0	0
% Change	0	0	0	0	0	0	0
Change	0	0	0	0	0	0	0

Prior Authorization of Qualaquin®

There were a total of 12 petitions submitted for Qualaquin® during fiscal year 2011. The following table shows the status of the submitted petitions.

Status of Petitions for Qualaquin®: FY 2011

Status	Total PA Count		
Approved	0		
Denied	7		
Incomplete	5		

Conclusion and Recommendations

The College of pharmacy recommends continuing the current criteria for Qualaquin®.