



Quinine Sulfate

Express Scripts
Prior Authorization
Phone 1-844-424-8886
Fax 1-877-251-5896

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week,
TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: medicarepartdparequests@express-scripts.com

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Medication:	Diagnosis:
-------------	------------

SECTION A Please answer the following questions

1. What is the member's diagnosis or indication?

2. ☐ Yes ☐ No Is the diagnosis or indication for the treatment of uncomplicated Plasmodium falciparum malaria?
3. Will quinine sulfate be used for any of the following conditions:
☐ Yes ☐ No Treatment of severe or complicated P. falciparum malaria
☐ Yes ☐ No Prevention of malaria; OR
☐ Yes ☐ No Treatment or prevention of nocturnal leg cramps
4. ☐ Yes ☐ No Is this a Chloroquine-sensitive uncomplicated malaria?
5. ☐ Yes ☐ No Has the patient used chloroquine or hydroxychloroquine prior to the initiation of quinine sulfate (or is chloroquine or hydroxychloroquine likely to cause an allergy/adverse reaction or other harm to the patient)? *NOTE: Document below any drug(s) contraindicated or tried; adverse outcome for each; if therapeutic failure, length of therapy on each drug(s) or anticipated significant adverse clinical outcome.*

6. Will quinine sulfate be used in patients with any of the following (*mark all that that apply*):
- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | prolonged QT interval |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | known hypersensitivity reactions to quinine (i.e., thrombocytopenia, idiopathic thrombocytopenia purpura (ITP) and thrombotic thrombocytopenic purpura (TTP), hemolytic uremic syndrome (HUS), blackwater fever (acute intravascular hemolysis, hemoglobinuria, and hemoglobinemia); |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | myasthenia gravis |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | optic neuritis |
7. Please list any other medications that were tried for the patient's current condition?

Please document the symptoms and/or any other information important to this review:

SECTION B

Physician Signature

PHYSICIAN SIGNATURE

DATE

FAX COMPLETED FORM TO: 1-877-251-5896

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.scanhealthplan.com>