



Medicare Part D – 2016

Prior Authorization Group Description

QUALAQUIN

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D. Babesiosis.

Exclusion Criteria:

For the treatment or prevention of nocturnal leg cramps.

Required Medical Information:

Age Restrictions:

Prescriber Restrictions:

Coverage Duration:

Malaria: 7 days. Babesiosis: 7-10 days

Other Criteria: