Pharmacy Policy Bulletin: J-0821 Arakoda and Krintafel (tafenoquine) – Commercial and Healthcare Reform	
Number: J-0821	**Category:** Prior Authorization
Line(s) of Business: ☒ Commercial ☒ Healthcare Reform ☐ Medicare	**Benefit(s):** **Commercial:** **Prior Authorization (1.):** **1.** Other Managed Prior Authorization = Yes w/ Prior Authorization **Healthcare Reform:** Not Applicable
Region(s): ☒ All ☐ Delaware ☐ New York ☐ Pennsylvania ☐ West Virginia	**Additional Restriction(s):** None
Version: J-0821-008	**Original Date:** 11/07/2018
Effective Date: 10/28/2024	**Review Date:** 10/02/2024

Drugs Product(s):	• Arakoda (tafenoquine) • Krintafel (tafenoquine)

FDA-Approved Indication(s):	• Arakoda
	  ○ Prophylaxis of malaria in patients aged 18 years and older
	• Krintafel
	  ○ Radical cure (prevention of relapse) of *Plasmodium vivax* malaria in patients aged 16 years and older who are receiving chloroquine therapy for acute *P. vivax* infection

Background:	• Tafenoquine is an 8-aminoquinoline antimalarial drug that is active against all stages of Plasmodium species, including the hypnozoite (dormant stage) in the liver.
	• Malaria is a mosquito-borne disease caused by the transmission of a parasitic protozoa that infects the liver and blood cells. Malaria is endemic in many regions and countries. Travelers to these regions are at risk for contracting the disease.
	• The Centers for Disease Control and Prevention (CDC) recommends drugs to prevent malaria based on the country of travel. The CDC also recommends the use of personal protective measures along with chemoprophylaxis.
	  ○ Prophylaxis medications include Malarone (atovaquone/proguanil), choroquine, hydroxychloroquine, doxycycline, mefloquine, primaquine, and Arakoda (tafenoquine)
	• Radical cure refers to the complete elimination of malaria parasites, specifically to the elimination of hypnozoites found in *P. vivax* and *P. ovale.*
	• Per the CDC, treatment of malaria is based upon four main factors including infecting *Plasmodium* species, the clinical status of the patient, drug susceptibility based upon geographic area where the infection was acquired, and previous use of antimalarials including those taken for malaria chemoprophylaxis.
	  ○ *Plasmodium vivax* is a species that is less likely to cause severe manifestations yet requires treatment for the hypnozoite forms that

	remain dormant in the liver causing relapsing infection and has different drug resistance patterns in differing geographic regions. ○ Treatment options for *P. vivax* are listed below: ▪ Uncomplicated malaria, all regions: • Chloroquine phosphate or hydroxychloroquine plus ether primaquine phosphate or Krintafel ▪ Uncomplicated malaria, chloroquine-resistant regions: • Krintafel is not recommended. • The World Health Organization (WHO) guidelines for the treatment of malaria recommend treatment with a course of primaquine to prevent relapse of *P. vivax* malaria. • The CDC guidelines for treatment of malaria in the United States recommend a course of primaquine or a one-time dose of Krintafel to eradicate the hypnozoites that remain dormant in the liver. • Prescribing Considerations: ○ Arakoda use is not recommended during pregnancy. ○ Arakoda is contraindicated in individuals with a history of psychotic disorders or current psychotic symptoms. The concomitant use of Krintafel with antimalarials other than chloroquine is not recommended because of the risk of recurrence of *P. vivax* malaria. ○ Arakoda and Krintafel are contraindicated in patients with glucose-6-phosphate dehydrogenase (G6PD) deficiency or unknown G6PD status, and in breastfeeding by a lactating woman when the infant is found to be G6PD deficient or if G6PD status is unknown. ○ Arakoda is contraindicated in individuals with a history of psychotic disorders or current psychotic symptoms.

Approval Criteria

I. Approval Criteria

A. Krintafel

When a benefit, coverage of Krintafel may be approved when all of the following criteria are met **(1. through 4.)**:

1. The member is 16 years of age or older.
2. The member has a diagnosis of *Plasmodium vivax* malaria. (ICD-10: B51.9)
3. The member will be using Krintafel for the treatment of malaria or radical cure.
4. The member will be using Krintafel in combination with chloroquine or hydroxychloroquine.

B. Arakoda

When a benefit, coverage of Arakoda may be approved when all of the following criteria are met **(1., 2., and 3.)**:

1. The member is 18 years of age or older.
2. The member will be using Arakoda for the prevention of *Plasmodium* species of malaria when traveling to endemic countries. (no ICD-10 code)
3. The member's date of departure and return from travel are documented.

II. An exception to some or all of the criteria above may be granted for select members and/or circumstances based on state and/or federal regulations.

Limitations of Coverage

I. Coverage of drug(s) addressed in this policy for disease states outside of the FDA-approved indications should be denied based on the lack of clinical data to support effectiveness and safety in other conditions unless otherwise noted in the approval criteria.

II. For Commercial or HCR members with a closed formulary, a non-formulary product will only be approved if the member meets the criteria for a formulary exception in addition to the criteria outlined within this policy.

Authorization Duration

I. Krintafel

- Commercial and HCR Plans: If approved, a one-time 7 day authorization may be granted.

II. Arakoda

- Commercial and HCR Plans: If approved, an authorization for the duration of travel plus 10 days (3 days prior and 7 days following) may be granted.

Automatic Approval Criteria

None

References:

1. Arakoda [package insert]. Washington, DC: Sixty Degrees Pharmaceuticals; June 2019.
2. Krintafel [package insert]. Research Triangle Park, NC: GlaxoSmithKline; November 2020.
3. World Health Organization. WHO Guidelines for Malaria. 2021. Available at: https://www.who.int/publications/i/item/guidelines-for-malaria. Accessed August 21, 2024.
4. Centers for Disease Control and Prevention. Choosing a Drug to Prevent Malaria. Available at: https://www.cdc.gov/malaria/hcp/drug-malaria/?CDC_AAref_Val=https://www.cdc.gov/malaria/travelers/drugs.html. Accessed August 21, 2024.
5. Centers for Disease Control and Prevention. Clinical Guidance: Malaria Diagnosis & Treatment in the U.S.. Available at: https://www.cdc.gov/malaria/hcp/clinical-guidance/index.html. Accessed August 21, 2024.
6. CDC. Malaria Glossary. Available at: https://www.cdc.gov/malaria/index.html. Accessed August 21, 2024.
7. CDC. The Yellow Book. Chapter 4 Travel-related infectious diseases. Available at https://wwwnc.cdc.gov/travel/yellowbook/2020/travel-related-infectious-diseases/malaria#:~:text=In%20addition%20to%20primary%20prophylaxis,dormant%20liver%20stages)%20of%20P. Accessed August 21, 2024krin.