Clinical Policy Title:	tafenoquine
Policy Number:	RxA.345
Drug(s) Applied:	Arakoda™
Original Policy Date:	03/06/2020
Last Review Date:	09/14/2021
Line of Business Policy Applies to:	All lines of business

Background

Tafenoquine (Arakoda™) is an antimalarial drug.
Tafenoquine is indicated for the prophylaxis of malaria in patients aged 18 years and older.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
tafenoquine (Arakoda™)	Prophylaxis of malaria	Loading dose: 200 mg orally once dailyfor 3 days for each of the 3 days before travel to a malarious area Maintenance dose: 200 mg orally once weekly; start 7 days after the last loading dose while in the malarious area Terminal prophylaxis: 200 mg orally one-time 7 days after the last maintenance dose in the week following exit from the malarious area	200 mg/week

Dosage Forms

- Tablets: 100 mg

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the terms of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

I. Initial Approval Criteria

A. **Prophylaxis of Malaria** (must meet all)**:**
1. Member is traveling to a malaria endemic area (see Appendix D);
2. Age ≥ 18 years;
3. Failure of one of the following, unless contraindicated, clinically significant adverse effects are experienced, or traveling to an area which has resistance to: atovaquone-proguanil, chloroquine, doxycycline, hydroxychloroquine, mefloquine, or primaquine;
4. Dose does not exceed 200 mg (2 tablets) per day for 3 days, then once weekly starting 7 days after the last loading dose, then one-time terminal prophylaxis dose.
5. Patient must test negative for G6PD deficiency.

Approval duration:
Commercial: 6 months
Medicaid: 6 months

II. Continued Therapy Approval

A. **Prophylaxis of Malaria** (must meet all)**:**
1. Member is currently receiving the medication that has been authorized by RxAdvance or the member has met initial approval criteria listed in this policy;
2. Member is responding positively to therapy as evidenced by absence of malarial infection;
3. If request is for a dose increase, new dose does not exceed 200 mg (2 tablets) once weekly, then one-time terminal prophylaxis dose.

Approval duration:
Commercial: 6 months
Medicaid: 6 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
FDA: Food and Drug Administration
P. vivax: Plasmodium vivax
G6PD: glucose-6-phosphate dehydrogenase

APPENDIX B: Therapeutic Alternatives
Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

Drug Name	Dosing Regimen	Maximum Dose
atovaquone-proguanil (Malarone™)	**Prophylaxis of malaria** 250 mg-100 mg atovaquone-proguanil orally once daily Begin 1–2 days before travel to malarious areas. Take daily at the same time each day while in the malarious area and for 7 days after leaving such areas.	250 mg-100 mg/day; see regimen
chloroquine	**Prophylaxis of malaria** 500 mg orally once a week Begin 1–2 weeks before travel to malarious areas. Take weekly on the same day of the	500 mg/week; see regimen

Drug Name	Dosing Regimen	Maximum Dose
	week while in the malarious area and for 4 weeks after leaving such area	
doxycycline (Oracea®, Acticlate®, Doryx®, Vibramycin®)	**Prophylaxis of malaria** 100 mg orally once daily Begin 1–2 days before travel to malarious areas. Take daily at the same time each day while in the malarious area and for 4 weeks after leaving such areas.	100 mg/day; see regimen
hydroxychloroquine (Plaquenil®)	**Prophylaxis of malaria** 400 mg orally once a week Begin 1–2 weeks before travel to malarious areas. Take weekly on the same day of the week while in the malarious area and for 4 weeks after leaving such areas.	400 mg/week; see regimen
mefloquine	**Prophylaxis of malaria** 250 mg orally once a week Begin ≥ 2 weeks before travel to malarious areas. Take weekly on the same day of the week while in the malarious area and for 4 weeks after leaving such areas.	250 mg/week; see regimen
primaquine*	**Prophylaxis of malaria** 52.6 mg orally once daily Begin 1–2 days before travel to malarious areas. Take daily at the same time each day while in the malarious area and for 7 days after leaving such area.	52.6 mg/day; see regimen

Therapeutic alternatives are listed as generic (Brand name®) when the drug is available by both generic and brand, Brand name® when the drug is available by brand only and generic name when the drug is available by generic only. **Off-label*

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - G6PD (glucose-6-phosphate dehydrogenase) deficiency or unknown G6PD status;
  - Breastfeeding by a lactating woman when the infant is found to be G6PD deficient or if G6PD status is unknown;
  - History of psychotic disorders or current psychotic symptoms;
  - Known hypersensitivity reactions to tafenoquine, other 8-aminoquinolines, or any component of Arakoda™.

- Boxed warning(s):
  - None reported.

APPENDIX D: General Information

- The Centers for Disease Control and Prevention (CDC) presents country-specific information on malaria transmission and prophylaxis recommendations here:
  - https://wwwnc.cdc.gov/travel/yellowbook/2020/preparing-international-travelers/yellowfever-vaccine-and-malaria-prophylaxis-information-by-country. Updated information reflecting changes since publication can be found in the online version of this book (www.cdc.gov/yellowbook) and on the CDC Travelers' Health website (www.cdc.gov/travel).

References

1. Arakoda™ Prescribing Information. Washington, DC: Sixty Degrees Pharmaceuticals, LLC; November 2020. Available at: https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=299e49d8-470f-4779-a010-4a1ee0e0c6cd . Accessed May 31, 2021.
2. The Centers for Disease Control and Prevention (CDC). Clinicians Treatment Guidelines for Malaria 2019. Available at https://www.cdc.gov/malaria/resources/pdf/clinicalguidance.pdf. Accessed May 31, 2021.
3. The World Health Organization (WHO). Guidelines for the Treatment of Malaria 2015, 3rd edition. Available at https://www.ncbi.nlm.nih.gov/books/NBK294440/. Accessed May 31, 2021.
4. FDA Briefing Document on Tafenoquine Tablet 150 mg. Meeting of the Antimicrobial Drugs Advisory Committee (AMDAC). July 12, 2018. Available at https://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/ Anti-InfectiveDrugsAdvisoryCommittee/UCM612874.pdf. Accessed May 31, 2021.
5. Clinical Pharmacology [database online]. Elsevier; Gold Standard, Inc.; 2021. Available at: https://www.clinicalkey.com/pharmacology/ . Accessed May 31, 2021

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	01/2020	03/06/2020
Policy was reviewed: 1. Dosing information updated. 2. Clinical policy (initial approval criteria) was updated. 3. Appendices updated. 4. References were updated.	06/28/2020	09/14/2020
Policy was reviewed: 1. Statement about provider sample ''The provision of provider samples does not guarantee coverage…" was added to Clinical Policy. 2. Initial Approval Criteria I.A.5 was updated to include "Patient must test negative for G6PD deficiency". 3. Therapeutic Alternatives verbiage was rephrased to	5/31/2021	9/14/2021

"Below are suggested therapeutic alternatives based on clinical guidance..". 4. Statement about drug listing format in Appendix B is rephrased to "Therapeutic alternatives are listed as generic (Brand name®) when the drug is available by both generic and brand; Brand name® when the drug is available by brand only and generic name when the drug is available by generic only". 5. References were reviewed and updated.		