Commercial/Healthcare Exchange PA Criteria

Effective: November 11, 2020

Prior Authorization: Lampit

Products Affected: Lampit (nifurtimox) oral tablets

Medication Description: Nifurtimox is an antiprotozoal drug. It has been suggested that nifurtimox is metabolized/activated by type I (oxygen insensitive) and type II (oxygen sensitive) nitroreductases, leading to production of toxic intermediate metabolites and/or reactive oxygen species that induce DNA damage and cell death of both intracellular and extracellular forms of T. cruzi.

Covered Uses: Treatment of pediatric patients for the treatment of Chagas disease (American Trypanosomiasis), caused by *Trypanosoma cruzi*.

Exclusion Criteria:

1. Known hypersensitivity to nifurtimox
2. Patients who consume alcohol during treatment

Required Medical Information:

1. Diagnosis

Age Restrictions: Pediatrics patients birth to less than 18 years of age and weighing at least 2.5kg

Prescriber Restrictions: Prescribed by, or in consultation with, a physician who specializes in infectious disease.

Coverage Duration: 60 days

Other Criteria:

A. Patient has a clinical diagnosis of Chagas disease caused by Trypanosoma cruzi.

References:

1. Lampit [package insert]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc.;2020

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	10/30/2020