

Commercial/Healthcare Exchange PA Criteria

Effective: February 28, 2018

Prior Authorization: Benznidazole

Products Affected: benznidazole oral tablet

Medication Description:

Benznidazole is a nitroimidazole antimicrobial agent indicated to treat Chagas disease caused by *Trypanosoma cruzi* in patients age 2 to 12 years old. The exact mechanism of action for benznidazole is not yet known. It is believed that like other nitroimidazole antimicrobials, benznidazole inhibits DNA, RNA, and protein synthesis. In *T. cruzi*, this occurs via the Type I nitroreductase (NTR) enzyme.

Covered Uses: The treatment of Chagas disease (American trypanosomiasis) caused by *Trypanosoma cruzi* in pediatric patients 2 to 12 years of age

Exclusion Criteria:

1. Disulfiram usage within the last two weeks
2. Hypersensitivity to nitroimidazole derivatives

Required Medical Information:

1. Diagnosis
2. Medication history

Age Restrictions: Pediatric patients that are 2 to 12 years of age

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. Product Information: BENZNIDAZOLE oral tablets, benznidazole oral tablets. Exeltis USA, Inc (per FDA), Florham Park, NJ, 2017.
2. Centers for Disease Control and Prevention (CDC): Infectious diseases laboratories. Centers for Disease Control and Prevention (CDC). Atlanta, GA. 2016. Available from URL: <https://www.cdc.g...> . As accessed 2017-01-24.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	2/26/2018
2	Update	Addition of FDA labeled contraindication	Exclusion Criteria	1/08/2020
3	Annual Review	Shortened Medication Description	Medication Description	6/30/2020

