

## 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