

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2018 P 1242-1
Program	Prior Authorization - Notification
Medication	Benznidazole
P&T Approval Date	3/2018
Effective Date	5/1/2018; Oxford only: 6/1/2018

1. Background:

Benznidazole, a nitroimidazole antimicrobial, is indicated in pediatric patients 2 to 12 years of age for the treatment of Chagas disease (American trypanosomiasis), caused by *Trypanosoma cruzi*.¹

Antiparasitic treatment is indicated for all cases of acute or reactivated Chagas disease and for chronic *Trypanosoma cruzi* (*T. cruzi*) infection in children up to 18 years old. Congenital infections are considered acute disease. Treatment is strongly recommended for adults up to 50 years old with chronic infection who do not already have advanced Chagas cardiomyopathy. For adults older than 50 years with chronic *T. cruzi* infection, the decision to treat with antiparasitic drugs should be individualized, weighing the potential benefits and risks for the patient. Physicians should consider factors such as the patient's age, clinical status, preference, and overall health.²

2. Coverage Criteria:

<p>A. <u>Authorization</u></p> <p>1. Benznidazole will be approved based on the following criteria:</p> <p style="padding-left: 40px;">a. Diagnosis of Chagas disease (American trypanosomiasis) due to <i>Trypanosoma cruzi</i></p> <p>Authorization will be issued for 60 days.</p>

3. Additional Clinical Rules:

N/A

4. References:

1. Benznidazole [prescribing information]. Laboratorios Liconsa S.A., Guadalajara, Spain. August 2017.
2. CDC Guidelines. Parasites – American Trypanosomiasis (also known as Chagas Disease). <https://www.cdc.gov/parasites/chagas/>. December 2017.

Program	Prior Authorization - Benznidazole
Change Control	
Date	Change
3/2018	New program.