

# Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to:  Commercial (Traditional)  Commercial (Individual/Optimized)  
 Medicaid

This request is:  Urgent (life threatening)  Non-Urgent (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

## Benznidazole

### Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Primary Care Physician: \_\_\_\_\_  
 Requesting Provider: \_\_\_\_\_ Prov. Phone: \_\_\_\_\_ Prov. Fax: \_\_\_\_\_  
 Provider Address: \_\_\_\_\_  
 Provider NPI: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Product Information

New request  Continuation request

Drug product:  Benznidazole 12.5 mg tablet  
 Benznidazole 100 mg tablet

Start date (or date of next dose): \_\_\_\_\_  
 Date of last dose (if applicable): \_\_\_\_\_  
 Dosing frequency: \_\_\_\_\_

### Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Must have diagnosis of Chagas disease (American trypanosomiasis) due to Trypanosoma cruzi

**Note:** Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

### New request

#### Priority Health Precertification Documentation

##### A. What condition is this drug being requested for?

- Chagas disease due to Trypanosoma cruzi  
 Other – the patient's condition is: \_\_\_\_\_

Rationale for use: \_\_\_\_\_

### Additional information

**Note:** Authorization will be issued for 60 days.