

**Texas Prior Authorization Program
Clinical Edit Criteria**

Drug/Drug Class

Nitazoxanide

Clinical Edit Information Included in this Document

Nitazoxanide Tablets

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical edit

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Added generic nitazoxanide tablets (GCN 42761) to PA table

Removed criteria and GCNs for Alinia suspension (42763) – this drug is no longer on formulary

Removed GCN for Alinia tablets (42761) – brand name is no longer on formulary



Nitazoxanide Tablets

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
NITAZOXANIDE 500 MG TABLET	42761



Nitazoxanide Tablets

Clinical Edit Criteria Logic

1. Does the client have a diagnosis of giardiasis or cryptosporidiosis in the past 90 days?
 Yes (Go to #2)
 No (Deny)

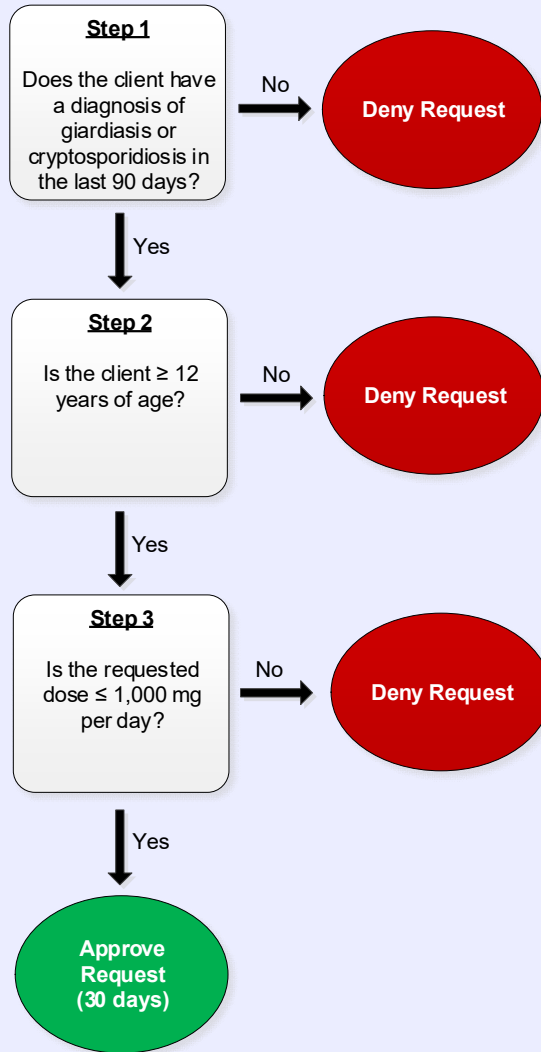
2. Is the client greater than or equal to (\geq) 12 years of age?
 Yes (Go to #3)
 No (Deny)

3. Is the dose less than or equal to (\leq) 1,000 mg per day?
 Yes (Approve – 30 days)
 No (Deny)



Nitazoxanide Tablets

Clinical Edit Criteria Logic Diagram





Nitazoxanide Tablets

Clinical Edit Criteria Supporting Tables

Step 1 (diagnosis of giardiasis or cryptosporidiosis)	
Required diagnosis: 1	
Look back timeframe: 90 days	
ICD-10 Code	Description
A071	GIARDIASIS
A072	CRYPTOSPORIDIOSIS



Nitazoxanide

Clinical Edit Criteria References

1. 2015 ICD-9-CM Diagnosis Codes. 2015. Available at www.icd9data.com. Accessed on April 3, 2015.
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5. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2015. Available at www.clinicalpharmacology.com. Accessed on September 17, 2020.
6. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on September 17, 2020.
7. Alinia Suspension Prescribing Information. Baltimore, MD. Lupin Pharmaceuticals, Inc. April 2017.
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9. Barr W, Smith A. Acute Diarrhea in Adults. Am Fam Physician. 2014 Feb 1;89(3):180-189.
10. Shane AL, Mody RK, Crump JA, et al. 2017 Infectious Diseases Society of America Clinical Practice Guidelines for the Diagnosis and Management of Infectious Diarrhea. Clin Inf Dis November 2017;65(12):45-80.

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
01/31/2011	Initial publication and posting to website
10/21/2011	<ul style="list-style-type: none"> Added a new section to specify the drugs requiring prior authorization In each "Clinical Edit Supporting Tables" section, revised table to specify the diagnosis codes pertinent to step 1 of the logic diagram
04/03/2015	<ul style="list-style-type: none"> Revised to include ICD-10s
05/27/2016	<ul style="list-style-type: none"> Updated references
03/21/2019	<ul style="list-style-type: none"> Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table.
02/17/2021	<ul style="list-style-type: none"> Annual review by staff Updated references
09/07/2021	<ul style="list-style-type: none"> Added nitazoxanide tablets (GCN 42761) to PA table Removed criteria and GCNs for Alinia suspension (42763) – this drug is no longer on formulary Removed GCN for Alinia tablets (42761) – brand name is no longer on formulary