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.

<table>
<thead>
<tr>
<th>Label Name</th>
<th>GCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>NITAZOXANIDE 500 MG TABLET</td>
<td>42761</td>
</tr>
</tbody>
</table>
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 (≥) 12 years of age?
   [ ] Yes (Go to #3)
   [ ] No (Deny)

3. Is the dose less than or equal to (≤) 1,000 mg per day?
   [ ] Yes (Approve – 30 days)
   [ ] No (Deny)
Nitazoxanide Tablets

Clinical Edit Criteria Logic Diagram

**Step 1**
Does the client have a diagnosis of giardiasis or cryptosporidiosis in the last 90 days?

Yes → **Step 2**
Is the client ≥ 12 years of age?

Yes → **Step 3**
Is the requested dose ≤ 1,000 mg per day?

Yes → **Approve Request (30 days)**

No → **Deny Request**

Yes → **Deny Request**

No → **Deny Request**

No → **Deny Request**
Nitazoxanide Tablets
Clinical Edit Criteria Supporting Tables

### Step 1 (diagnosis of giardiasis or cryptosporidiosis)

**Required diagnosis:** 1  
**Look back timeframe:** 90 days

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A071</td>
<td>GIARDIASIS</td>
</tr>
<tr>
<td>A072</td>
<td>CRYPTOSPORIDIOSIS</td>
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</tbody>
</table>


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.

<table>
<thead>
<tr>
<th>Publication Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/31/2011</td>
<td>Initial publication and posting to website</td>
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</table>
| 10/21/2011       | • 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       | • Revised to include ICD-10s |
| 05/27/2016       | • Updated references |
| 03/21/2019       | • 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       | • Annual review by staff  
                   • Updated references |
| 09/07/2021       | • 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 |