

Texas Prior Authorization Program Clinical Edit Criteria

Drug/Drug Class

Alinia (Nitazoxanide)

Clinical Edit Information Included in this Document

Alinia Oral Suspension

- **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

Alinia Tablets

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

Revision Notes

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.

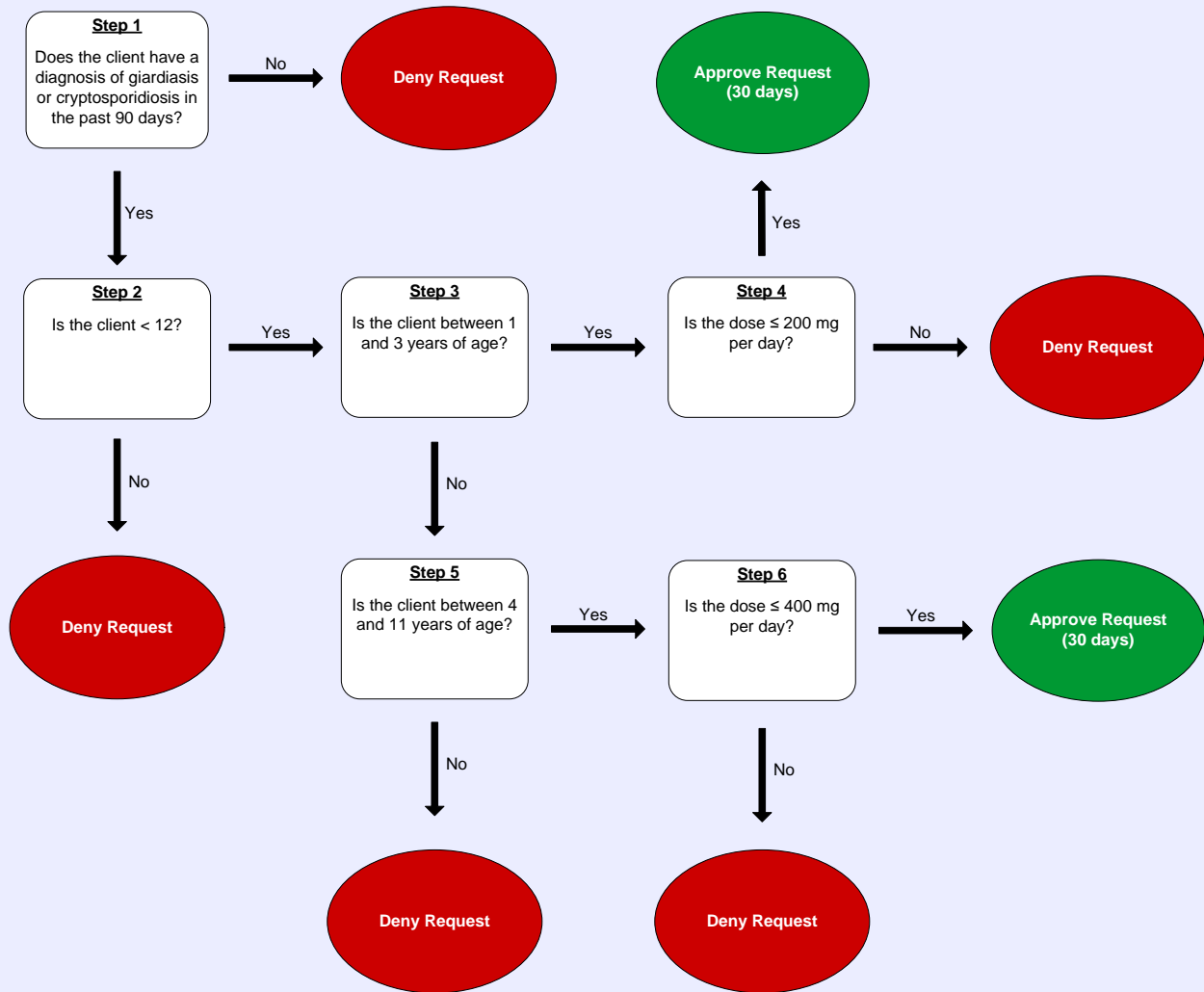


**Alinia (Nitazoxanide)
Oral Suspension
Drugs Requiring Prior Authorization**

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
ALINIA 100 MG/5 ML SUSPENSION	42763

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 less than (<) 12 years of age?
 Yes (Go to #3)
 No (Deny)
3. Is the client between 1 and 3 years of age?
 Yes (Go to #4)
 No (Go to #5)
4. Is the dose less than or equal to (\leq) 200 mg per day?
 Yes (Approve – 30 days)
 No (Deny)
5. Is the client between 4 and 11 years of age?
 Yes (Go to #6)
 No (Deny)
6. Is the dose less than or equal to (\leq) 400 mg per day?
 Yes (Approve – 30 days)
 No (Deny)



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



Alinia (Nitazoxanide) Tablets

Drugs Requiring Prior Authorization

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



Alinia (Nitazoxanide) Tablets

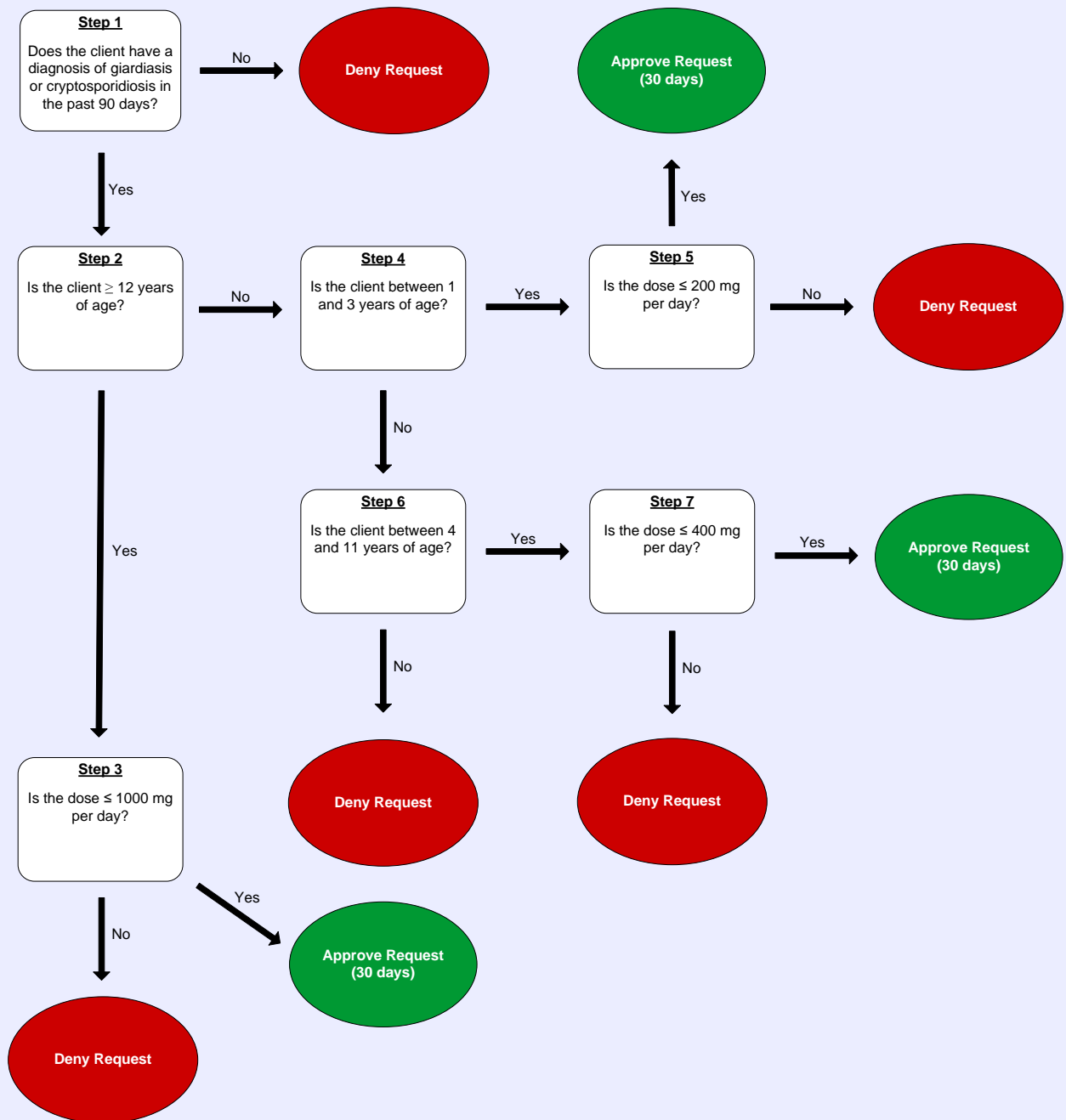
Clinical Edit Criteria Logic

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 (Go to #4)
3. Is the dose less than or equal to (\leq) 1,000 mg per day?
 Yes (Approve – 30 days)
 No (Deny)
4. Is the client between 1 and 3 years of age?
 Yes (Go to #5)
 No (Go to #6)
5. Is the dose less than or equal to (\leq) 200 mg per day?
 Yes (Approve – 30 days)
 No (Deny)
6. Is the client between 4 and 11 years of age?
 Yes (Go to #7)
 No (Deny)
7. Is the dose less than or equal to (\leq) 400 mg per day?
 Yes (Approve – 30 days)
 No (Deny)



Alinia (Nitazoxanide) Tablets

Clinical Edit Criteria Logic Diagram





Alinia (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



Alinia (Nitazoxanide)

Clinical Edit Criteria References

1. 2015 ICD-9-CM Diagnosis Codes. 2015. Available at www.icd9data.com. Accessed on April 3, 2015.
2. 2015 ICD-10-CM Diagnosis Codes. 2015. Available at www.icd10data.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 March 4, 2016.
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7. Alinia Suspension Prescribing Information. Baltimore, MD. Lupin Pharmaceuticals, Inc. August 2013.
8. Alinia Tablets Prescribing Information. Tampa, FL. Romark Laboratories, L.C. August 2013.
9. Barr W, Smith A. Acute Diarrhea in Adults. Am Fam Physician. 2014 Feb 1;89(3):180-189

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 authorizationIn 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, page 11
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.