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

- **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

- Updated references, page 11
<table>
<thead>
<tr>
<th>Label Name</th>
<th>GCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALINIA 100 MG/5 ML SUSPENSION</td>
<td>42763</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 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)
Alinia (Nitazoxanide) Oral Suspension

Clinical Edit Criteria Logic Diagram

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

No → Deny Request

Yes → Step 2

Is the client < 12?

Yes → Step 3

Is the client between 1 and 3 years of age?

Yes → Step 4

Is the dose ≤ 200 mg per day?

Yes → Approve Request (30 days)

No → Deny Request

No → Step 5

Is the client between 4 and 11 years of age?

Yes → Step 6

Is the dose ≤ 400 mg per day?

Yes → Approve Request (30 days)

No → No

Yes → No

Deny Request → No

Deny Request → No

Deny Request → No

Deny Request → No

Deny Request → No

Deny Request → No
### Step 1 (diagnosis of giardiasis or cryptosporidiosis)

**Required diagnosis:** 1

**Look back timeframe:** 90 days

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>0071</td>
<td>GIARDIASIS</td>
</tr>
<tr>
<td>0074</td>
<td>CRYPTOSPORIDIOSIS</td>
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</table>

<table>
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<tr>
<th>ICD-10 Code</th>
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<tr>
<td>A071</td>
<td>GIARDIASIS</td>
</tr>
<tr>
<td>A072</td>
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</table>
# Alinia (Nitazoxanide)
## Tablets

### Drugs Requiring Prior Authorization

<table>
<thead>
<tr>
<th>Label Name</th>
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</tr>
</thead>
<tbody>
<tr>
<td>ALINIA 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 (Go to #4)

3. Is the dose less than or equal to (≤) 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 (≤) 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 (≤) 400 mg per day?
   [ ] Yes (Approve – 30 days)
   [ ] No (Deny)
Alinia (Nitazoxanide) Tablets

Clinical Edit Criteria Logic Diagram

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

Yes -> Step 2

No -> Approve Request (30 days)

Step 2
Is the client ≥ 12 years of age?

Yes -> Step 4

No -> Deny Request

Step 3
Is the dose ≤ 1000 mg per day?

Yes -> Approve Request (30 days)

No -> Deny Request

Step 4
Is the client between 1 and 3 years of age?

Yes -> Step 5

No -> Deny Request

Step 5
Is the dose ≤ 200 mg per day?

Yes -> Approve Request (30 days)

No -> Deny Request

Step 6
Is the client between 4 and 11 years of age?

Yes -> Step 7

No -> Deny Request

Step 7
Is the dose ≤ 400 mg per day?

Yes -> Approve Request (30 days)

No -> Deny Request
**Alinia (Nitazoxanide) Tablets**

Clinical Edit Criteria Supporting Tables

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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>
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<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, page 11 |