



# TEXAS MEDICAID Clinical Edit Prior Authorization nitazoxanide (ALINIA) tablets

## STEP 1: CLEARLY PRINT AND COMPLETE TO EXPEDITE PROCESSING

Date:	Prescriber First & Last Name:
Patient First & Last Name:	Prescriber NPI:
Patient Address:	Prescriber Address:
Patient ID:	Prescriber Phone:
Patient Date of Birth:	Prescriber Fax:

## STEP 2: MEDICATION INFORMATION

Medication Requested (Name):	Quantity Requested:
Dose Requested:	Dosing Instructions:

Patient's Primary Diagnosis: \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_

Indicate the drug's formulary status: \*(Formulary available at [www.txvendordrug.com](http://www.txvendordrug.com))

- Non-Preferred Drug (NPD or NAP Status, Go to Step 3 - PDL PA Criteria Applies)  
**OR**  Preferred Drug (Go to Step 4)  
**OR**  No Status, Drug is not in a Market Basket (Go to Step 4)  
**OR**  N/A as this request is for a CHIP / PERINATE client (Go to Step 4)

## STEP 3: PDL PRIOR AUTHORIZATION CRITERIA FOR NON-PREFERRED PRODUCT

1. Has the client failed a 10-day trial with at least 1 preferred agent in the last 180 days?  
 Yes (Go to Step 4 Question 1)  No (Go to #2)
2. Is there a documented allergy or contraindication to preferred agents in this class?  
 Yes (Go to Step 4 Question 1)  No (Go to #3)



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3. Is the drug necessary for the treatment of stage-4 advanced metastatic cancer and associated conditions?

- Yes (Go to Step 4 Question 1)                       No (Deny)

**STEP 4: CLINICAL PRIOR AUTHORIZATION CRITERIA**

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)

**STEP 5: SIGN AND FAX TO: NAVITUS PRIOR AUTHORIZATION AT: 855-668-8553**

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If criteria not met, submit chart documentation with form citing complex medical circumstances.  
For questions, please call Navitus Customer Care at 1-877-908-6023.