

## 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

Annual review by staff

Updated references



**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](http://TxVendorDrug.com/formulary/formulary-search).*

<b>Drugs Requiring Prior Authorization</b>	
<b>Label Name</b>	<b>GCN</b>
ALINIA 100 MG/5 ML SUSPENSION	42763

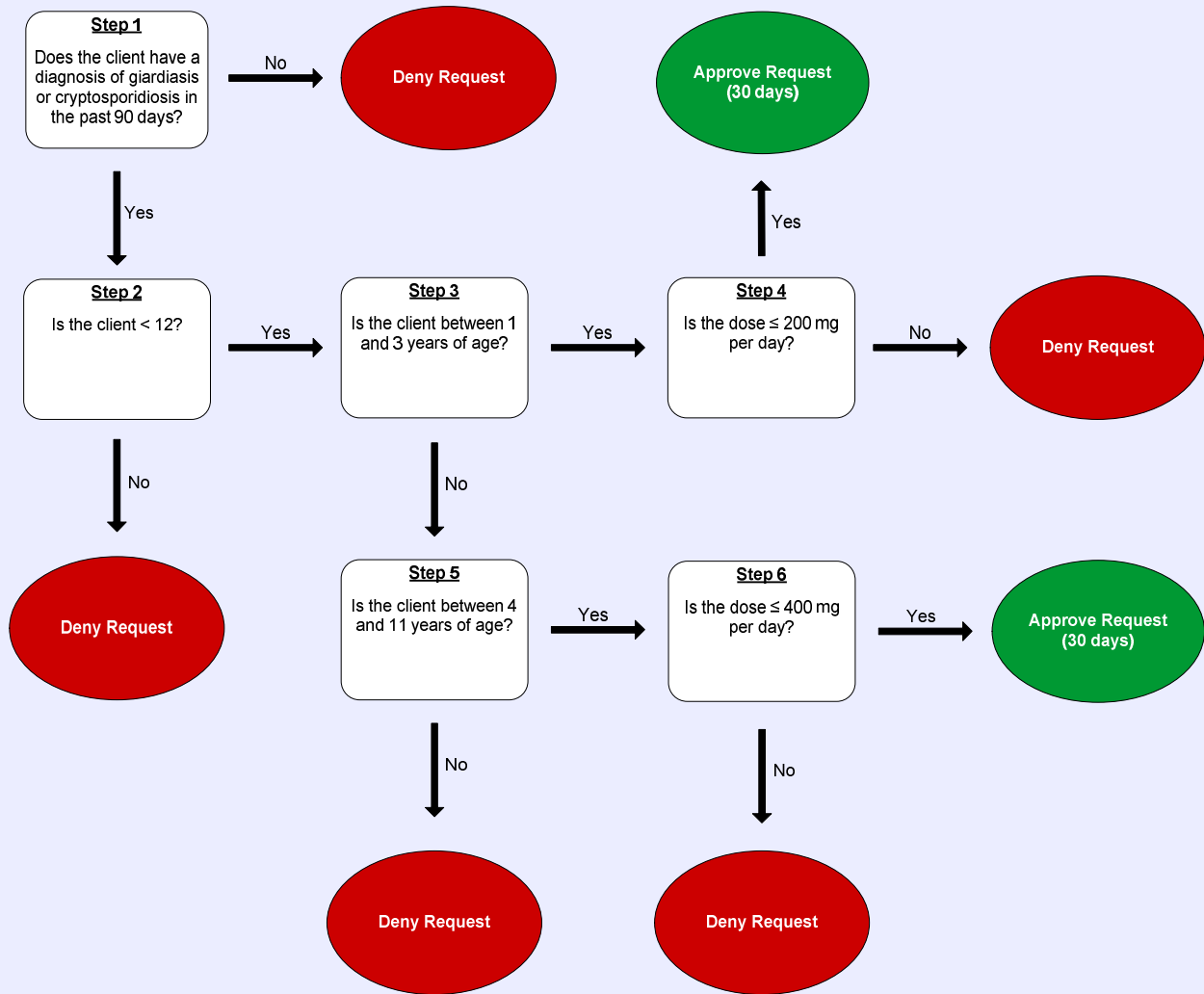


**Alinia (Nitazoxanide)**  
**Oral Suspension**  
**Clinical Edit Criteria Logic**

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 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





**Alinia (Nitazoxanide)**  
**Oral Suspension**  
**Clinical Edit Criteria Supporting Tables**

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



## Alinia (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](http://TxVendorDrug.com/formulary/formulary-search).

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



## Alinia (Nitazoxanide) Tablets

### Clinical Edit Criteria Logic

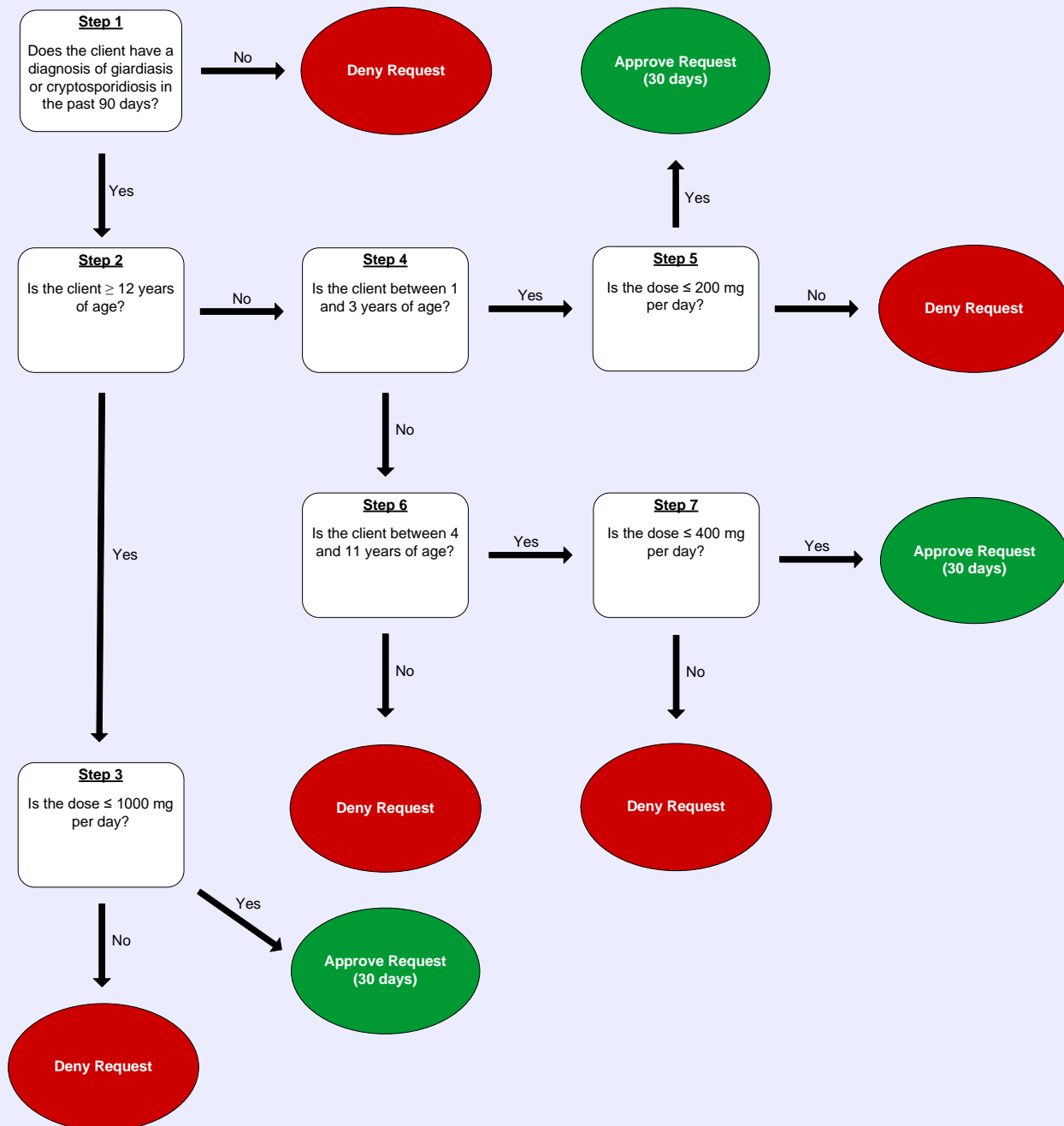
1. Does the client have a diagnosis of giardiasis or cryptosporidiosis in the past 90 days?  
 Yes (Go to #2)  
 No (Deny)
2. Is the client greater than or equal to ( $\geq$ ) 12 years of age?  
 Yes (Go to #3)  
 No (Go to #4)
3. Is the dose less than or equal to ( $\leq$ ) 1,000 mg per day?  
 Yes (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

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



## Alinia (Nitazoxanide)

### Clinical Edit Criteria References

1. 2015 ICD-9-CM Diagnosis Codes. 2015. Available at [www.icd9data.com](http://www.icd9data.com). Accessed on April 3, 2015.
2. 2015 ICD-10-CM Diagnosis Codes. 2015. Available at [www.icd10data.com](http://www.icd10data.com). Accessed on April 3, 2015.
3. American Medical Association data files. 2015 ICD-9-CM Diagnosis Codes. Available at [www.commerce.ama-assn.org](http://www.commerce.ama-assn.org).
4. American Medical Association data files. 2015 ICD-10-CM Diagnosis Codes. Available at [www.commerce.ama-assn.org](http://www.commerce.ama-assn.org).
5. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2015. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on September 17, 2020.
6. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on September 17, 2020.
7. Alinia Suspension Prescribing Information. Baltimore, MD. Lupin Pharmaceuticals, Inc. April 2017.
8. Alinia Tablets Prescribing Information. Tampa, FL. Romark Laboratories, L.C. August 2017.
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"> <li>Added a new section to specify the drugs requiring prior authorization</li> <li>In each "Clinical Edit Supporting Tables" section, revised table to specify the diagnosis codes pertinent to step 1 of the logic diagram</li> </ul>
04/03/2015	<ul style="list-style-type: none"> <li>Revised to include ICD-10s</li> </ul>
05/27/2016	<ul style="list-style-type: none"> <li>Updated references, page 11</li> </ul>
03/21/2019	<ul style="list-style-type: none"> <li>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 <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a>.) on each 'Drug Requiring PA' table.</li> </ul>
02/17/2021	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Updated references</li> </ul>