

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

Revision Notes

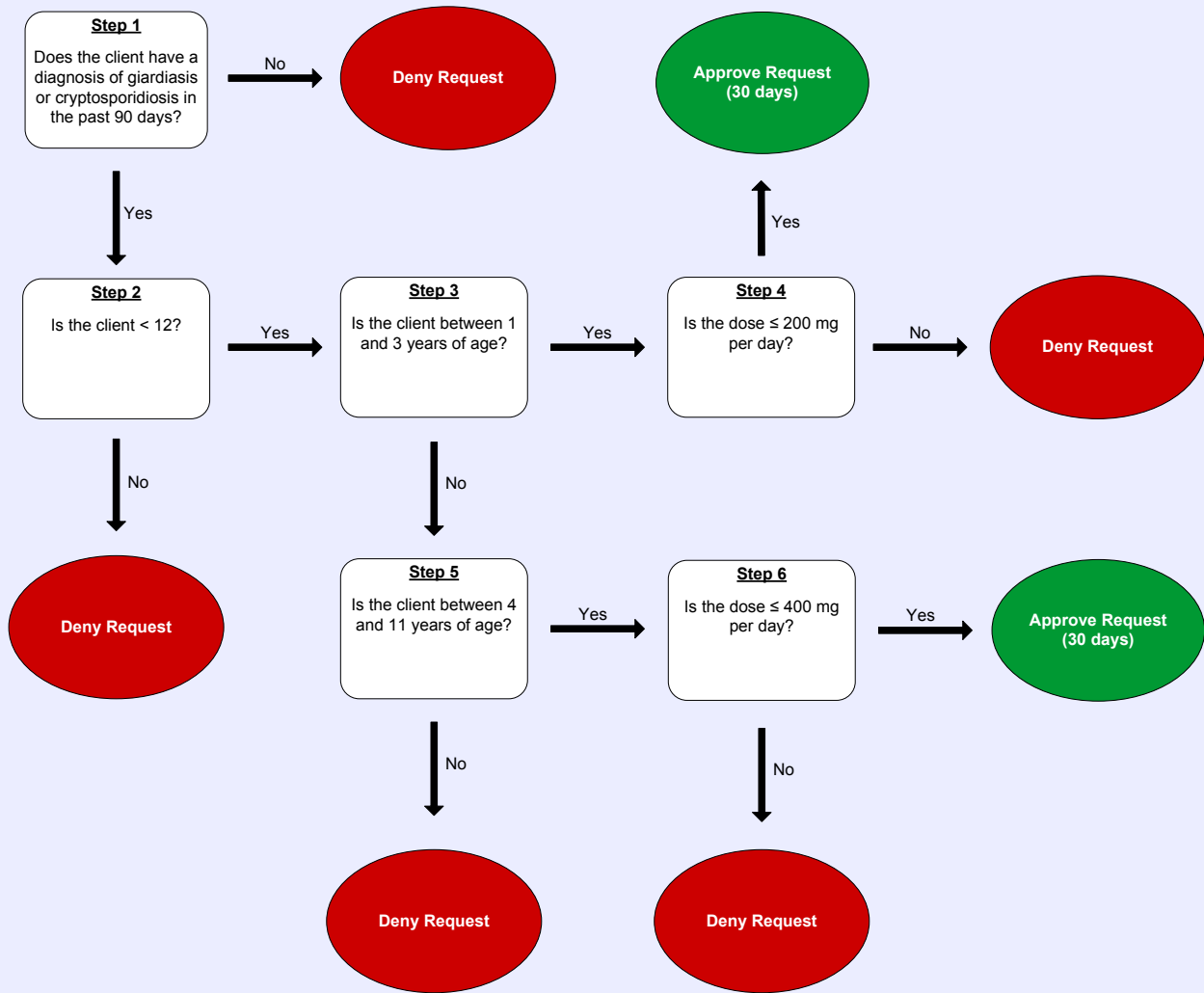
- Added a new section to specify the drugs requiring prior authorization for each form of Alinia
- In each "Clinical Edit Supporting Tables" section, revised table to specify the diagnosis codes pertinent to step 1 of the logic diagram



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

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-9 Code	Description
0071	GIARDIASIS
0074	CRYPTOSPORIDIOSIS



**Alinia (Nitazoxanide)
Tablets**

Drugs Requiring Prior Authorization

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



Alinia (Nitazoxanide) Tablets

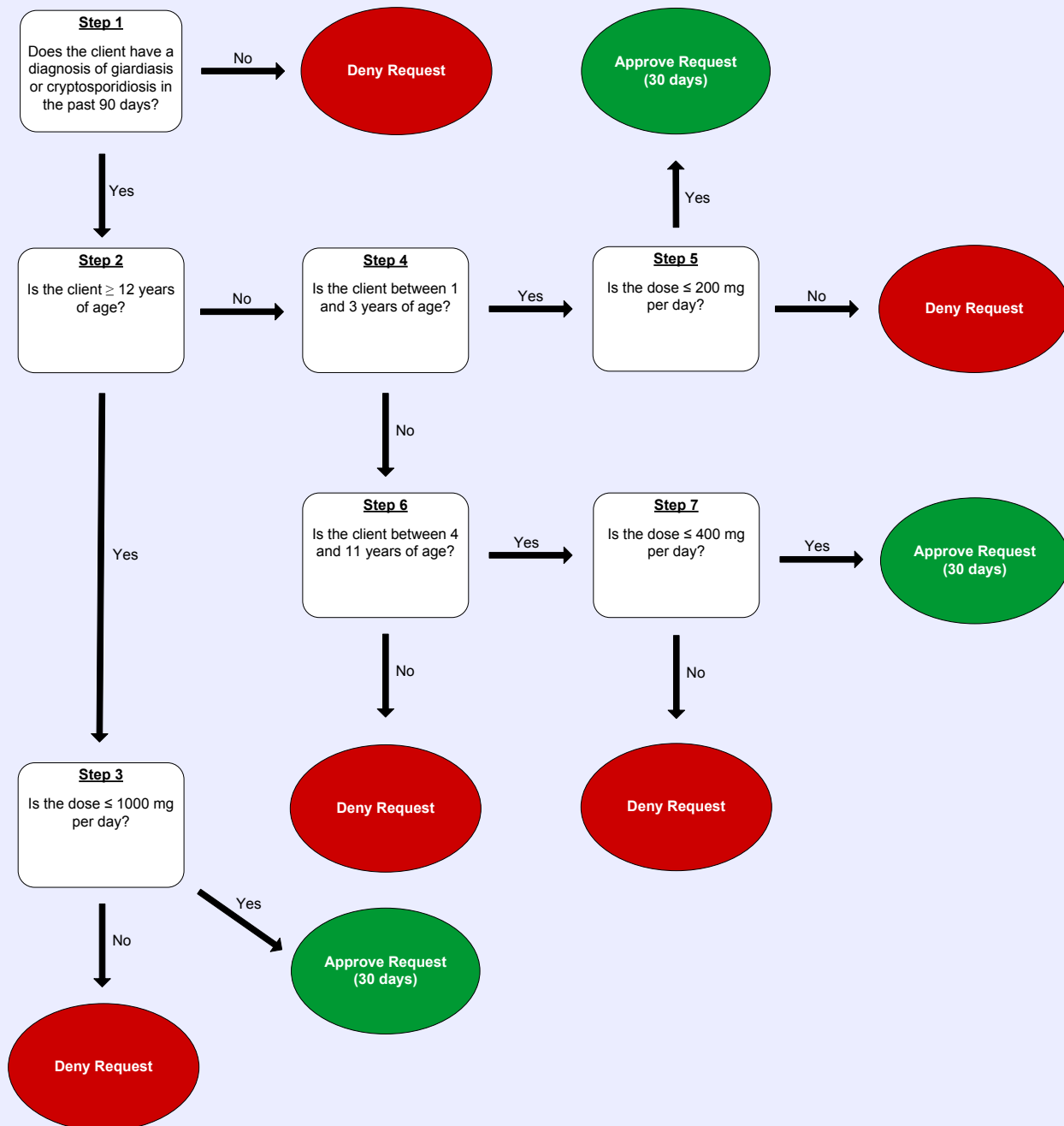
Clinical Edit Criteria Logic

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-9 Code	Description
0071	GIARDIASIS
0074	CRYPTOSPORIDIOSIS



Alinia (Nitazoxanide)

Clinical Edit Criteria References

1. Clinical pharmacology: Nitazoxanide monograph. Available at <http://www.clinicalpharmacology.com>. Accessed on December 20, 2006.
2. MICROMEDEX Health Services. DRUGDEX evaluations: Nitazoxanide drug evaluation. Available at <http://www.micromedex.com>. Accessed on December 21, 2006.
3. Alinia[®] (nitazoxanide) [prescribing information]. Tampa, FL: Romark Pharmaceuticals. 2004.

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 authorization• In each "Clinical Edit Supporting Tables" section, revised table to specify the diagnosis codes pertinent to step 1 of the logic diagram