

nitazoxanide (ALINIA)

Diagnosis Considered for Coverage:

- Cryptosporidiosis in HIV- patient
- Giardiasis
- Cryptosporidiosis in HIV+ patient
- *Blastocystis sp (or Blastocystis hominis)* associated diarrhea
- Clostridium difficile colitis
- Viral gastroenteritis due to rotavirus in pediatric patients
- Amebiasis (*Entamoeba histolytica*)
- Liver fluke infection (*Fasciola hepatica*)

Coverage Criteria:

1. For *Giardiasis* infection:

- Patient is at least 1 year old, **and**
- Patient has a confirmed current infection, **and**
- Inadequate response, intolerable side effect, or contraindication to metronidazole (Flagyl), **and**
- Dose does not exceed FDA label maximum x 3 days

2. For *Cryptosporidiosis* infection:

- Patient has a confirmed current infection, **and**
- Dose does not exceed FDA label maximum x 3 days

3. For *Blastocystis sp. (or Blastocystis hominis)* infection:

- Diagnosis has been confirmed by a stool (fecal) exam, a blood test, or an endoscopy, **and**
- Patient is currently experiencing symptoms of intolerable diarrhea, **and**
- Inadequate response or intolerable side effect with one agent including: metronidazole, sulfamethoxazole/trimethoprim (Septra/Bactrim) OR has a contraindication to both metronidazole and sulfamethoxazole/trimethoprim (Septra/Bactrim), **and**
- Dose does not exceed FDA label maximum x 3 days

4. For *C. difficile* colitis infection:

- Patient has a confirmed current infection, **and**
- Inadequate response, intolerable side effect, or contraindication to vancomycin, **and**
- Dose does not exceed 500 mg twice per day for 10 days.

5. For viral gastroenteritis due to rotavirus in pediatric patients:

- Patient has a confirmed current infection, **and**
- Dose does not exceed 100 mg twice per day for 3 days.

6. For amebiasis (*Entamoeba histolytica*):

- Patient has a confirmed current infection, **and**
- Dose does not exceed FDA label maximum x 3 days

7. For liver fluke infection (*Fasciola hepatica*):

- Patient has a confirmed current infection, **and**
- Dose does not exceed 500 mg twice per day for 7 days.

Coverage Duration: one year

Effective Date: 5/31/2023