Alinia
Clinical Edit Criteria

Drug/Drug Class:

Alinia Suspension
Alinia Tablets

Superior HealthPlan follows the guidance of the Texas Vendor Drug Program (VDP) for all clinical edit criteria. Superior has adjusted the clinical criteria to ease the prior authorization process regarding this clinical edit. The criteria logic for tablets is eased to provide the product for ages 12 and up applying only the first 3 steps of VDP logic. The steps 4-7 of VDP logic are reflective of a liquid where tablets are not indicated below age 12. Steps that are removed are highlighted in yellow within the criteria/logic diagram.

The original clinical edit can be referenced at the Texas Vendor Drug Program website located at https://www.txvendordrug.com/formulary/prior-authorization/mco-clinical-pa.

Clinical Edit Information Included in this Document:

- Drugs requiring prior authorization: the list of drugs requiring prior authorization for this clinical criteria.
- Prior authorization criteria logic: a description of how the prior authorization request will be evaluated against the clinical criteria rules.
- Logic diagram: a visual depiction of the clinical edit criteria logic.
- Diagnosis codes or drugs in step logic: a list of diagnosis codes or drug information and additional step logic, claims and lookback period information.
- Supporting tables: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- Clinical Edit References: clinical edit references as provided by the Texas Vendor Drug Program.
- Publication history: to track when the eased criteria was put into production and any updates since this time.

Please note: All tables are provided by original Texas Vendor Drug Program Edit.
Drugs Requiring Prior Authorization Alinia Suspension:

<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>
Superior HealthPlan Clinical Criteria Logic Alinia Suspension:

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 (≤) 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 (≤) 400 mg per day?
   [ ] Yes (Approve – 30 days)
   [ ] No (Deny)
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 less than (<) 12 years of age?

No

Deny request

Yes

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

Yes

Step 4
Is the dose less than or equal to 200 mg per day?

Yes

Approved (30 days)

No

Deny request

Step 5
Is the client between 4 and 11 year of age?

No

Deny request

Yes

Step 6
Is the dose less than or equal to 400mg per day?

No

Deny request

Yes

Approved (30 days)
Clinical Criteria Supporting Tables Alinia Suspension:

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0071</td>
<td>GIARDIASIS</td>
</tr>
<tr>
<td>0074</td>
<td>CRYPTOSPORIDIOSIS</td>
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<table>
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<tr>
<th>ICD-10 Code</th>
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<tbody>
<tr>
<td>A071</td>
<td>GIARDIASIS</td>
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<td>A072</td>
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Step 1 (diagnosis of giardiasis or cryptosporidiosis)
Required diagnosis: 1
Look back timeframe: 90 days
Drugs Requiring Prior Authorization Alinia Tablets:

<table>
<thead>
<tr>
<th>Label Name</th>
<th>GCN</th>
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<tbody>
<tr>
<td>ALINIA 500 MG TABLET</td>
<td>42761</td>
</tr>
</tbody>
</table>
Superior HealthPlan Clinical Criteria Logic Alinia Tablets:

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 (Deny)

3. Is the dose less than or equal to (≤) 1,000 mg per day?
   [ ] Yes (Approve – 30 days)
   [ ] No (Deny)

Note:

If the member is less than 12 years old, tablets are not indicated and will reject at step 2. If the member is over age 12 the dose is checked in step 3 and approved as appropriate.

The VDP steps 4-7 have been removed which are indicative to a liquid and not the tablet. The removed steps are:

4. Is the client between 1 and 3 years of age? (Removed)
   [ ] Yes (Go to #5)
   [ ] No (Go to #6)

5. Is the dose less than or equal to 200 mg per day? (Removed)
   [ ] Yes (Approve – 30 days)
   [ ] No (Deny)

6. Is the client between 4 and 11 years of age? (Removed)
   [ ] Yes (Go to #7)
   [ ] No (Deny)

7. Is the dose less than or equal to (≤) 400 mg per day? (Removed)
   [ ] Yes (Approve – 30 days)
   [ ] No (Deny)
Superior HealthPlan Clinical Edit Logic Diagram Alinia Tablets:

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

- Yes
  - Step 2
    Is the client greater than or equal to 12 years of age?
      - Yes
        - Step 3
          Is the dose less than or equal to 1,000 mg per day?
            - Yes
              - Approve – 30 days
            - No
              - Deny request
      - No
        - Deny request
  - No
    - Deny request

Note: If the member is less than 12 years old, tablets are not indicated and will reject at step 2. If the member is over age 12 the dose is checked in step 3 and approved as appropriate. The VDP steps 4-7 have been removed which are indicative to a liquid and not the tablet.
Clinical Criteria Supporting Tables Alinia Tablets:

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Clinical Criteria References:


Publication History:

<table>
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<tbody>
<tr>
<td>10/16/18</td>
<td>Criteria created and cross referenced to VDP criteria. VDP criteria is dated 5/27/16. VDP tablet steps cross into liquid criteria and thus are removed. This edit uses only steps 1-3 for tablets for this reason.</td>
</tr>
</tbody>
</table>