# **QUANTITY LIMIT CRITERIA**

BRAND NAME (generic)

ALINIA (nitazoxanide)

Status: CVS Caremark Criteria Type: Quantity Limit with Age Edit

## **POLICY**

#### FDA-APPROVED INDICATIONS

Alinia for Oral Suspension (patients 1 year of age and older) and Alinia Tablets (patients 12 years and older) are indicated for the treatment of diarrhea caused by Giardia lamblia or Cryptosporidium parvum.

Alinia for Oral Suspension and Alinia Tablets have not been shown to be effective for the treatment of diarrhea caused by Cryptosporidium parvum in HIV-infected or immunodeficient patients.

#### Compendial Uses

Human fascioliasis (Fasciola hepatica) Clostridium difficile colitis

### **REFERENCES**

- 1. Alinia [package insert]. Tampa, FL: Romark Laboratories, L.C.; November 2018.
- 2. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. http://www.micromedexsolutions.com/. Accessed February 2019.
- 3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. http://online.lexi.com/. Accessed February 2019.
- 4. Centers for Disease Control. /. https://www.cdc.gov/parasites/fasciola/health\_professionals/index.html#tx Accessed February 2019.
- 5. L Clifford McDonald, Dale N Gerding, Stuart Johnson, Johan S Bakken, Karen C Carroll, Susan E Coffin, Erik R Dubberke, Kevin W Garey, Carolyn V Gould, Ciaran Kelly, Vivian Loo, Julia Shaklee Sammons, Thomas J Sandora, Mark H Wilcox; Clinical Practice Guidelines for *Clostridium difficile* Infection in Adults and Children: 2017 Update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA), *Clinical Infectious Diseases*, Volume 66, Issue 7, 19 March 2018, Pages e1–48, https://doi.org/10.1093/cid/cix1085

## **LIMIT CRITERIA**

This drug is indicated for short-term acute use.

1 Month Limit\* Age Edit

Alinia 100 mg/5 mL Oral Suspension 540 mL per 25 days 1 year of age and older (nitazoxanide)

Alinia 500 mg Tablets 20 tablets per 25 days 12 years of age and older

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(nitazoxanide)

\*The duration of 25 days is used for a 30-day fill period.

\* These drugs are for short-term acute use; therefore, the mail limit will be the same as the retail limit.

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