

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

## Pizensy (lactitol)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Pizensy (lactitol) oral solution	May be subject to quantity limit

### APPROVAL CRITERIA

Requests for Pizensy (lactitol) may be approved if the following criteria is met:

- I. Individual is 18 years of age or older; **AND**
- II. Individual has a diagnosis of chronic idiopathic constipation (CIC); **AND**
- III. The individual must have a previous trial of or insufficient response to two laxatives (e.g. polyethylene glycol (generic MiraLax), bisacodyl (Dulcolax), senna (Ex-lax)) (AGA 2013, 2019).

### Key References:

1. American Gastroenterological Association, Bharucha AE, Dorn SD, Lembo A, Pressman A. American Gastroenterological Association medical position statement on constipation. *Gastroenterology*. 2013 Jan;144(1):211-7. Available from: [http://www.gastrojournal.org/article/S0016-5085\(12\)01545-4/pdf](http://www.gastrojournal.org/article/S0016-5085(12)01545-4/pdf). Accessed on: March 3, 2020.
2. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
3. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: March 3, 2020.
4. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.