

Constipation Management in Primary Care

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Pediatric Gastroenterology

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FOR KIDS®



Constipation

Affects up to 30% of children, accounts for 3-10% of pediatric visits, and 10-25% of pediatric GI referrals

- Approximately 95% is functional constipation

Expensive! Estimated cost 3.9 billion/year (2009)

- Missed work, medications, ED visits

Pathophysiology is multifactorial

- Behavioral, lifestyle factors, genetic, anatomic

Often chronic and follow-up best provided in primary care setting

Constipation: Rome Criteria

Must include 2 or more of these symptoms >25% of defecations x 1 month

- Straining
- Lumpy or hard stools (Bristol 1-2)
- Sensation of incomplete evacuation
- Manual maneuvers to facilitate (digital evacuation or support of the pelvic floor)

Fewer than 3 spontaneous BMs per week

Loose stools are rarely present without the use of laxatives

Insufficient criteria for Irritable Bowel Syndrome (IBS)

***Routine use of x-rays to diagnose constipation is not recommended**

Constipation: Clinical Presentation

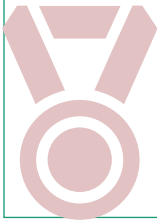
Onset often around times of change

- Infants and young toddlers
 - At the time of starting solids
 - Transition from breast milk or formula to cow's milk or other formula
- Preschool aged children
 - Toilet training

Most often have hard, infrequent, and painful stools with withholding behavior

+/- Fecal soiling (Older than 4 yo)

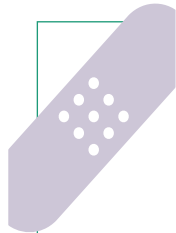
Withholding



A common cause of pediatric constipation



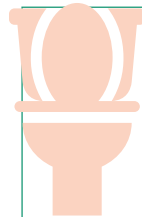
Often triggered by hard or painful stools



Made worse if presence of fissures



Leads to ignoring the urge to defecate, harder stools, and worsening withholding, which can contribute to fecal impaction



Will see child do all they can to NOT poop

- "Poopy dance"
- May have stool accidents

Common Events Leading to FC



Dietary Changes

- Breast milk to formula/milk
- Formula to food



Medications

- Antibiotics



Trauma to the Perianal Area

- Diaper Rash



Negative Experiences During Toilet Training

- Excessive parental pressure provoking anxiety and/or resistance
- Physical/sensory discomfort/sensitivities (e.g., fear of falling into toilet, water splashing up, toilet flushing, etc.)



Voluntary Stool Withholding








- While engaged in other activities

Bristol Stool Chart

Diagnostic scale
that helps classify
their poops based
on how they look

Standardized way to
facilitate a "poop" discussion

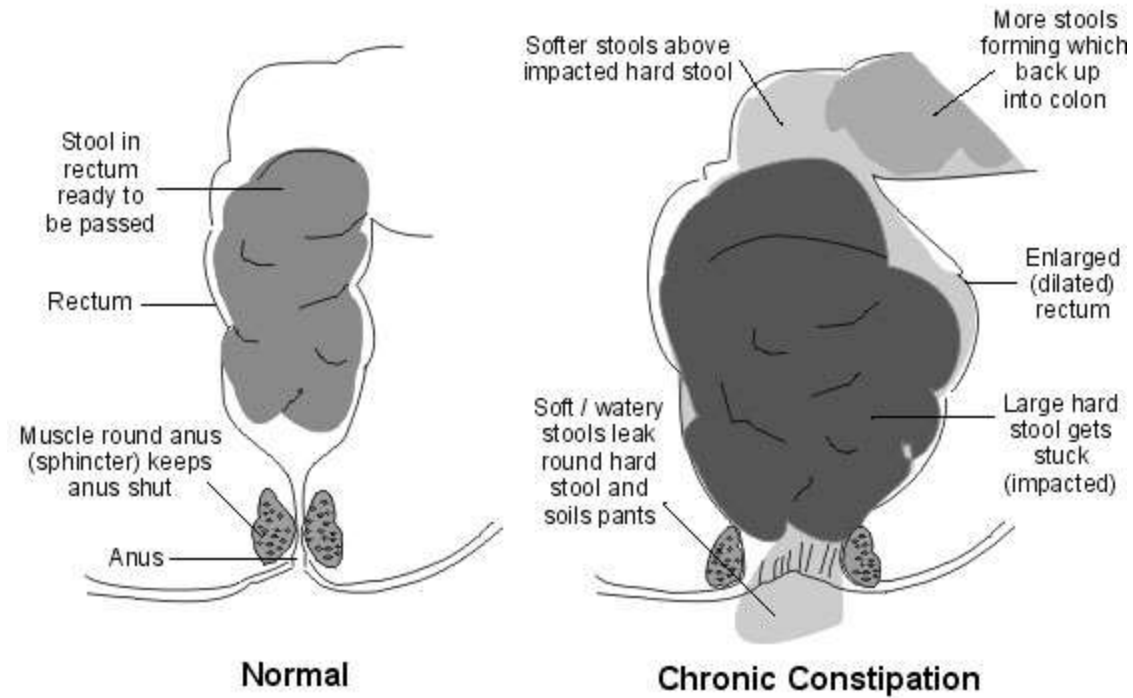
- Easier to point than say

Bristol Stool Chart		
Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

Fecal Impaction: Why We Care

- Stool in the rectum or lower part of the colon becomes hard, dried out, making it difficult to move
- The receptors in the rectum become blocked and if not cleared, the patient
 - no longer feels the urge to stool leading to either stool accidents from overflow and/or further accumulation of hardened stool
 - the rectum becomes more distended
 - worsens the cycle of withholding
 - **constipation becomes more difficult to treat**

Functional Constipation and Encopresis



Fecal Impaction: Physical Exam

Abdominal

- Palpable fecal masses are present in 50% of children with chronic constipation

Perianal

- Examine the position of the anus, evidence of fecal incontinence, skin irritation, fissures, hemorrhoids, and signs of possible sexual abuse
- DRE not always necessary for constipation diagnosis who have met ROME criteria, BUT needed to determine fecal impaction/ concern for anal stenosis

Quick Review: Disimpaction Protocols

Time of Day	Age 1-2 years (15-22 pounds)	Age 2-4 years (22 to 44 pounds)	Age 5-10 years (45-88 pounds)	>10 years old (over 88 pounds)
Morning	Take ½ chocolate senna laxative square (7.5 mg)	Take 1 chocolate senna laxative square (15 mg)	Take 1.5 chocolate senna laxative square (22.5 mg)	Take 2 chocolate senna laxative square (30 mg)
Throughout the Day	Mix 2.5 capfuls (42.5 gm) of PEG3350 powder in 16 oz of fluid. Drink it all over 4-8 hours	Mix 4 capfuls (68 gm) of PEG3350 powder in 20 oz of fluid. Drink it all over 4-8 hours	Mix 7 capfuls (119 gm) of PEG3350 powder in 32 oz of fluid. Drink it all over 4-8 hours	Mix 14 capfuls (238 gm) of PEG3350 powder in 64 oz of fluid. Drink it all over 4-8 hours
Evening	Take ½ more chocolate senna laxative square (7.5 mg)	Take 1 more chocolate senna laxative square (15 mg)	Take 1.5 more chocolate senna laxative square (22.5 mg)	Take 2 more chocolate senna laxative square (30 mg)

Alternative or Adjunct Medications

Oral

- Typically use PEG 3350 + Ex-lax or senna (see protocols)
- Alternatively, may use:
 - Magnesium citrate
 - Mix with lemon-lime soda
 - Oral Bisacodyl
 - Not used in young children
 - Oral Mineral Oil
 - Not used <2 yo d/t risk of aspiration

Rectal

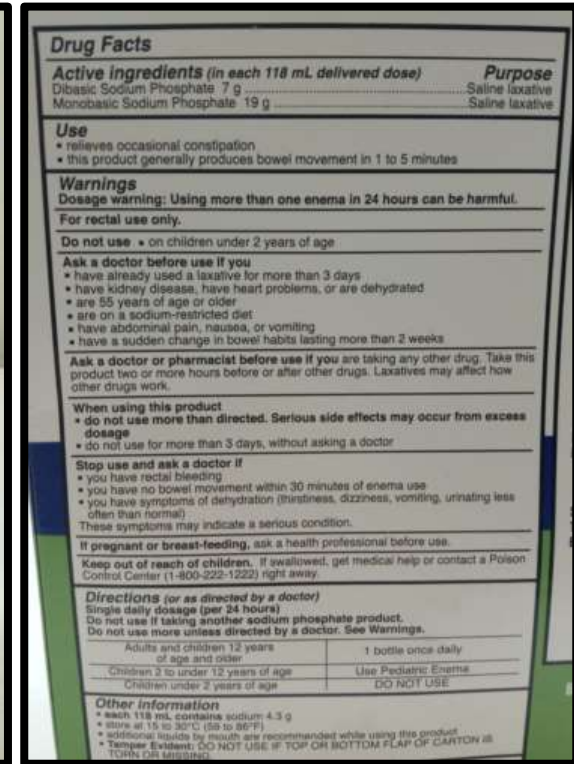
- Enemas
 - Bisacodyl
 - 10 mg/30 ml bottle
 - <5 yo give half bottle or about 15 ml
 - >5 yo give whole bottle 30 ml
 - Mineral Oil
 - 1-12 yo, use half 4.5 oz (133 ml), delivers 59 ml
 - >12 yo ,use 4.5 oz (133 ml), delivers 118 ml
- Suppositories
 - Glycerin
 - Liquid (4 ml) or solid
 - Bisacodyl
 - Solid

Caution

Sodium Phosphate Enemas

Often labeled as "Saline Enema"

If not passed within one hour, then may need electrolyte evaluation in the ER



Clean Out Tips

For school-aged children, start clean out on a Friday after school

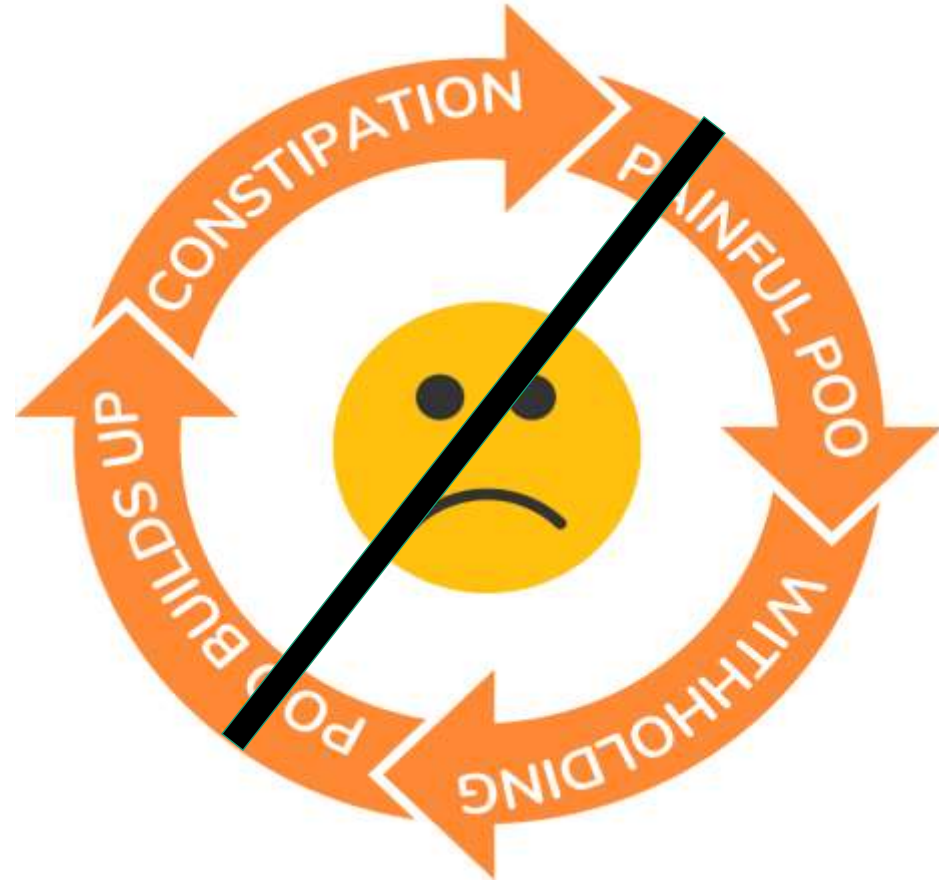
May take up to three days for some patients

If older child, make sure they are on a clear liquid diet during the clean out so it takes less time

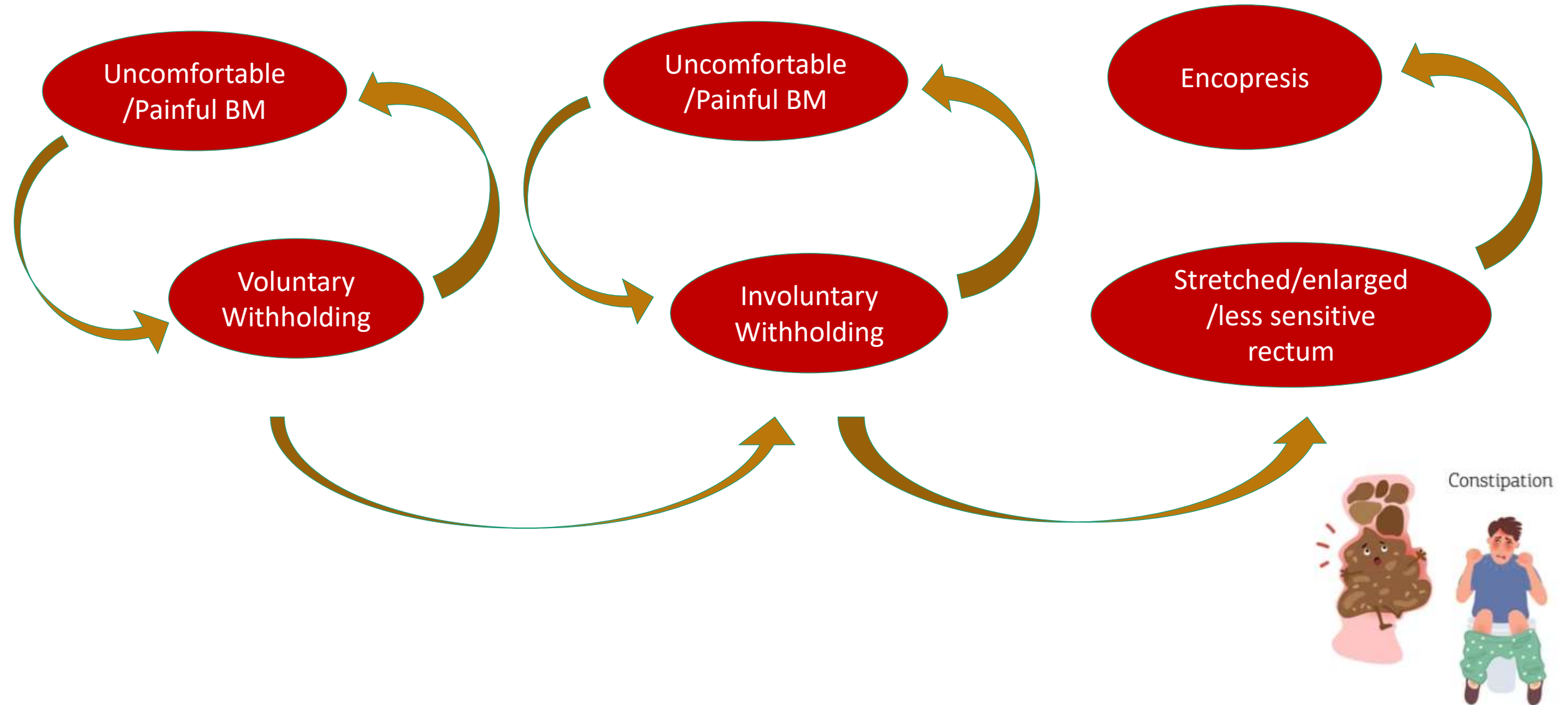
Some kids may need rectal medicine in addition to oral medicines for effective clean out

Break the Cycle!

Successful Clean Out + Daily
medicine =



Functional Constipation and Encopresis



Maintenance Therapy

Osmotic Laxatives

- To be given every day
- Causes water retention in the GI tract, producing a laxative effect
- Includes:
 - PEG 3350 (MiraLAX) 0.2-0.8 g/kg/d;
 - 1 capful (17 g) should be mixed in 8 ounces clear fluid.
 - Adjust dose to ensure 1-2 soft stools each day
 - Lactulose (10 g packets or 10 g/15 ml syrup)
 - 1-2 g (1.5-3 mL)/kg/day divided into 1-2 doses
 - Maximum 60 ml per day for initial dose

Maintenance Therapy

Stimulant Laxatives

*If maintenance therapy is not effective with osmotic laxative, add daily dose of stimulant laxative

Increases peristalsis

Includes:

Sennosides

- available in many formulations and dosages
- Tablets, chocolate square, liquid or syrup, gummies

Bisacodyl

- PO Tablets 5 mg
- Do not crush or chew
- Do not use within one hour of antacids or milk

Stimulant Laxatives

Sennosides-available in many formulations and dosages

- Senokot tablets (8.6 mg)
 - 2-5 yo ½ - 1 tab qd-BID; start ½ tab PO qd; max 1 tab PO BID
 - 6-11 yo 1-2 tabs PO qd-BID; start 1 tab PO qd; max 2 tabs PO BID
 - 12 yo and older 2-4 tabs PO qd-BID; start 2 tabs PO qd; max 4 tabs PO BID

Bisacodyl (oral)

- 3-11 yo 5-10 mg qd; Alt 0.3 mg/kg/dose PO qd, max 30 mg/day
- 12 yo and older 5-15 mg PO qd

Constipation Action Plan

Managing Constipation at Home








Your insurance may pay for over-the-counter medicine to help with constipation. Some covered medicines include:

- Ex-Lax[®]
- DulcoLax[®]
- MiraLax[®]
- Colace[®]

Talk to your child's provider about proper dosages and which one is the right one for them.

GREEN ZONE	MEDICINES	INSTRUCTIONS:
Poops each day or every other day. Poop is soft; no straining when pooping and no poop accidents (no smears or soiled underwear)		<ul style="list-style-type: none"> • Take your GREEN medicines each day as prescribed.
YELLOW ZONE Child has not pooped in two to three days. Poop is hard, child strains or pushes to poop. Has poop accidents (smears or soiled underwear).		<ul style="list-style-type: none"> • Take your YELLOW medicines as instructed until you are back in the GREEN zone. • If you are not in the GREEN zone in two days, please go to the RED zone. • Call the nurse or send a MyChart message with questions.
RED ZONE No poop in four to five days or poop is hard. Child strains or has pain when pooping. Has a lot of poop accidents (smears or soiled underwear).		<ul style="list-style-type: none"> • Please call your provider before starting your clean out • Take your RED medicines as instructed for a clean out. • If clean out does not work or symptoms get worse, call your nurse or send a MyChart message.

THE BRISTOL STOOL FORM SCALE (for children)
Choose your POO!

TYPE 1: 	Looks like: rabbit droppings . Separate hard lumps, like nuts (hard to pass)	TYPE 5: 	Looks like: chicken nuggets . Soft blobs with clear-cut edges (passed easily)
TYPE 2: 	Looks like: bunch of grapes . Sausage-shaped but lumpy	TYPE 6: 	Looks like: porridge . Fluffy pieces with ragged edges, a mushy stool
TYPE 3: 	Looks like: corn on cob . Like a sausage but with cracks on its surface	TYPE 7: 	Looks like: gravy . Watery, no solid pieces ENTIRELY LIQUID
TYPE 4: 	Looks like: sausage . Like a sausage or snake, smooth and soft	<small>The pediatric scale is the copyright of © C.A. Davis and Ernest Davis based upon the scale collaborations of Wengler and Dr. Alan Meeker. The Bristol Stool Form Scale is © The Bristol Stool Foundation, Inc. and is used with permission.</small>	

CAP helps patient manage care and decreases burden on the physician

- Telephone calls: 1.8 MORE patient phone calls before implementing CAP (95% CI [0.8, 2.8], p=0.0007)
- Electronic messages: 2.3 more patient messages before implementing CAP (95% CI [0.1, 4.5], p = 0.04)

•Hawa et al. J Pediatr Gastroenterol Nutr. 2022 Nov 1; 75(5):589-594.

Constipation Resources

Constipation Guidelines for Primary Care Providers

SMART Habits

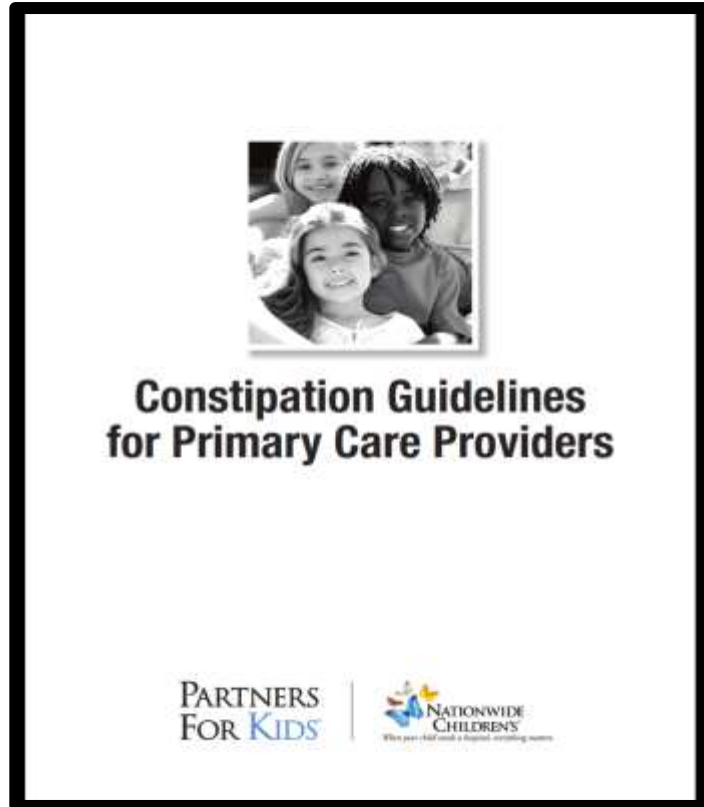
Miralax Helping Hand

Constipation Videos

- What Your Poo is Telling You
- Poop Withholding
- Poop Accidents

<http://partnersforkids.org/resources/> > Prescribing Resources >Constipation

Constipation Guidelines for Primary Care Providers



Intended to provide information at
your fingertips



Clinical guidelines in algorithm form
reviewing

clinical
history

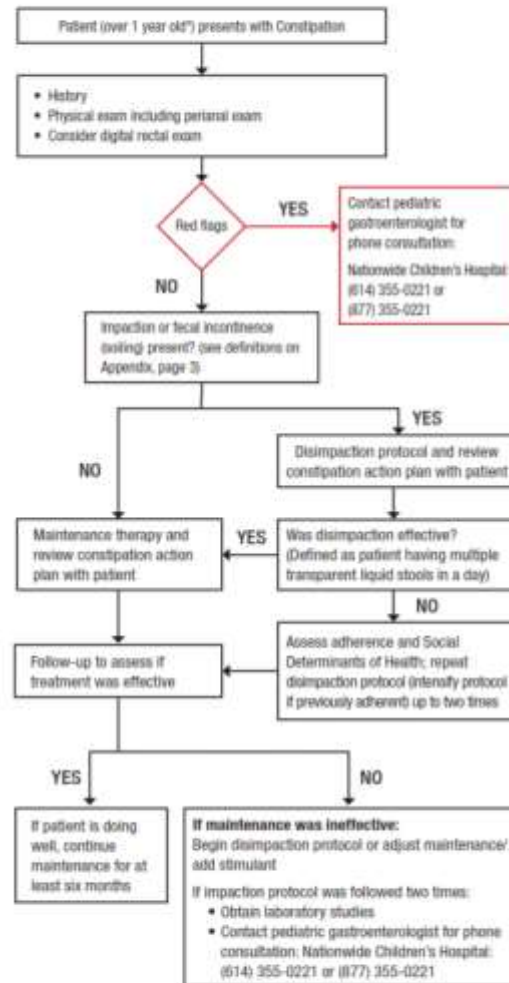
physical
exam

disimpaction
protocols

maintenance
therapy

https://partnersforkids.org/wp-content/uploads/2023/06/W940348-PFK_Constipation-Guideline-Updates_2023-NCH-final.pdf

Constipation Guidelines for Primary Care Providers



History Red Flags

- Constipation in the first month of life
- Delayed passage of meconium (>48 hours)
- Family history of Hirschsprung disease or colonic disease
- Ribbon/Thin stools
- Blood in stools in the absence of anal fissures
- Failure to thrive, poor feeding
- Fever
- Bilious vomiting

Physical Exam Red Flags

- Abnormal thyroid gland
- Severe abdominal distension
- Abnormal perianal inspection
 - Perianal fistula or anal scar
 - Abnormal position of anus
 - Absent anal or cremasteric reflex
 - Genital cleft deviation
- Decreased lower extremity strength/tone/reflexes
- Tuft of hair on spine or sacral dimple
- Evidence of bowel obstruction

Reasons for Phone Consultation or Referral to Pediatric Gastroenterology

- Red flags present in history or physical exam
- Patient is not responding to disimpaction or recommended daily dose of laxative
- Consider labs if not improving: CBC, BMP, Thyroid studies, tissue transglutaminase IgA, total IgA level, lead level if at risk
- If referring, please send:
 - All growth curves
 - Lab & radiology results, radiology images on CD if those were not done at Nationwide Children's
 - Reason for referral
 - Any previous regimen attempted for condition

*For 6 month to 1 year guidelines, visit: https://nsgpfiles.org/files/documents/pdfs/pediatric-papers/Constipation_Feb_2014.pdf

Disimpaction Protocols*

Time of day	Age 1-2 (15 to 22 pounds)	Age 2-4 (22 to 44 pounds)	Age 5-10 (45 to 88 pounds)	Age 10+ (over 88 pounds)
Morning	Take 0.5 chocolate senna laxative square (7.5 mg)	Take 1 chocolate senna laxative square (15 mg)	Take 1.5 chocolate senna laxative squares (22.5 mg)	Take 2 chocolate senna laxative squares (30 mg)
Throughout the day	Mix 2.5 capsules (42.5 g) of PEG3350 powder in 16 ounces of fluid Drink it all over 4-8 hours	Mix 4 capsules (68 g) of PEG3350 powder in 20 ounces of fluid Drink it all over 4-8 hours	Mix 7 capsules (119 g) of PEG3350 powder in 32 ounces of fluid Drink it all over 4-8 hours	Mix 14 capsules (238 g) of PEG3350 powder in 64 ounces of fluid Drink it all over 4-8 hours
Evening	Take 0.5 more senna chocolate laxative square (7.5 mg).	Take 1 more senna chocolate laxative square (15 mg).	Take 1.5 more senna chocolate laxative squares (22.5 mg).	Take 2 more senna chocolate laxative squares (30 mg).

Keep on clear liquids the day of the clean-out.

Note: An enema may be needed to start if there is a large stool mass.
Bisacodyl is available over the counter but may be covered under insurance plans.
< 20 kg/44 lb: 5 mg or 15 mL Bisacodyl
> 20 kg/44 lb: 10 mg or 30 mL Bisacodyl

Maximum two enemas per clean-out. Can be given eight hours apart.

* For more information on medication coverage, see page 3.

Maintenance Therapy – Must Maintain All Steps

- Balanced diet: whole grains, fruits and vegetables
- Fluids: consider prune juice and age-appropriate water intake.
Ages 1 to 2: Three to four cups of water
Ages 2 to 4: Four cups of water
Ages 5 to 10: Six cups of water
Ages 10+: Eight cups of water
- Behavioral modification including daily toilet sitting
- Daily maintenance laxative therapy at an appropriate dose

Maintenance Therapy – Must Maintain All Steps

Osmotic laxatives: TO BE GIVEN EVERY DAY
PEG 3350 (MiraLAX): 0.2-0.8 g/kg/day; 1 capsule (17g) should be mixed in 8 oz clear fluid. Adjust dose to ensure one to two soft bowel movements per day.
or
Lactulose (10 g packets or 10 g/15 mL syrup)
1-2 g (1.5-3 mL/kg/day) divided into one to two doses.
Up to 60 mL per day for initial dose.

If maintenance therapy with stool softeners is not effective, add daily dose of stimulant laxatives.

Refer to morning disimpaction protocol and to the constipation action plan for dosing of stimulant.

Tips for Disimpaction

- For school-aged children, start bowel clean-out on Friday after school.
- If unsatisfactory results, repeat up to three days. Parents should call their provider if still not clear.
- Make sure the child is on a clear liquid diet for the duration of the clean-out; otherwise, the clean-out will take too long.

What to Tell Families

- Give parents written home instructions.
- The child should sit on the toilet two to three times daily, five to 10 minutes each time, for "protected time to have a bowel movement."
- Ensure that smaller children have a footstool or other object so that they have a solid base to push off.
- Parents should use positive reinforcement, not punishment.
- Explain encopresis to the parent and child.
- Although the role of cow's milk after age 1 is controversial, a trial of stopping milk for two to four weeks might be considered in children not responding to bowel therapy.
- Explain the importance of a balanced diet with five servings of fruits and vegetables per day and age-appropriate amounts of fluids.
- Set a follow-up appointment within several weeks to assess progress and provide encouragement and guidance. Encourage follow-up phone calls to remain on track.
- Do not stop medications without contacting your child's provider.

Tips for Maintenance Therapy

- Daily dose of osmotic laxatives should be adjusted so the patient is having daily bowel movements that are approximately oatmeal consistency.
- If stopping stimulant laxatives that have been given consistently, the dose needs to be slowly weaned off to prevent re-impaction.
- If not improving despite following clean-out and maintenance recommendations, consider referral to pediatric GI.
- MiraLAX amuleses and Senna pushes.

SMART Habits

Healthy Habits Using the SMART Approach

The best way to prevent constipation is to practice healthy habits and talk with your health care provider. This can be done with the SMART approach.

S	M	A	R	T
SITTING	MEALS	ADEQUATE FLUIDS	RECOGNITION	TALKING
<p>Get kids into the habit of going to the bathroom. If your child fights the urge to go to the bathroom, have them sit on the toilet for at least 10 minutes at about the same time each day (it is best to do this after a meal).</p> <p>If needed, eat breakfast a little earlier to give your child a chance for a relaxed visit to the bathroom before school.</p> <p>The use of a foot stool may help your child have proper potty position.</p>	<p>Have a regular meal schedule. Eating makes your bowels move so you can poop. So, eating regular meals may help kids develop routine bowel habits.</p> <p>Add fiber rich foods to your child's diet.</p> <p>High-fiber foods such as apples, pears, beans, oatmeal, oranges, whole grains and popcorn can help prevent constipation.</p>	<p>Drinking enough water and other liquids helps poop move more easily through the body. Your child should drink:</p> <ul style="list-style-type: none"> • 1 to 2 years old: Three to four cups of water each day • 2 to 4 years old: Four cups of water each day • 5 to 10 years old: Six cups of water each day 	<p>Common signs of constipation in kids include:</p> <ul style="list-style-type: none"> • Pooping less than usual • Having trouble or pain when going to the bathroom • Feeling full or bloated • Straining to poop • Seeing a little blood on the toilet paper • Having poop accidents in their underwear 	<p>It can be hard for kids to talk about their poop. This can make them not tell you they are having trouble.</p> <p>Consider using the Bristol Stool Chart to help talk about poop when you notice symptoms.</p>

Encourages healthy habits and medication management at home with guidance from the primary care provider.

Helps children communicate constipation issues with their families or provider.

Easy to read support for patient families.

Managing Constipation at Home

Your insurance may pay for over-the-counter medicine to help with constipation. Some covered medicines include:








- Ex-Lax®
- DulcoLax®
- MiraLax®
- Colace®

Talk to your child's provider about proper dosages and which one is the right one for them.

<p>GREEN ZONE Poops each day or every other day. Poop is soft; no straining when pooping and no poop accidents (no smears or soiled underwear)</p>	<p>MEDICINES</p>	<p>INSTRUCTIONS:</p> <ul style="list-style-type: none"> • Take your GREEN medicines each day as prescribed.
<p>YELLOW ZONE Child has not pooped in two to three days. Poop is hard, child strains or pushes to poop. Has poop accidents (smears or soiled underwear).</p>	<p>MEDICINES</p>	<p>INSTRUCTIONS:</p> <ul style="list-style-type: none"> • Take your YELLOW medicines as instructed until you are back in the GREEN zone. • If you are not in the GREEN zone in two days, please go to the RED zone. • Call the nurse or send a MyChart message with questions.
<p>RED ZONE No poop in four to five days or poop is hard. Child strains or has pain when pooping. Has a lot of poop accidents (smears or soiled underwear).</p>	<p>MEDICINES</p>	<p>INSTRUCTIONS:</p> <ul style="list-style-type: none"> • Please call your provider before starting your clean out • Take your RED medicines as instructed for a clean out. • If clean out does not work or symptoms get worse, call your nurse or send a MyChart message.

THE BRISTOL STOOL FORM SCALE (for children)

Choose your POO!

<p>TYPE 1:</p> 	<p>Looks like: rabbit droppings. Separate hard lumps, like nuts (hard to pass)</p>	<p>TYPE 5:</p> 	<p>Looks like: chicken nuggets. Soft blobs with clear-cut edges (passed easily)</p>
<p>TYPE 2:</p> 	<p>Looks like: bunch of grapes. Sausage-shaped but lumpy</p>	<p>TYPE 6:</p> 	<p>Looks like: porridge. Fluffy pieces with ragged edges, a mushy stool</p>
<p>TYPE 3:</p> 	<p>Looks like: corn on cob. Like a sausage but with cracks on its surface</p>	<p>TYPE 7:</p> 	<p>Looks like: gravy. Watery, no solid pieces ENTIRELY LIQUID</p>
<p>TYPE 4:</p> 	<p>Looks like: sausage. Like a sausage or snake, smooth and soft</p>	<p>The pediatric scale is the concept of D.C.A Candy and Emma Davey based upon the scale collaborations of Norghie and Dr. Ken Heaton. The Bristol Stool Form Scale is © The Rome Foundation, Inc. and is used with permission.</p>	

Miralax Helping Hand



Helping Hand™ *Health Education for Patients and Families*

MiraLAX®, GlycoLax®, or ClearLax®

Polyethylene glycol (PEG) 3350 is a medicine that relieves constipation. It's sold under brand names like MiraLAX®, GlycoLax®, and ClearLax®. It works with the water in your body to soften poop, so it's easier to pass. It can take up to 24 hours for it to work.

This medicine is sold over the counter, or you can get a prescription for it. Most insurances and Medicaid cover the cost of the medicine if it's filled by a pharmacy.

How to Give This Medicine

PEG 3350 is a white powder. Use the cap of the bottle to measure $\frac{1}{2}$ or 1 capful (Picture 1). There will be a fill line within the cap of the bottle to help guide measurement. Check each bottle for instructions.

- Mix 1 capful with 8 ounces (oz) of a clear liquid. If you're using a teaspoon (tsp), mix 1 tsp with 2 oz of clear liquid. There are 4 tsp in one capful of PEG 3350.
 - Clear liquids include water or sports drinks. You can also use pulp-free juice.
- Mix the powder until it's fully dissolved. That means you shouldn't see it in the liquid anymore. This may take up to 1 minute of stirring.
- A small amount of Crystal Light®, Kool-Aid® powder, flavor drops, or fresh lemon can be added to the mixture for flavor.



Picture 1 Use the cap on the bottle to measure the dose of medicine.

Medicine Storage

- Keep medicine in the original bottle and out of the reach of children and pets.
- Screw the lid on tightly and store the bottle in a dry place at room temperature. Do not store this medicine where it's hot or in direct sunlight. Do not store it in the bathroom.

- Do not use this medicine after the expiration date printed on the container.
- When the medicine is no longer needed, mix the leftover medicine with an unwanted material, like used coffee grounds or kitty litter. Then place the mixture in a container that will not leak. Throw the container away in the trash where no one can reach it.

Preventive Measures

- Have your child go to the bathroom at the same time each day. This habit will help build a routine around using the bathroom and trying to poop.
 - Have them sit on the toilet for 5 minutes after eating. This is a good time for them to try pooping.
 - Put a footstool under their feet while they're on the toilet so their feet don't dangle.
 - Have them lean forward while trying to poop.
- Give your child foods high in fiber, like whole-grain cereals, breads, fruits, and vegetables. Encourage them to drink water all day.

Possible Side Effects

Most children don't have any side effects with this medicine. Possible side effects include:

- Loose poop
- Bloating
- Pooping often
- Belly cramps
- Nausea

If your child has these symptoms, try splitting the dose in half and taking it 2 times each day instead of all at one time. If these symptoms don't go away, call your child's doctor or health care provider.

When to Call 911

Call **911** for emergency help if your child shows signs of an allergic reaction, like:

- Trouble breathing
- Swollen tongue
- Swollen hands, feet, or ankles

When To Call the Doctor

Call your child's doctor or health care provider if they have:

- Fever, severe belly pain, weakness, or ringing in the ears. **Call right away.**
- Upset stomach or diarrhea for more than 48 hours.
- Any side effects that are very bothersome or last more than 48 hours.

HH-V-304

2

Miralax Helping Hand

PARTNERS
FOR KIDS®



Complete Playlist (all 3 videos)



3 videos

- What Your Poo is Telling You!
- Poop Withholding
- Poop Accidents

Prescribing Resources

UNIFIED PREFERRED DRUG LIST (UPDL) FOR OHIO MEDICAID

The Ohio Department of Medicaid's (ODM) UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies. PFK has condensed the UPDL into commonly prescribed drug classes for pediatric primary care and behavioral health providers. This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment. If there is a discrepancy between ODM's published UPDL and this document, use ODM's UPDL (on Gainwell's website) as a final guide. Medicaid and Gainwell reserve the right to make changes that may not be reflected here.

For evidence-based prescribing guidelines, please visit the PFK website:

www.partnersforkids.org/resources

Average cost per script is based on generic drug when available using an average length of therapy.

Prices are for reference and actual cost may vary based on drug strength, quantity and other factors.

Bolded medications are available as generics ✓ = Covered PA = Prior Authorization NC = Not Covered

Generic Drug Name (Brand)	Strength	Average Cost Per Script	Unified PDL
Constipation			
Stimulant Laxatives			
	8.6 mg, 15 mg, 25 mg	\$16	✓
Senna (Ex-Lax [®])	15 mg chocolate chewable <i>Laxative brand generic preferred</i>	\$25	✓
	8.8 mg/5mL	\$21	✓
Bisacodyl (Dulcolax [®])	5 mg	\$15	✓
	10 mg suppository	\$18	✓
Osmotic Laxatives			
PEG 3350 (MiraLAX [®])	17g/dose	\$14	✓
Lactulose (Kristalose [®])	10 g/15 mL	\$40	✓
Magnesium Hydroxide (Mk of Magnesia [®] , Pedia-Lax [®])	400 mg/5mL	\$20	✓
	400 mg chewable	\$20	PA
Glycerin Suppository (Pedia-Lax [®])	1 g, 2 g	\$16	✓
	2.8g/4mL liquid	\$28	PA
Sodium Phosphate Enema (Fleet Pedia-Lax [®])	2.2 g/59mL	\$29	✓
Emollient Laxative (Stool Softener)			
Docusate (Colace [®])	100 mg, 250 mg	\$15	✓
	10 mg/mL	\$18	✓

**Note to Pharmacy:
NDC 70000047701 is preferred
by insurance*

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List updated 04/2023
by PFK Pharmacy
Coverage may change 05/2023

- <http://partnersforkids.org/resources/> > Prescribing Resources > Constipation

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Thank you!

- Please consider attending the 2024 Pediatric Gastroenterology Conference for Primary Care Clinicians on November 1st
 - Early Bird Registration until August 30th
- We will be hosting an ECHO Series on Complex Constipation Management in the Spring of 2025