Constipation Over-The-Counter Medication Coverage Guide for Patients Insured by an Ohio Medicaid Plan

Functional Constipation Oru̲l^ Therapies				
Medication	Polyethylene Glycol 3350 (MiraLAX®, ClearLax®)	Senna (Ex-Lax®, Senokot®)	Bisacodyl (Dulcolax®)	Magnesium Hydroxide (Milk of Magnesia®)	Docusate (Colace®)
Laxative category	Osmotic	Stimulant	Stimulant	Osmotic	Stool Softener
Coverage for Ohio Medicaid Patients	Covered	Covered	Covered	Covered	Covered
Strengths Available	**Powder in packets:** 17 g **Powder in bottle:** 1 capful = 17 g ½ capful = 8.5 g	**Tablet:** 8.6 mg, 15 mg, 25 mg **Liquid:** 8.8 mg/5 mL **Chewable tablet:** 15 mg	**Tablet:** 5 mg	**Liquid:** 400 mg/5mL **Chewable tablet:** 400 mg	**Capsule:** 100 mg, 250 mg **Tablet:** 100 mg **Liquid:** 10mg/mL **Syrup:** 4mg/mL
Covered National Drug Codes (NDCs)*	No limitations expected.	**Tablet and Liquid:** No limitations expected. **Chewable tablet:** 70000047701 (Leader) 59779018224 (CVS) 63868026624 (QC) 41163062518 (EQL) 11917016663	No limitations expected.	**Liquid:** No limitations expected. **Chewable Tablet:** 00132000655 (Fleet® Pedia-Lax)	No limitations expected.

*NDC codes are listed if there are limited covered products for Ohio Medicaid plans. If a prior authorization request is received, contact the pharmacy, and ask them to process the prescription for a covered NDC.
^Other common OTC medications per rectum (PR) that are covered for Ohio Medicaid patients:
- Bisacodyl: **10 mg Suppository:** 5 mg (1/2 suppository) (2 to 9 years) and 10mg (10 years and older) | **10 mg/30 mL enema:** 5 mg (2 to 9 years) and 10 mg (10 years and older)
- Docusate: **Enema:** 100 mg/5 mL (2 to 11 years) | 283 mg/5 mL (12 years and older)
- Glycerin: **Suppository:** 1 g (0-5 years) | 2 g (6 years and older)
- Sodium Phosphate: **Enema:** ½ of 2.2 g/59 mL (2 to 4 years) | 2.2 g/59 mL (5 to 11 years) | 4.4 g/118 mL (12 years and older)

Partners For Kids Constipation Pathway recommends PEG 3350 and senna as starting points for disimpaction and maintenance therapy if able to take medicine by mouth. For dosing recommendations by age and weight please refer to the Partners For Kids Constipation Pathway.