

## Active Ingredient:

### Enemeez<sup>®</sup>

283mg Docusate Sodium ..... Stool Softener Laxative

### Enemeez<sup>®</sup> Plus

283mg Docusate Sodium ..... Stool Softener Laxative

20mg Benzocaine ..... Anesthetic

Inactive Ingredients: Glycerine USP and Polyethylene Glycol



## Changes to bowel care can change a LIFE!

### Therapeutic Efficacy:

- **Fast, predictable results typically in 2-15 minutes,<sup>1</sup> non-irritating formula. No afterburn.**
- May **reduce nursing intervention** required for inpatient bowel care; can assist in labor cost savings to the facility.<sup>2</sup>
- May assist in **reducing time spent** with patient for dressing/redressing due to episodes of incontinence or fecal discharge.<sup>2</sup>
- May **virtually eliminate episodes of incontinence.**<sup>3</sup> May assist in reducing complications of wound contamination associated with perianal pressure ulcers.
- No mucosal discharge;<sup>4</sup> helps to maintain healthy skin integrity.
- **Easy rectal usage** for patients with reflux issues or nausea.
- May assist in reducing time missed in therapy/rehabilitation due to episodes of incontinence, prolonged bowel care, or fatigue.<sup>5</sup>
- May assist with **facility savings** on pads, laundry, gowns, sheets, etc. due to incontinence or fecal discharge.<sup>2</sup>

### Clinical Pharmacokinetics:

The **Enemeez<sup>®</sup>** formulation functions as a stool softening hyper-osmotic laxative by drawing water into the bowel from surrounding body tissues. The docusate sodium acts as a softener by preparing the stool to readily mix with watery fluids. The increased mass of stool promotes a bowel evacuation by stimulating nerve endings in the bowel lining and initiating peristalsis. Not only does it soften and loosen the stool, but it initiates a normal replicated stimulus. **Enemeez<sup>®</sup> Plus** contains 20mg benzocaine, assisting in the anesthetization of the rectum and lower bowel.

### Dosage:

Adults and children 12 years and older (with adult supervision) one to three units daily. Children under 12 years of age, consult a physician prior to use.

### Therapeutic Patient Profile:

**Enemeez<sup>®</sup>** and **Enemeez<sup>®</sup> Plus** formulations have shown to be effective for bowel care associated with spinal cord injury or disease and general constipation.

## Etiologies of Constipation:

### Constipation in MULTIPLE

#### SCLEROSIS Patients:

#### 68% of those with MS experience bowel dysfunction:

- Approximately 1/3 of MS patients suffer from constipation.
- Approximately 1/4 experience incontinence at least once per week.
- Constipation puts extra pressure on the urinary system, and can cause bladder problems such as incontinence and UTI's.

Bulletin: Bowel Management in Multiple Sclerosis, written by Nancy J. Holland, RN, EdD, and Robin Frames. Illustrations by Russel Ball. Reviewed by the Client Education Committee of the National MS Society's Clinical Advisory Board.

### Incontinence in LONG-TERM

#### CARE Patients:

- At least 75% of elderly hospitalized patients and nursing home residents use laxatives for bowel regulation.
- In the nursing home setting, the prevalence of fecal incontinence approaches 50% and can be a primary cause for admission.
- Studies show that patients placed on a regimented bowel care program, receiving both oral and rectal therapies to achieve complete rectal emptying, had 35% fewer episodes of fecal incontinence and 42% fewer incidents of soiled laundry.

JPrimrose WR, Capewell AE, Simpson GK, Smith RG. Prescribing patterns observed in registered nursing homes and long-stay geriatric wards. *Age Ageing* 1987;16:25-8.  
Nelson RL, Furner S, Jesudason V Fecal Incontinence in Wisconsin nursing homes. *Dis Colon Rectum*. 1998;41:1226-1229.

*Age and Ageing* 2000; 29: 159-164

### Patients with a NEUROGENIC BOWEL:

- All persons with complete SCI have neurogenic bowel. Most persons with incomplete SCI have some manifestation of bowel dysfunction.
- 54% of SCI patients report bowel and bladder dysfunction as a major life-limiting problem.
- 95% of SCI patients require at least one therapeutic procedure daily to every other day to initiate defecation.

Stiens S, Bierner-Bergman S, Goetz L. Neurogenic bowel dysfunction after spinal cord injury: Clinical Evaluation and rehabilitative management. *Arch Phys Med Rehabil* 1997;78:S86-S102.

Higgins PD, Johanson JE Epidemiology of constipation in North America: A systematic review. *American Journal of Gastroenterology*, 2004;99:750-759.

## Secondary Complications of Constipation:

### Incontinence and Pressure Ulcers:

- Incontinent patients have a 22-30% higher risk of developing pressure ulcers.
- Odds of having a pressure ulcer were 22 times greater for adult patients with fecal incontinence.
- Both fecal and urinary incontinence increase moisture, but fecal incontinence is hypothesized to act as a more potent risk factor for skin breakdown than urinary incontinence.
- Fecal incontinence represents a major risk to perianal skin integrity and healing of perineal wounds (Norton, 2009). Fecal incontinence can lead to wound contamination as well as creating a challenge for practical management, giving rise to major healthcare costs (Echols et al, 2007).

Foxley & Baadijies, 2009

Maklebust&Magnan, 1994

Shannon ML, Skorga P Pressure ulcer prevalence in two general hospitals. *Decubitus*. 1989;2:38-43

Wounds UK, 2010, Vol 6, No 1; 86-91, Karen Ousey, Warren Gillibrand

### Bisacodyl Clinical Facts:

- Bisacodyl provides a reproducible model of acute injury to human Facts: rectal mucosa within 30 minutes of exposure. Neutrophils persisted in the mucosa for 24-30 hours. These changes might be misinterpreted as a mild, acute colitis.
- 2/3 of all bisacodyl suppository users regularly experience mucosal discharge, bleeding, or an episode of incontinence.

*Gastrointestinal Endoscopy, Volume 36, No 2, 1990.*

*Alliance Laboratories In-house research. Customer Survey Nov. 6, 2009.*

**Nursing Care Time and Cost Savings:**

- Staffing was identified as the major cost factor in constipation care.
- Administration (staffing) costs accounted for 70% of total drug costs.
- The total annual labor and supply cost in 2002 per long term care resident with constipation was \$2,253. \*Today's cost would be substantially more.
- 46% of long-term care residents experience fecal incontinence on a regular basis.
- The mean time spent each day dealing with incontinence was 52.5 minutes per patient.
- The total annual cost of incontinence per patient was \$16,976\*.
- Elderly patients need for frequent toileting and/or the urgency to void increases the risk of falls by as much as 26% and bone fracture by as much as 34%.

JAmMe Dir Assoc 2002; 3:224-228

JAmMed Dir Assoc 2002; 3: 215-223

\*Figures were extrapolated from CAN MED ASSOC J 1992; 147 (3).Nursing wage of \$31.08 for a Staff Nurse taken from 2012 Salary Survey Results from ADVANCE for Nurses.

Saffel D. Medication in the treatment of urinary incontinence. ECPN. 2006;109:27-31.

**Pressure Ulcer Correlation and Costs:**

- Eliminating or minimizing incontinence prevents risk to perianal skin integrity and wound contamination reducing rise in major healthcare costs.
- No mucosal discharge, assisting in maintaining healthy skin integrity
- Medicare and insurance company reimbursement policies impact the bottom line.
- Skin conditions were the second most frequent cause of hospitalization; mean hospitalization charges in 2009 dollars were highest for skin conditions (\$75,872).

Wounds UK, 2010, Vol 6, No 1; 86-91, Karen Ousey, Warren Gillibrand

Mode of Action. Alliance Laboratories In-house research. Customer survey Feb. 21, 2014.

Pressure Ulcer Practices Bessie Burton Sullivan Skilled Nursing Facility, Pat Borman, MD, Swedish Family Medicine, Geriatrics Fellow

DeVivo & Farris, TSCIR 2011, Vol 16:53-61

**Annual Cost of Incontinence & Constipation in Long-Term Care Facilities:**

Cost Factor	Annual Cost \$	% of Total
Nursing Time (at \$31.08/h)	\$ 4,317,414	91.8%
Laundry	\$ 350,000	7.5%
Disposable pads	\$ 35,000	0.7%
<b>Total</b>	<b>\$ 4,702,414</b>	<b>100%</b>
<b>Average Cost per Patient*</b>	<b>\$ 16,976</b>	

\*Figures were extrapolated from CAN MED ASSOC J 1992; 147 (3); Based on 277 incontinent patients

\*Nursing wage of \$31.08 for a Staff Nurse taken from 2012 Salary Survey Results from ADVANCE for Nurses.

**Enemeez® has been Proven to Save Facilities Cost in the Following Areas:**

- Reduced nursing intervention required for inpatient bowel care, resulting in labor cost savings to the facility.
- Reduced time spent sitting on a commode may reduce the risk of pelvic pressure ulcer development. Prolonged bowel care time or fatigue after bowel care interferes with a patient's participation in therapy activities and can increase his or her length of stay.
- Fast, predictable results typically in 2-15 minutes!
- Decrease risk of falls with patients due to frequent toileting and urgency voiding.

Rehabilitation Nursing (Dunn KL & Galka ML (1994) Comparison of the Effectiveness of Therevac SB and Bisacodyl Suppositories in SCI Patients Bowel Programs, Rehabil Nurs. 19 (6):334-8.

Federal Register / Vol. 50, No. 10 / Tuesday, January 15, 1985 / Proposed Rules; pgs 2124-2158.

Saffel D. Medication in the treatment of urinary incontinence. ECPN. 2006;109:27-31

# ORDERING / CONTRACT INFORMATION

## Patient Diagnostic Codes:

Quadriplegic:	G82.50
Paraplegic:	G82.20
Multiple Sclerosis:	G35
Spina Bifida:	Q05.9
Stroke:	I63.9
Constipation:	K59.00
Cerebral Palsy:	G80.9

## HCPCS Codes:

A4649 - general or generic billing code  
 A9999 - general or generic billing cycle  
 A4335 - incontinence supply/miscellaneous

Product Name	NDC	Package Size	Amerisource	Cardinal	McKesson
<i>Enemeez</i> <sup>®</sup>	17433-9876-03	30 mini-enemas	10053842	3401650	2732121
<i>Enemeez</i> <sup>®</sup> <i>Plus</i>	17433-9877-03	30 mini-enemas w/ benzocaine	10044189	3419884	1163252

## Contract Information

- **State Medicaid Coverage:** *Enemeez*<sup>®</sup> is covered in most states, requiring little to no out of pocket cost to the patient.
- **Private Insurance:** Many private insurance plans cover the cost of *Enemeez*<sup>®</sup>. We recommend that individuals contact their insurance companies and inquire if *Enemeez*<sup>®</sup> is on their formulary plans. If it is not, request the prior authorization form, which should be completed and submitted to the insurance company by the prescribing physician.
- **Patient Assistance Program:** We have a commitment to our patient community to ensure that no patient will be denied *Enemeez*<sup>®</sup> as an option for bowel care based on cost. Please contact customer care at Alliance Labs for additional information on our Patient Assistance Program.
- **Group Purchasing Organization:** *Enemeez*<sup>®</sup> is contracted with most major Group Purchasing Organizations, and is distributed by major wholesalers.
- **VA Federal Supply Schedule:** *Enemeez*<sup>®</sup> is available on the Federal Supply Schedule and must be requested by name. *\*Enemeez*<sup>®</sup> must be billed as a drug.

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