



Prior Authorization Approval Criteria

Entereg (alvimopan)

Generic name:	Alvimopan
Brand name:	Entereg
Medication class:	Selective opioid antagonist
FDA-approved uses:	Indicated to accelerate the time to upper and lower gastrointestinal recovery following partial large or small bowel resection surgery with primary anastomosis
Available dosage forms:	Capsule: 12 mg
Usual dose:	12 mg administered 30 minutes to 5 hours prior to surgery followed by 12 mg twice daily for up to 7 days for a maximum of 15 doses.
Approximate treatment cost:	\$1,171.87 per treatment. Each pill costs about \$78.12. (based on AWP 2008)
Duration of therapy:	Up to 7 days for a maximum of 15 doses.

Criteria for use (*bullet points below are all inclusive unless otherwise noted*):

- Patient must be hospitalized.
- Hospital must be registered in and meet all of the requirements for the Entereg Access Support and Education (E.A.S.E.) program.
- Patient must have undergone a partial large or small bowel resection surgery with primary anastomosis.
- Patient must be 18 years of age or older.

Contraindication:

- Patients who have taken therapeutic doses of opioids for greater than 7 consecutive days immediately prior to taking Entereg.

Not approved if:

- Patient does not meet the above-stated criteria.

FCHP Pharmacy and Therapeutics Committee approval: _____

Date: _____

Adopted: 12/10/2008