



Prior Authorization Approval Criteria

Apriso (mesalamine)

Generic name:	mesalamine
Brand name:	Apriso
Medication class:	Gastrointestinal agent (5-aminosalicylic acid)
FDA-approved uses:	Indicated for the maintenance of remission of ulcerative colitis in patients 18 years of age or older.
Available dosage forms:	0.375 g capsules
Usual dose:	1.5 g (4 capsules) once daily
Approximate monthly cost: (based on AWP 2009)	\$247.20
Duration of therapy:	to be determined by doctor

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

- Confirmed diagnosis of ulcerative colitis for maintenance or remission.
- Must be 18 years of age or older
- Tried and failed/ intolerant to Asacol.
- Tried and failed/ intolerant to Pentasa.

Cautions:

- Drug interactions with antacids, proton pump inhibitors and H2 antagonist causing premature dissolution of drug since it is PH dependent for dissolution.

Contraindication:

- Hypersensitivity to salicylates or aminosalicylates or to any of the components of Apriso capsules

Not approved if:

- Does not meet the above stated criteria.
- Have any contraindications to the use of Apriso.

FCHP Pharmacy and Therapeutics Committee approval: _____

Date: _____

Adopted: 06/10/09