

# Alvimopan REMS Hospital Pharmacy Enrollment Form

**Instructions:** Alvimopan is only available through the Alvimopan Risk Evaluation and Mitigation Strategies (REMS). Hospital pharmacies that dispense alvimopan, must become certified in the REMS.

**To become certified to dispense alvimopan, your pharmacy must be in an inpatient hospital that performs bowel resection surgery.**

The Alvimopan REMS was developed to ensure that alvimopan is administered only short-term in inpatient hospital settings and for no more than 15 doses.

## Authorized Representative Responsibilities

**This hospital pharmacy acknowledges that:**

- The Alvimopan REMS Kit has been received by the hospital and education on the benefits and risks of alvimopan have been provided to the healthcare providers who are responsible for prescribing, dispensing, or administration of alvimopan
- The authorized representative understands the risks and benefits of alvimopan and has read the materials in the Alvimopan REMS Kit before alvimopan is dispensed
- The certified hospital pharmacy has policies and procedures in place to limit the use of alvimopan to no more than 15 doses per patient for administration in the hospital inpatient setting only
- The certified hospital pharmacy will not dispense alvimopan for outpatient use and will not transfer alvimopan to any hospital pharmacy not enrolled with the Alvimopan REMS
- The certified hospital pharmacy must re-certify in the program if the authorized representative changes and must resubmit this Hospital Pharmacy Enrollment Form

\*Hospital Name \_\_\_\_\_  
\*Hospital DEA# \_\_\_\_\_

Hospital Industry Number \_\_\_\_\_

\*Authorized Signatory First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_

\*Title  Hospital Pharmacist

(must check one)  Representative of P&T Committee \_\_\_\_\_

(insert title)

\*E-mail Address \_\_\_\_\_

\*Pharmacy Phone \_\_\_\_\_ \*Pharmacy Fax \_\_\_\_\_

\*Hospital Ship-to Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*ZIP Code \_\_\_\_\_

Please check one:  New Enrollment  Update to Existing Enrollment

\*Denotes mandatory fields to complete

I confirm that the information above is correct.

I understand that this information will be used by the Alvimopan REMS to verify the hospital performs bowel resection surgeries and to confirm eligibility to receive alvimopan.

I understand that this information may be shared with others working with the Alvimopan REMS, other hospitals enrolled in the Alvimopan REMS, and may be shared with government agencies.

I understand the certified hospital pharmacy must comply with audits to ensure that all processes and procedures are in place and are being followed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To submit via fax:** Sign and fax to 1-800-278-1365.

**To submit via email:** Sign, scan, and email to [enroll@alvimopanREMS.com](mailto:enroll@alvimopanREMS.com).

After verification of eligibility, a confirmation will be provided to you, **via e-mail**. If you have any questions,

please contact the Alvimopan REMS at 1-800-278-0340 or visit [www.alvimopanREMS.com](http://www.alvimopanREMS.com).

**NOTE: If you have multiple shipping sites, please complete a separate registration for each ship site with an accompanying DEA number.**