

JUXTAPID (lomitapide) and KYNAMRO (mipomersen) PRIOR AUTHORIZATION FORM

Prior authorization guidelines and quantity limits may be found in the Medical Assistance Prior Authorization of Pharmaceutical Services Handbook Chapter – **Lipotropics, Other** and **Quantity Limits/Daily Dose Limits** accessible on the Department's Pharmacy Services website at <http://www.dhs.pa.gov/provider/pharmacyservices/index.htm>.

PRIOR AUTHORIZATION INFORMATION		PRESCRIBER INFORMATION	
<input type="checkbox"/> New request	<input type="checkbox"/> Renewal request	Total # of pages: _____	
Name of office contact:		Prescriber name:	
Contact's phone number:		Specialty:	
LTC facility contact/phone:		State license #:	MA Provider ID#:
RECIPIENT INFORMATION		Street address:	
Recipient Name:		Suite #:	City/state/zip:
Recipient ID#:	DOB:	Phone:	Fax:

CLINICAL INFORMATION

Medication requested:	<input type="checkbox"/> Kynamro 200 mg syringe (specialty pharmacy only)	<input type="checkbox"/> Juxtapid _____ mg capsule
Dose/directions:	Quantity:	Refills:
Diagnosis:	Dx code (<i>required</i>):	
Specialty Pharmacy Drug Program: What Specialty Pharmacy will be used (Kynamro)?		
<input type="checkbox"/> Diplomat Specialty <input type="checkbox"/> Walgreens Specialty		

INITIAL REQUESTS

1. Check all options that apply to the Recipient and *submit documentation for each, including chart notes, test results, and medication history.*
- diagnosis of homozygous familial hypercholesterolemia (HoFH) supported by medical & family history, cholesterol panel, labs, etc
 - has a goal LDL-C of _____ mg/dL (document goal) based on cardiovascular risk
 - requested medication is prescribed by or in consultation with a physician specializing in metabolic lipid disorders (*submit documentation of consultation*)
 - prescriber is enrolled in the drug-specific REMS program
 - history of trial and failure, contraindication, or intolerance of the following standard lipid lowering drug classes at therapeutic doses

<input type="checkbox"/> bile acid sequestrants (ex. cholestyramine, Welchol)	<input type="checkbox"/> fibrates (ex. fenofibrate, gemfibrozil)	<input type="checkbox"/> statins
<input type="checkbox"/> ezetimibe (Zetia)	<input type="checkbox"/> niacins (ex. Niaspan)	<input type="checkbox"/> other: _____
 - will be taking the requested medication in addition to therapeutic doses of agents in the following lipid lowering drug classes

<input type="checkbox"/> bile acid sequestrants (ex. cholestyramine, Welchol)	<input type="checkbox"/> fibrates (ex. fenofibrate, gemfibrozil)	<input type="checkbox"/> statins
<input type="checkbox"/> ezetimibe (Zetia)	<input type="checkbox"/> niacins (ex. Niaspan)	<input type="checkbox"/> other: _____
 - has been counseled regarding lipid-lowering lifestyle interventions, including physical activity and heart-healthy diet
 - has documentation of baseline liver function tests, including ALT, AST, alkaline phosphatase, total bilirubin
 - does not have moderate to severe liver impairment, active liver disease, or unexplained persistent elevations of transaminases
 - this request is for JUXTAPID and
 - if female of child-bearing potential, is NOT pregnant
 - is NOT taking a medication that is a moderate or strong CYP3A4 inhibitor (*submit medication list*)

RENEWAL REQUESTS

1. Check all options that apply to the Recipient and *submit documentation for each, including chart notes, test results, and medication history.*
- has a documented decrease in LDL-C since starting the requested medication
 - has documentation of routine liver function tests (LFTs) since starting the requested medication (ALT, AST, alkaline phosphatase, total bili)
 - this request is for JUXTAPID and
 - if female of child-bearing potential, is NOT pregnant
 - is NOT taking a medication that is a moderate or strong CYP3A4 inhibitor (*submit medication list*)

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION

Prescriber Signature:	Date:
------------------------------	--------------

Confidentiality Notice: The documents accompanying this telecopy may contain confidential information belonging to the sender. The information is intended only for the use of the individual named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any telecopy is strictly prohibited.