

JUXTAPID (lomitapide) PRIOR AUTHORIZATION FORM

Prior authorization guidelines for **Lipotropics, Other** and **Quantity Limits/Daily Dose Limits** are available on the DHS Pharmacy Services website at <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/default.aspx>.

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

CLINICAL INFORMATION

Medication requested: Juxtapid capsule		Strength:	
Dose/directions:		Quantity:	Refills:
Diagnosis:		DX code (<i>required</i>):	

Initial Requests

Check all options that apply to the beneficiary 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 documentation of results of a lipid profile within the past 3 months
- has a goal LDL-C of _____ mg/dL or goal reduction of LDL-C of _____ % based on cardiovascular risk
- requested medication is prescribed by or in consultation with a cardiologist, endocrinologist, or physician specializing in lipid disorders (submit documentation of consultation)
- history of trial and failure, contraindication, or intolerance of the following lipid lowering drug classes at therapeutic doses:

<input type="checkbox"/> bile acid sequestrants (ex. cholestyramine, Welchol)	<input type="checkbox"/> omega-3 fatty acids (ex. Lovaza, Vascepa)	<input type="checkbox"/> statins
<input type="checkbox"/> ezetimibe (Zetia)	<input type="checkbox"/> PCSK9 inhibitor (ex. Praluent, Repatha)	<input type="checkbox"/> other: _____
<input type="checkbox"/> fibrates (ex. fenofibrate, gemfibrozil)		
- 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"/> omega-3 fatty acids (ex. Lovaza, Vascepa)	<input type="checkbox"/> other: _____
- 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) this request is for JUXTAPID and

Renewal Requests

Check all options that apply to the beneficiary 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
- 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)
- does not have moderate to severe liver impairment, active liver disease, or unexplained persistent elevations of transaminases

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

Prescriber Signature:	Date:
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