



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	March 6, 2013 December 19, 2016

JUXTAPID® (lomitapide)

LENGTH OF AUTHORIZATION: Up to 6 months

REVIEW CRITERIA:

- Patient must be ≥ 18 years old
- Patient must have a diagnosis of homozygous familial hypercholesterolemia (HoFH) verified by supporting documentation or patient health conditions.
- Trial and failure of high intensity statins (i.e. atorvastatin 80mg or rosuvastatin 40mg) with Zetia
- Must be prescribed by a certified REMS provider demonstrated with supporting documentation (signed attestation)

<http://www.juxtapidremsprogram.com/>

DOSING & ADMINISTRATION:

- Maximum dosage of 60mg/day
- Dosage Form: 5mg, 10mg, and 20mg tablet