STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Office of Pharmacy Service
Prior Authorization Criteria

Juxtapid® (lomitapide)

Prior Authorization Request Form

Prior authorization requests for Juxtapid will be approvable only after a 24-week trial of Repatha and if the following additional criteria are met:

1) Diagnosis of Homozygous familial hypercholesteremia (HoFH); **AND**
2) Patient is receiving other lipid-lowering therapies (low-fat diet, apheresis, and lipid lowering agents including HMG-CoA inhibitors at the maximum tolerable dose); **AND**
3) Measurement of ALT, AST, alkaline phosphatase and bilirubin before initiation of therapy and before each dose increase or every month, whichever comes first during the first twelve (12) months of therapy. After the first year, all levels must be measured every three (3) months or before each dose increase, whichever comes first; **AND**
4) Daily supplements of vitamins containing 400 international units vitamin E and at least 200 mg linoleic acid, 210 mg ALA, 110 mg EPA, and 80 mg DHA; **AND**
5) Negative pregnancy test prior to starting therapy, if at risk; **AND**
6) Capable of complying with effective contraceptive measures if at risk; **AND**
7) No concomitant use of strong CYP3E4 inhibitors (such as boceprevir, clarithromycin, conivaptan, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, medefradil, nedazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telaprevir, telithromycin or voriconazole)

References

PI Aegerion Pharmaceticals, Inc.
Cambridge, MA 02412
12/12

Reviewed and Approved
DUR Board 02/24/2016

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