PHARMACY POLICY STATEMENT
Marketplace

DRUG NAME	Juxtapid (lomitapide)
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Juxtapid, approved by the FDA in 2012, is a microsomal triglyceride transfer protein inhibitor indicated as an adjunct to a low-fat diet and other lipid-lowering treatments, including LDL apheresis where available, to reduce low-density lipoprotein cholesterol (LDL-C), total cholesterol (TC), apolipoprotein B (apo B), and non-high-density lipoprotein cholesterol (non-HDL-C) in patients with homozygous familial hypercholesterolemia (HoFH).

Juxtapid (lomitapide) will be considered for coverage when the following criteria are met:

Homozygous Familial Hypercholesterolemia (HoFH)

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with a cardiologist or lipid specialist; AND
3. Member has a diagnosis of homozygous familial hypercholesterolemia (HoFH) confirmed by one of the following:BT/F2 11.2 Tf1 0 0 1 355.14(m)47(i)8(a)56( )-8(i)8(n)-19 405.2 re.7-i36.85 526.28 405.9

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:

1. Chart notes along with recent labs have been provided showing a meaningful reduction of cholesterol levels (LDL-C, total cholesterol, apolipoprotein B, etc.) from baseline OR all cholesterol levels are at goal.

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