



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 approved if the following 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 Pharmaceuticals, Inc.  
Cambridge, MA 02412  
12/12

Reviewed and Approved  
DUR Board 05/15/2013