**Overview**

JUXTAPID 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) with homozygous familial hypercholesterolemia (HoFH).

**Coverage Guidelines**

Authorization may be granted for members who are currently receiving treatment with Juxtapid, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs:

1. Member has a diagnosis of homozygous familial hypercholesterolemia (HoFH) AND
2. Member is ≥ 18 years of age

OR

Authorization may be granted for members when ALL the following criteria are met:

1. Member has a diagnosis of homozygous familial hypercholesterolemia (HoFH)
2. Member is ≥ 18 years of age
3. Member is adherent to a low-fat diet (<20% of energy supplied by dietary fat intake) and will be taking a dietary supplement to prevent nutritional deficiencies
4. Member has had a documented side-effect, allergy, inadequate response, treatment failure, or contraindication to treatment with a high potency HMG Co-A reductase inhibitor (e.g. statin), including atorvastatin or rosuvastatin used in combination with ezetimibe, a fibric acid derivative, and/or cholestyramine
5. Member has had an inadequate response, treatment failure, or has a contraindication to lipid apheresis therapy

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### Contact Information

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<tr>
<th>Specialty Medications</th>
<th>Phone: 866-814-5506</th>
<th>Fax: 866-249-6155</th>
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<tbody>
<tr>
<td>Non-Specialty Medications</td>
<td>Phone: 877-433-7643</td>
<td>Fax: 866-255-7569</td>
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<td>Commercial</td>
<td>Phone: 800-294-5979</td>
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<tr>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
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### Exceptions

N/A

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6. Member has had an inadequate response, treatment failure, or has a contraindication to Kynamro®.

* Note: Needle phobia is not considered an adequate justification for not utilizing Kynamro®.

Limitations
1. Initial authorizations will be approved for 3 months.
2. Reauthorizations will be approved for 12 months.
3. The following quantity limits apply:

| Juxtapid   | 30 capsules per 30 days |

References
2. Farnier M, Bruckert E. Severe familial hypercholesterolemia;
7. National Heart Lung and Blood Institute. Clinical Practice Guidelines and Reports under Development. Available at:

Review History
06/01/2018 – Implemented
02/26/2018 – Reviewed
11/26/2018 – Reviewed
01/22/2020 – Added started and stabilized criteria and removed PCSK9 inhibitor trial

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