### Juxtapid® (lomitapide)
**Effective 02/01/2022**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Program Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ MassHealth</td>
<td>☒ Prior Authorization</td>
</tr>
<tr>
<td>☒ Commercial/Exchange</td>
<td>☒ Quantity Limit</td>
</tr>
</tbody>
</table>

#### Benefit

<table>
<thead>
<tr>
<th>Benefit</th>
<th>☒ Pharmacy Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Medical Benefit (NLX)</td>
<td></td>
</tr>
</tbody>
</table>

#### Specialty Limitations

This medication has been designated as a limited distribution specialty product and must be filled at a contracted specialty pharmacy; dispensing is available through Dohmen Life Science Services.

#### Contact Information

<table>
<thead>
<tr>
<th>Specialty Medications</th>
<th>All Plans</th>
<th>Phone: 866-814-5506</th>
<th>Fax: 866-249-6155</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Specialty Medications</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MassHealth</td>
<td>Phone: 877-433-7643</td>
<td>Fax: 866-255-7569</td>
<td></td>
</tr>
<tr>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
<td></td>
</tr>
<tr>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
<td></td>
</tr>
</tbody>
</table>

| Medical Specialty Medications (NLX) | All Plans | Phone: 844-345-2803 | Fax: 844-851-0882 |

#### Exceptions

N/A

### 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 **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
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

4. Kynamro (mipomersen) [prescribing information]. Cambridge, MA: Genzyme Corporation; March 2019

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
09/22/2021 – Reviewed at September P&T; removed diagnosis and age requirement for new members currently on Juxtapid; references updated. Effective 02/01/2022.

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.