

## **Pre – PA Allowance**

None

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## **Prior - Approval Requirements**

**Age** 18 years of age or older

### **Diagnosis**

Patient must have the following:

Homozygous familial hypercholesterolemia

**AND ALL** of the following:

1. Documented confirmation of diagnosis by LDL-R DNA Sequencing Test or APOB (hypercholesterolemia) Mutation Analysis
2. Genetic confirmation of two mutant alleles at the LDLR, Apo-B, PCSK9, ARH adaptor protein 1/LDLRAP1 gene locus
3. Recent ALT, AST, alkaline phosphatase, and total bilirubin levels
  - a. Agreement to monitor levels after a dose increase or at least monthly for the first year
4. Used in conjunction with a low-fat diet
5. Used in combination with other lipid-lowering treatments
6. **NO** moderate or severe hepatic impairment (Child-Pugh B or C) or active liver disease
7. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Juxtapid and for 2 weeks after the final dose
8. Physician is enrolled in the Juxtapid REMS program
9. **NO** dual therapy with another Prior Authorization (PA) lipid lowering agent (see Appendix 1)

## **Prior - Approval Limits**

**Duration** 12 months

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## **Prior – Approval *Renewal* Requirements**

**Age** 18 years of age or older

## Diagnosis

Patient must have the following:

Homozygous familial hypercholesterolemia

**AND ALL** of the following:

1. Agreement to monitor ALT, AST, alkaline phosphatase, and total bilirubin levels every 3 months.
2. Used in conjunction with a low-fat diet
3. Used in combination with other lipid-lowering treatments
4. **NO** moderate or severe hepatic impairment (Child-Pugh B or C) or active liver disease
5. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Juxtapid and for 2 weeks after the final dose
6. **NO** dual therapy with another Prior Authorization (PA) lipid lowering agent (see Appendix 1)

## Prior – Approval *Renewal* Limits

Same as above

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### Appendix 1 - List of PA Lipid Lowering Agents

Generic Name	Brand Name
alirocumab	Praluent
bempedoic acid	Nexletol
bempedoic acid/ezetimibe	Nexlizet
evolocumab	Repatha
inclisiran	Leqvio
lomitapide	Juxtapid

\*Dual therapy with Evkeeza (evinacumab-dgnb) is allowed