



**BlueCross
BlueShield**

Federal Employee Program.

**JUXTAPID
PRIOR APPROVAL REQUEST**

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn: Clinical Services
Fax: **1-877-378-4727**

Patient Information (required)				Provider Information (required)		
Date:				Provider Name:		
Patient Name:				Specialty:		NPI:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			Office Phone:		Office Fax:
Street Address:				Office Street Address:		
City:	State:	Zip:		City:	State:	Zip:
Patient ID:	R <input type="text"/>			Physician Signature:		
PHYSICIAN COMPLETES						

Juxtapid (Iomitapide)

****Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit**

NOTE: Form must be completed in its entirety for processing

Is this request for brand or generic? ☐ Brand ☐ Generic

1. Does the patient have a diagnosis of homozygous familial hypercholesterolemia (HoFH)? ☐ Yes ☐ No*

***If NO**, please specify: _____

2. Will Juxtapid be used in conjunction with a low fat diet? ☐ Yes ☐ No

3. Does the patient have moderate to severe hepatic impairment (Child-Pugh B or C) or active liver disease? ☐ Yes ☐ No

4. **FEMALE Patient:** Is the patient of reproductive potential? ☐ Yes* ☐ No

***If YES**, will the patient be advised to use effective contraception during treatment with Juxtapid and for two weeks after the final dose? ☐ Yes ☐ No

5. Will Juxtapid be used in combination with a lipid-lowering treatment? ☐ Yes ☐ No

6. Will Juxtapid be used in combination with another *Prior Authorization (PA) lipid lowering agent? ☐ Yes* ☐ No

***If YES**, please specify the medication: _____

***PA Lipid Lowering Agents: Leqvio (inclisiran), Nexletol (bempedoic acid), Nexlizet (bempedoic acid/ezetimibe), Praluent (alirocumab), Repatha (evolocumab)**

7. Has the patient been on Juxtapid continuously for the last **6 months**, excluding samples? **Please select answer below:**

☐ **NO** – this is **INITIATION** of therapy, please answer the following questions:

a. Is there documented confirmation of the patient's diagnosis by LDL-R DNA Sequencing Test or APOB (hypercholesterolemia) Mutation Analysis? ☐ Yes ☐ No

b. Has there been genetic confirmation of two mutant alleles at the LDLR, Apo-B, PCSK9, ARH adaptor protein 1/LDLRAP1 gene locus? ☐ Yes ☐ No

c. Is the physician enrolled in the Juxtapid REMS program? ☐ Yes ☐ No

d. Have the patient's ALT, AST, alkaline phosphatase, and total bilirubin levels been obtained recently? ☐ Yes* ☐ No

***If YES**, does the physician agree to monitor ALT, AST, alkaline phosphatase, and total bilirubin levels after a dose increase or at least monthly for the first year? ☐ Yes ☐ No

☐ **YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the following question:

a. Does the physician agree to monitor the patient's ALT, AST, alkaline phosphatase, and total bilirubin levels every three months? ☐ Yes ☐ No



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Message:

Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

<p>Electronically Online (ePA)</p> <p>Results in 2-3 minutes FASTEST AND EASIEST</p>	<p>Now you can get responses to drug Prior Authorization requests securely online. Online submissions may receive instant responses and do not require faxing or phone calls.</p> <p>Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to Caremark.com/ePA.</p>
<p>Phone</p> <p>(4-5 minutes for response)</p>	<p>The FEP Clinical Call Center can be reached at (877)-727-3784 between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same information contained on the attached form. Please review the form and have your answers ready for faster service.</p> <p>The process over the phone takes on average between 4 and 5 minutes.</p>
<p>Fax</p> <p>(3-5 days for response)</p>	<p>Fax the attached form to (877)-378-4727. Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the Prior Authorization request cannot be processed.</p> <p><u>Please only fax the completed form once as duplicate submissions may delay processing times.</u></p>

<p>faster...</p> <p>easier...</p> <p>better...</p>	<p>Introducing ePA! Online Prior Authorizations in minutes through Caremark.com/ePA. Sign up today!</p> <p style="text-align: right;">CVS/caremark </p>
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