AvMed

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **fax to 1-305-671-0200**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: Juxtapid® (lomitapide)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member AvMed #: _____   **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____   **Date:** _____

Office Contact Name: _____

Phone Number: _____   **Fax Number:** _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____   **Length of Therapy**: _____

Diagnosis: _____   **ICD Code, if applicable:** _____

Weight: _____   **Date:** _____

Medical notes must be submitted to support each line checked on this request.

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- ❑ Patient must be ≥ 18 years old
- ❑ Prescribers must enroll in the Juxtapid™ REMS program, and submit the Prescriber Enrollment Form to the Juxtapid™ REMS program.

(Continued on next page)

- ❑ Patient has tried **one (1)** of the following in the **past 6 months** and is able to **provide documentation presenting evidence of adherence to statin therapy for at least the last 90 consecutive days**:
  - ❑ Crestor® (rosuvastatin) 40mg/day
  - ❑ Lescol® (fluvastatin) 80mg/day
  - ❑ Lipitor® (atorvastatin) 80mg/day
  - ❑ Livalo® (pitavastatin) 4mg/day
  - ❑ Mevacor® (lovastatin) 80mg/day
  - ❑ Pravachol® (pravastatin) 80mg/day
  - ❑ Zocor® (simvastatin) 40mg/day
- ❑ Patient has undergone at least one LDL apheresis procedure

Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.