



**Juxtapid**

**Express Scripts  
 Prior Authorization  
 Phone 1-844-424-8886  
 Fax 1-877-251-5896**

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: [medicarepartdparequests@express-scripts.com](mailto:medicarepartdparequests@express-scripts.com)

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Medication:	Diagnosis:
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**SECTION A**

Please answer the following questions

1.  Yes  No Is the indication or diagnosis for the treatment of homozygous familial hypercholesterolemia in patients with LDL-R genetic mutations?
2.  Yes  No Is the diagnosis of homozygous familial hypercholesterolemia confirmed by genetic testing or clinical criteria: 1) untreated LDL-C greater than 500 mg/dL or treated LDL-C greater than 300 mg/dL or 2) patient has clinical manifestations of HoFH (e.g., cutaneous xanthomas, tendon xanthomas, arcus cornea, tuberous xanthomas or xanthelasma)?
3.  Yes  No Is the member at least 18 years of age?
4.  Yes  No Is the member a female of reproductive potential? *(If No, skip to question 6.)*
5.  Yes  No Is the member pregnant?
6.  Yes  No Does the patient have moderate or severe hepatic impairment (Child-Pugh category B or C)?
7.  Yes  No Does the patient have active liver disease, including unexplained persistent elevations of serum transaminases?
8.  Yes  No Will Juxtapid be taken concurrently with strong CYP3A4 inhibitors (e.g., clarithromycin, itraconazole, ketoconazole, posaconazole, ritonavir, voriconazole, etc.)?

- 9.  Yes  No Will Juxtapid be taken concurrently with moderate CYP3A4 inhibitors (e.g., ciprofloxacin, diltiazem, erythromycin, fluconazole, verapamil, etc.)?
- 10.  Yes  No Did the member have an inadequate response to a lipid-lowering therapy containing a high potency statin or does the member have an intolerance to statin therapy?
- 11.  Yes  No Is Juxtapid being used as an adjunct to a lipid lowering therapy containing a high potency statin or does the member have an intolerance to statin therapy?
- 12.  Yes  No Has the patient had a previous authorization for Juxtapid for the diagnosis of homozygous familial hypercholesterolemia AND this request is for reauthorization? *(If No, skip to question 14.)*
- 13.  Yes  No If yes to question 12, does the patient have a documented positive clinical response to Juxtapid? *(If Yes, skip question 14.)*
- 14.  Yes  No Will a baseline liver function test (ALT, AST, alkaline phosphatase, total bilirubin) be performed prior to the initiation of Juxtapid?  
*Please document baseline liver function tests (ALT, AST, alkaline phosphatase, total bilirubin):*

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***Please document the symptoms and/or any other information important to this review:***

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**SECTION B**    Physician Signature

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PHYSICIAN SIGNATURE

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DATE

**FAX COMPLETED FORM TO: 1-877-251-5896**

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.villagehealthca.com>