

SENTARA HEALTH PLANS

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; **(Pharmacy) 1-800-750-9692.** 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 Sentara #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

DRUG INFORMATION: Complete information below or authorization will 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. **ALL** documentation including labs or chart notes (if required) **must** be submitted or request will 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.
- 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.