



**THERE ARE 2 PAGES TO THIS FORM • ALL FIELDS ARE REQUIRED • PLEASE PRINT**

JUXTAPID is only available through the JUXTAPID Risk Evaluation and Mitigation Strategy (REMS) Program.

**PHARMACY**

Pharmacy Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**AUTHORIZED PHARMACY REPRESENTATIVE**

To become enrolled as a certified pharmacy under the JUXTAPID REMS Program, pharmacies must designate an authorized representative for the pharmacy. The authorized representative must complete the remainder of the form.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Authorized Pharmacy Representative Attestation**

JUXTAPID is only available through the JUXTAPID REMS Program. In order to become certified and purchase, dispense and distribute JUXTAPID, pharmacies must agree to 1) recertify if there is a change in the authorized representative 2) be audited 3) provide prescription data to Aegerion as requested.

**As the Authorized Pharmacy Representative, I attest that:**

- I have reviewed the Prescribing Information (PI) for JUXTAPID
- I have reviewed the JUXTAPID REMS Program Fact Sheet that summarizes the risks and requirements of the JUXTAPID REMS program
- I have completed the JUXTAPID REMS Program Pharmacy Training Module including the Knowledge Assessment component
- I agree to train all pharmacy staff involved with JUXTAPID in the requirement of the REMS Program.

**CONTINUED ON NEXT PAGE**

- I agree to put processes and procedures in place to verify, prior to dispensing JUXTAPID® (lomitapide) capsules, that:
  - The prescriber is certified in the JUXTAPID REMS Program
  - The JUXTAPID REMS Program Prescription Authorization Form is received for each new prescription
  - The JUXTAPID REMS Program Patient-Prescriber Acknowledgement Form is on file with the JUXTAPID REMS Program Coordinating Center

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be completed for initial pharmacy enrollment, re-certification  
and after any changes with the authorized representative.**

**IMPORTANT**

**REVIEW TO ENSURE ALL FIELDS ARE COMPLETED • RETURN BOTH PAGES**

**Fax it to 1-855-898-2498. Or scan and email it to [REMS@aegerion.com](mailto:REMS@aegerion.com)**

If you have any questions, please contact the JUXTAPID REMS Coordinating Center.  
Phone: 1-85-JUXTAPID (1-855-898-2743) | Fax: 1-855-898-2498 | [www.JuxtapidREMSProgram.com](http://www.JuxtapidREMSProgram.com)