



REMS PROGRAM

Prescription Authorization Form

This form must be completed and signed for each JUXTAPID prescription.

PATIENT INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

JUXTAPID PRESCRIPTION

Dose: \_\_\_\_\_ mg po q hs (recommended starting dosage is 5 mg daily). Quantity to dispense: \_\_\_\_\_ Refills: \_\_\_\_\_
Additional Instructions: \_\_\_\_\_

PRESCRIBER INFORMATION AND ATTESTATION OF REMS REQUIREMENTS

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_
Practice/Facility Name: \_\_\_\_\_ Office Contact: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_
State License #: \_\_\_\_\_ NPI #: \_\_\_\_\_

- I understand that JUXTAPID is only indicated as an adjunct to a low-fat diet and other lipid-lowering treatments...
I understand that JUXTAPID has not been studied in patients less than 18 years of age.
I affirm that my patient has a clinical or laboratory diagnosis consistent with HoFH.
I attest that I have obtained and will continue to obtain the liver-related tests for this patient as directed in the JUXTAPID Prescribing Information.
- Prior to initiating therapy, measure ALT, AST, alkaline phosphatase, and total bilirubin.
- During the first year, measure liver-related tests (ALT and AST at a minimum) prior to each increase in dose or monthly, whichever comes first.
- After the first year, measure liver-related tests (ALT and AST at a minimum) at least every 3 months and before any increase in dose.
I authorize the JUXTAPID REMS Program to act on my behalf for the limited purposes of transmitting this prescription to the appropriate pharmacy designated by the patient utilizing their benefit plan.

Prescriber Signature: \_\_\_\_\_
Substitution Permitted \_\_\_\_\_ Dispense as Written \_\_\_\_\_ Date \_\_\_\_\_

IMPORTANT

REVIEW TO ENSURE ALL FIELDS ARE COMPLETED • FAX TO 1-855-898-2498

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