



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: 1-855-JUXTAPID (1-855-898-2743) | Fax: 1-855-898-2498 | www.juxtapidREMSprogram.com