Mass General Brigham
Health Plan

Juxtapid (lomitapide)
Effective 08/01/2025

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview
Juxtapid (lomitapide) is a microsomal triglyceride transfer protein inhibitor indicated as an adjunct to a low-fat diet and other lipid-lowering treatments, including LDL apheresis where available, to reduce low-density lipoprotein cholesterol (LDL-C), total cholesterol (TC), apolipoprotein B (apo B), and non-high-density lipoprotein cholesterol (non-HDL-C) with homozygous familial hypercholesterolemia (HoFH).

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted for members when all of the following criteria are met:

1. Member has a diagnosis of homozygous familial hypercholesterolemia (HoFH)
2. Member is 18 years of age or older
3. Member is adherent to a low-fat diet (< 20% of energy supplied by dietary fat intake) and will be taking a dietary supplement to prevent nutritional deficiencies
4. Member has had a documented side-effect, allergy, inadequate response, treatment failure, or contraindication to treatment with a high potency HMG Co-A reductase inhibitor (e.g. statin), including atorvastatin or rosuvastatin used in combination with ezetimibe, a fibric acid derivative, and/or cholestyramine
5. Member has had an inadequate response, treatment failure, or has a contraindication to lipid apheresis therapy

<u>Continuation of Therapy</u>
Requests for reauthorization will be approved when the following criteria are met:

1. Member demonstrates positive clinical response to therapy as evidenced by a reduction in LDL-C levels from baseline

Limitations

1. Initial authorizations will be approved for 3 months.
2. Reauthorizations will be approved for 12 months.

3. The following quantity limits apply:

Drug Name and Dosage Form	Quantity Limitation
Juxtapid capsule	1 capsule per day

References

1. Grundy SM, Stone NJ, Bailey AL, et al. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. J Am Coll Cardiol 2019; 73: e285
2. Jellinger PS, Handelsman Y, Rosenblit PD, et al. American Association of Clinical Endocrinologists and American College of Endocrinology guidelines for management of dyslipidemia and prevention of cardiovascular disease. Endocr Pract. 2017;23(suppl 2):1-87.[PubMed 28437620]10.4158/EP171764.APPGL.
3. Juxtapid (lomitapide) [prescribing information]. Para, Italy: Chiesi Farmaceutici S.p.A.; January 2024.
4. Lloyd-Jones DM, Morris PB, Ballantyne CM, et al; Writing Committee. 2016 ACC expert consensus decision pathway on the role of non-statin therapies for LDL-cholesterol lowering in the management of atherosclerotic cardiovascular disease risk: a report of the American College of Cardiology Task Force on Clinical Expert Consensus Documents. J Am Coll Cardiol. 2016;68(1):92-125.[PubMed 27046161]Farnier M, Bruckert E. Severe familial hypercholesterolemia:
5. Mortensen MB, Nordestgaard BG. Elevated LDL cholesterol and increased risk of myocardial infarction and atherosclerotic cardiovascular disease in individuals aged 70-100 years: a contemporary primary prevention cohort. Lancet 2020; 396:1644.
6. Yusuf S, Bosch J, Dagenais G, et al. Cholesterol Lowering in Intermediate-Risk Persons without Cardiovascular Disease. N Engl J Med 2016; 374:2021

Review History

06/01/2018 – Implemented
02/26/2018 – Reviewed
11/26/2018 – Reviewed
01/22/2020 – Added started and stabilized criteria and removed PCSK9 inhibitor trial
09/22/2021 – Reviewed at September P&T; removed diagnosis and age requirement for new members currently on Juxtapid; references updated. Effective 02/01/2022.
09/21/2022 – Reviewed at Sept P&T; no clinical changes; Separated out Comm/Exch vs. MH.
05/14/2025 – Reviewed at May P&T. Removed step through with Kynamro due to product discontinuation. Effective 08/01/2025.
06/11/2025 – Reviewed and updated at June P&T. Added reauthorization criteria to the policy. Effective 08/01/2025.