



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.



All prescribers of JUXTAPID must become certified in the JUXTAPID REMS Program. The 3-step process for prescriber certification is outlined below.

- 1. REVIEW** the JUXTAPID Prescribing Information and JUXTAPID REMS Program Fact Sheet
- 2. COMPLETE** the online JUXTAPID REMS Program Prescriber Training Module and JUXTAPID REMS Program Prescriber Enrollment Form
- 3. AGREE** to counsel each patient using the Patient Guide, and to complete a JUXTAPID REMS Program Patient-Prescriber Acknowledgement Form with each patient

PRESCRIBER INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Credentials: MD DO NP PA Other (specify): _____

Physician Specialty: Cardiology Endocrinology Internal Medicine Other (specify): _____

Practice Type (check all that apply): Individual Practice Group Practice Hospital University (Academic) Center

Practice/Facility Name: _____ Department: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ NPI #: _____

OFFICE CONTACT

First Name: _____ Last Name: _____

Phone (if different from above): _____ Fax (if different from above): _____

Email: _____

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

PRESCRIBER ATTESTATION

By signing this form, I attest that:

- I understand that JUXTAPID® (lomitapide) capsules is only available through the JUXTAPID REMS Program and that I must comply with the program requirements in order to prescribe JUXTAPID.

Use:

- I understand that JUXTAPID is only 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) in patients with homozygous familial hypercholesterolemia (HoFH).
- I understand that the safety and effectiveness of JUXTAPID has not been established in patients with hypercholesterolemia who do not have HoFH, including those with heterozygous familial hypercholesterolemia (HeFH).

Hepatotoxicity Risk:

- I understand that there is a risk of hepatotoxicity associated with JUXTAPID.
- I understand the Recommendations for Monitoring of Transaminases with JUXTAPID treatment:
 - Measure serum ALT, AST, alkaline phosphatase and total bilirubin before initiating therapy with JUXTAPID.
 - During the first year of treatment, liver-related laboratory tests (ALT and AST at a minimum) must be measured prior to each increase in dose or monthly, whichever comes first.
 - After the first year, these parameters should be measured at least every 3 months and before any increase in dose.

REMS Program Requirements:

- I have reviewed the JUXTAPID Prescribing Information and the JUXTAPID REMS Program Fact Sheet.
- I have completed the JUXTAPID REMS Program Prescriber Training Module including the Knowledge Assessment for Healthcare Providers.
- I agree to counsel patients on the approved indication for use in patients with HoFH, the risk of hepatotoxicity with JUXTAPID and the need for regular monitoring using the JUXTAPID REMS Patient Guide.
- I agree to complete and sign the Patient-Prescriber Acknowledgement Form with the patient.
- I agree to complete and sign the JUXTAPID REMS Prescription Authorization Form for each prescription.
- I agree that personnel from the JUXTAPID REMS Program may contact me to gather further information or resolve discrepancies or to provide other information related to JUXTAPID or the JUXTAPID REMS Program.
- I agree that Aegerion, its agents and contractors such as the pharmacy providers may contact me via phone, mail, or email to survey me on the effectiveness of the program requirements for the JUXTAPID REMS Program.

Prescriber Signature: _____ Date: _____

Prescriber Name: _____ Phone: _____

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

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