



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, 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 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.

Prescriber signature _____
Substitution Permitted _____ Dispense as written _____ Date _____

IMPORTANT**REVIEW TO ENSURE ALL FIELDS ARE COMPLETED.**

Fax it 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