New Hampshire Medicaid Fee-for-Service Program Juxtapid® (lomitapide) Criteria

Approval Date: November 21, 2024

Medications

Brand Name	Generic Name	Dosage Strengths
Juxtapid®	lomitapide	5 mg, 10 mg, 20 mg, 30 mg capsules

Criteria for Approval

1. Prescriber is a cardiologist, lipidologist, or endocrinologist (or one of these specialists has been consulted); **AND**
2. Diagnosis of homozygous familial hypercholesterolemia (HoFH) defined by **one** of the following:
    a. History of genetic testing confirming genetic mutations indicating HoFH
    b. Treatment history for Low-density lipoprotein cholesterol (LDL-C) > 300 mg/dL or non-HDL-C > 330 mg/dL
    c. Documented history of untreated LDL-C > 500 mg/dL and at least one of the following:
        i. Tendinous and/or cutaneous xanthoma prior to 10 years of age; **OR**
        ii. Elevated LDL-C > 190 mg/dL prior to lipid-lowering treatment consistent heterozygous familial hypercholesterolemia (HeFH) in both parents; **AND**
3. Patient is ≥ 18 years of age; **AND**
4. Patient has a documented failure of, or intolerance to, or contraindication to a 3-month trial of a high-intensity statin (atorvastatin or rosuvastatin) **AND** one other cholesterol-lowering agent; **AND**
5. Patient is enrolled in Juxtapid® Risk Evaluation and Mitigation Strategy (REMS) program.

Criteria for Denial

1. Failure to meet criteria for approval; **OR**
2. Pregnancy.

Approval period: 6 months

Renewal Criteria

1. Patient must continue to meet above criteria; **AND**
2. Have demonstrated efficacy (e.g., LDL reduction over baseline); **AND**
3. Absence of unacceptable toxicity (e.g., nausea, vomiting, diarrhea, elevated liver enzymes).

Renewal approval period: One year

References

Available upon request.

Revision History

Reviewed by	Reason for Review	Date Approved
DUR Board	New	12/02/2021
Commissioner Designee	New	01/14/2022
DUR Board	Revision	06/19/2023
Commissioner Designee	Approval	06/29/2023
DUR Board	Revision	10/15/2024
Commissioner Designee	Approval	11/21/2024