

Priority Health Medicare Prior Authorization Criteria (Part D)

Juxtapid®

Products affected

- Juxtapid®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	N/A
Prescriber restrictions	Must be prescribed by a cardiologist, lipidologist, endocrinologist and/or geneticist.
Coverage duration	One year
Other criteria	Must first try one of the following drugs: atorvastatin, Crestor, cholestyramine, or niacin ER and must also try Repatha.