


www.juxtapid.com/healthcare-professionals/dosing-and-administration

This website is intended for U.S. healthcare professionals.

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**IMPORTANT SAFETY INFORMATION**  
 JUXTAPID can cause elevations in transaminases, as well as increases in hepatic fat, with or without concomitant increases in transaminases. Because of the risk of hepatotoxicity, JUXTAPID is available only through a restricted distribution program called the JUXTAPID REMS PROGRAM. [VIEW SAFETY INFO](#)

ABOUT JUXTAPID | **PRESCRIBING JUXTAPID** | FOR NURSES | FOR DIETITIANS | SUPPORT & RESOURCES

Getting Started | Dosing and Administration | Monitoring | REMS Program


## Dosing and Administration

The recommended starting dose of Juxtapid is 5 mg once daily.

- The dose should be escalated gradually based on acceptable safety and tolerability.
- Transaminases should be measured prior to any increase in dose.
- The maintenance dose should be individualized, taking into account patient characteristics such as goal of therapy and response to treatment to a maximum of 60 mg daily as per the table below.

**Recommended Regimen for Titrating Dosage**  
 The table below shows the recommended regimen for titrating dosage of Juxtapid.

| Dosage     | Duration of Administration Before Considering Increase To Next Dosage |
|------------|---|
| 5mg daily  | At least 2 weeks  |
| 10mg daily | At least 4 weeks  |
| 20mg daily | At least 4 weeks  |
| 40mg daily | At least 4 weeks  |



**Help is Here**  
 The COMPASS Program has the resources you and your patients need to address insurance coverage for Juxtapid therapy. Call 1-85-JUXTAPID (1-855-898-2743) for details or [click here](#).

Indication and Important Safety Information

Indication

JUXTAPID (R) (lomitapide) capsules 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, total cholesterol, apolipoprotein B, and non-high-density lipoprotein cholesterol in patients with homozygous familial hypercholesterolemia (HoFH). [VIEW MORE](#)

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|            |                            |
|------------|----------------------------|
| 40mg daily | At least 4 weeks           |
| 60mg daily | Maximum recommended dosage |

### Administration

Juxtapid should be taken in the evening, with a glass of water, without food, and at least 2 hours after dinner. Administration with food may increase the risk of gastrointestinal adverse reactions. Patients should swallow Juxtapid capsules whole.

Administration of Juxtapid and bile acid sequestrants should be separated by at least 4 hours since bile acid sequestrants can interfere with the absorption of oral medications.

Because of Juxtapid's mechanism of action in the small intestine, fat-soluble vitamins/fatty acids may not be properly absorbed. Patients on Juxtapid should take daily supplements containing 400 IU vitamin E and at least 200 mg linoleic acid, 210 mg alpha-linolenic acid (ALA), 110 mg eicosapentaenoic acid (EPA), and 80 mg docosahexaenoic acid (DHA).

### Dosing Adjustments

Dosing modifications are recommended for patients taking concomitant CYP3A4 inhibitors, renal impairment, or baseline hepatic impairment. Dosing adjustments are also required for patients who develop transaminases values  $\geq 3x$  the upper limit of normal (ULN) during treatment with Juxtapid. Learn more [here](#). Click the tabs below for recommended dosing modifications.

- ▶ Dosing with Cytochrome P450 3A4 Inhibitors
- ▶ Dosing in Patients with Renal Impairment
- ▶ Dosing in Patients with Baseline Hepatic Impairment
- ▶ Dose Modifications Based on Elevated Transaminases

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### INDICATION AND IMPORTANT SAFETY INFORMATION

#### Indication

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**Limitations of Use** The safety and effectiveness of JUXTAPID have not been established in patients with hypercholesterolemia who do not have HoFH, including those with heterozygous familial hypercholesterolemia (HeFH). The effect of JUXTAPID on cardiovascular morbidity and mortality has not been determined.

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**WARNING: RISK OF HEPATOTOXICITY**

JUXTAPID can cause elevations in transaminases. In the JUXTAPID clinical trial, 10 (34%) of the 29 patients treated with JUXTAPID had at least one elevation in alanine aminotransferase (ALT) or aspartate aminotransferase (AST)  $\geq 3\times$  upper limit of normal (ULN). There were no concomitant clinically meaningful elevations of total bilirubin, international normalized ratio (INR), or alkaline phosphatase.

JUXTAPID also increases hepatic fat, with or without concomitant increases in transaminases. The median absolute increase in hepatic fat was 6% after both 26 and 78 weeks of treatment, from 1% at baseline, measured by magnetic resonance spectroscopy. Hepatic steatosis associated with JUXTAPID treatment may be a risk factor for progressive liver disease, including steatohepatitis and cirrhosis.

Measure ALT, AST, alkaline phosphatase, and total bilirubin before initiating treatment and then ALT and AST regularly as recommended. During treatment, adjust the dose of JUXTAPID if the ALT or AST are  $\geq 3\times$  ULN. Discontinue JUXTAPID for clinically significant liver toxicity.

Because of the risk of hepatotoxicity, JUXTAPID is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the JUXTAPID REMS Program.

Prescribe JUXTAPID only to patients with a clinical or laboratory diagnosis consistent with HoFH. The safety and effectiveness of JUXTAPID have not been established in patients with hypercholesterolemia who do not have HoFH.

**Important Safety Information**

**CONTRAINDICATIONS**

- Pregnancy
- Concomitant administration of moderate or strong CYP3A4 inhibitors
- Moderate or severe hepatic impairment or active liver disease including unexplained persistent elevations of serum transaminases

**WARNINGS AND PRECAUTIONS**

JUXTAPID can cause elevations in transaminases and hepatic steatosis. Although cases of hepatic failure have not been reported, there is concern that JUXTAPID could induce steatohepatitis, which can progress to cirrhosis over several years. Modify the dose of JUXTAPID if elevations of transaminases are observed and discontinue JUXTAPID for persistent or clinically significant elevations. If transaminase elevations are accompanied by clinical symptoms of liver injury, such as nausea, vomiting, abdominal pain, fever, jaundice, lethargy, flu-like-symptoms, increases in bilirubin  $\geq 2\times$  ULN, or active liver disease, discontinue treatment with JUXTAPID and identify the probable cause. Use JUXTAPID with caution when co-administered with agents known to be hepatotoxic. Alcohol may increase levels of hepatic fat and induce or exacerbate liver injury.

Measure ALT, AST, alkaline phosphatase, and total bilirubin before initiating treatment. During the first year, measure liver-related tests (ALT and AST, at a minimum) prior to each increase in dose or monthly, whichever occurs first. After the first year, do these tests at least every 3 months and before any increase in dose.

JUXTAPID may cause fetal harm when administered to a pregnant woman. Females of reproductive potential should have a negative pregnancy test before starting JUXTAPID and should use effective contraception during therapy with JUXTAPID. The recommended maximum dosage of JUXTAPID is 40 mg daily when used concomitantly with oral contraceptives.

Given its mechanism of action in the small intestine, JUXTAPID may reduce the absorption of fat-soluble nutrients. Patients treated with JUXTAPID should take daily supplements that

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Gastrointestinal adverse reactions are common and may lead to treatment discontinuation. Instruct patients to stop JUXTAPID and contact their healthcare provider if severe diarrhea occurs, or if they experience symptoms of volume depletion such as lightheadedness, decreased urine output, or tiredness. In such cases, consider reducing the dose or suspending use of JUXTAPID. To reduce the risk of gastrointestinal adverse reactions, patients should adhere to a low-fat diet supplying less than 20% of energy from fat and the dosage of JUXTAPID should be increased gradually.

Weak CYP3A4 inhibitors can increase the exposure of lomitapide approximately 2-fold; therefore, when JUXTAPID is administered with weak CYP3A4 inhibitors, the dose of JUXTAPID should be decreased by half and the recommended maximum dosage of JUXTAPID is 30 mg daily. The recommended maximum dosage is 40 mg daily when used concomitantly with oral contraceptives. Strong and moderate CYP3A4 inhibitors should not be used with Juxtapid. Patients taking JUXTAPID 5 mg daily may continue with the same dosage.

Due to risk of myopathy associated with simvastatin or lovastatin, doses of these agents should be limited when co-administered with JUXTAPID.

JUXTAPID increases the plasma concentrations of warfarin. Increases or decreases in the dose of JUXTAPID may lead to supra- or subtherapeutic anticoagulation, respectively. Patients taking warfarin should undergo regular monitoring of the INR, especially after any changes in JUXTAPID dosage.

Avoid use of JUXTAPID in patients with rare hereditary diseases of galactose intolerance.

#### ADVERSE REACTIONS

The most common adverse reactions were gastrointestinal, reported by 27 (93%) of 29 patients. Adverse reactions reported by 8 (28%) or more patients in the HoFH clinical trial included diarrhea, nausea, vomiting, dyspepsia and abdominal pain. Other common adverse reactions, reported by 5 to 7 (17-24%) patients, included weight loss, abdominal discomfort, abdominal distension, constipation, flatulence, increased ALT, chest pain, influenza, nasopharyngitis, and fatigue.

#### Reporting of Adverse Reactions

All healthcare professionals should report all suspected adverse reactions. Please contact Aegerion Pharmaceuticals, Inc. at 1-855-303-2347 or the FDA at 1-800-FDA-1088 or <http://www.fda.gov/medwatch>.

Please see [Prescribing Information](#) including BOXED WARNING.