

APPENDIX 2

PRESCRIBER ENROLLMENT FORM

- [Online Version](#)
- [Downloadable Version](#)

Online JUXTAPID REMS Program Prescriber Enrollment Form

JUXTAPID will only be available through the JUXTAPID REMS Program. In order to prescribe JUXTAPID, a prescriber must:

1. Review the [Prescribing Information \(PI\)](#) and complete the [Prescriber Training Module](#);
2. Complete this one-time JUXTAPID REMS Program Prescriber Enrollment Form; and
3. Complete and submit a JUXTAPID REMS Prescription Authorization Form for each new prescription

Complete this enrollment form, sign the document per the instructions below, and click submit

Note: * indicates required fields

PRESCRIBER INFORMATION

First Name*: Middle Initial: Last Name*:

Credentials*: MD DO NP PA Other:

Physician Specialty: Cardiology Endocrinology Internal Medicine Other (specify)

Practice/Facility Name:

Address 1*:

Address 2:

City*: State*: Zip Code*: Phone Number*: Fax Number*:

Email*: NPI #:

OFFICE CONTACT

First Name: Last Name:

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

Email* (if office contact is provided):

PRESCRIBER ATTESTATION

By completing this form, I attest that:

- I understand that JUXTAPID is 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 is only available through the JUXTAPID REMS Program and that I must comply with the program requirements in order to prescribe JUXTAPID.
- I have completed the JUXTAPID REMS Prescriber Training Module.
- I understand that there is a risk of hepatotoxicity associated with JUXTAPID.
- I understand that serum ALT, AST, alkaline phosphatase and total bilirubin must be measured before initiating therapy with JUXTAPID.
- I understand that during the first year of treatment with JUXTAPID liver-related laboratory tests (ALT and AST at a minimum) must be measured prior to each increase in dose or monthly, whichever comes first.
- I understand that after the first year, these parameters should be measured at least every 3 months and before any increase in dose.
- 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 will complete and submit a JUXTAPID REMS Program Prescription Authorization Form for each new prescription.
- 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.

Please enter your First and Last Name in the Signature field below. Once you enter this information, the Enrollment Form will be considered signed

Signature* Date* 6/27/2013

Submit

If you have any questions, please contact the JUXTAPID REMS Program
Phone: 1-85-JUXTAPID (1-855-898-2743) | Fax: 1-855-898-2498 | www.JUXTAPIDREMSProgram.com

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Aegerion
Pharmaceuticals



Online JUXTAPID REMS Program Prescriber Enrollment Form

You have successfully submitted your online enrollment form. You will receive a confirmation email from Centric Health Resources who administers the JUXTAPID REMS Program on behalf of Aegerion Pharmaceuticals. [Click here](#) to view/print your Online Enrollment Form

If you have any questions, please contact the JUXTAPID REMS Program.

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JUXTAPID REMS PROGRAM PRESCRIBER ENROLLMENT FORM

(PLEASE PRINT) * INDICATES REQUIRED FIELDS

JUXTAPID will only be available through the JUXTAPID REMS Program. In order to prescribe JUXTAPID, a prescriber must:

- 1) Review the Prescribing Information (PI) and complete the Prescriber Training Module;
- 2) Complete this one-time JUXTAPID REMS Program Prescriber Enrollment Form; and
- 3) Complete and submit a JUXTAPID REMS Prescription Authorization Form for each new prescription.

Complete this enrollment form and fax it to the JUXTAPID REMS Program at 1-855-898-2498 or scan and email to REMS@aegerion.com.

PRESCRIBER INFORMATION

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

Credentials*: MD DO NP PA Other: _____

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

Practice/Facility Name: _____

Address 1*: _____

Address 2: _____

City*: _____ State*: _____ Zip code*: _____ Phone Number*: _____ Fax Number*: _____

Email*: _____ NPI #: _____

OFFICE CONTACT

First Name: _____ Last Name: _____

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Email* (if office contact is provided): _____

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Signature*: _____ Date*: _____

If you have any questions, please contact the JUXTAPID REMS Program.
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