Kynamro® (mipomersen sodium)  
Effective 11/26/18

<table>
<thead>
<tr>
<th>Plan</th>
<th>Program Type</th>
</tr>
</thead>
</table>
| ☑ MassHealth  
☑ Commercial/Exchange | ☑ Prior Authorization  
☐ Quantity Limit  
☐ Step Therapy |
| Benefit | Specialty Limitations |
| ☑ Pharmacy Benefit  
□ Medical Benefit (NLX) | This medication has been designated specialty and must be filled at a contracted specialty pharmacy. |

<table>
<thead>
<tr>
<th>Specialty Medications</th>
<th>Non-Specialty Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Plans Phone: 866-814-5506 Fax: 866-249-6155</td>
<td>MassHealth Phone: 877-433-7643 Fax: 866-255-7569</td>
</tr>
<tr>
<td>Commercial Phone: 800-294-5979 Fax: 888-836-0730</td>
<td>Exchange Phone: 855-582-2022 Fax: 855-245-2134</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Specialty Medications (NLX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Plans Phone: 844-345-2803 Fax: 844-851-0882</td>
</tr>
</tbody>
</table>

Exceptions: N/A

Overview
Kynamro® (mipomersen sodium) is an antihyperlipidemic medication used as adjunct to dietary therapy and other lipid-lowering treatments 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).

Kynamro® (mipomersen sodium) is indicated for HoFH confirmed by laboratory testing confirming genetic mutation associated with HoFH including: low density lipoprotein receptor (LDLR) mutation, PCSK9 mutations and familial defective apoB mutations.

Coverage Guidelines
Authorization may be granted for members with homozygous familial hypercholesterolemia (HoFH) who are new to AllWays Health Partners when ALL the following criteria are met:
1. Member is ≥ 18 years of age.
2. Member has already been started and stabilized on Kynamro®.

OR
Authorization may be granted when the following criteria are met:
- Patient has a diagnosis of homozygous familial hypercholesterolemia (HoFH AND
- Patient is ≥ 18 years of age AND
- Patient is new to AllWays Health Partners and has already been started and stabilized on Kynamro®

OR
- Patient has a diagnosis of homozygous familial hypercholesterolemia (HoFH) AND
- Patient is ≥ 18 years of age AND
- Patient is adherent to a low-fat diet (< 20% of energy supplied by dietary fat intake) AND
• Patient has had a documented side-effect, allergy, inadequate response, treatment failure, or contraindication to treatment with a high potency HMG Co-A reductase inhibitor (e.g. statin), including atorvastatin or rosuvastatin used in combination with ezetimibe, a fibric acid derivative, and/or cholestyramine AND
• Patient has had an inadequate response, treatment failure, or has a contraindication to lipid apheresis therapy AND
• Patient has had an inadequate response, treatment failure, or has a contraindication with a proprotein convertase subtilisin kexin type 9 (PCSK9) inhibitor (i.e. Praluent or Repatha)
• If female, patient has had a negative pregnancy test prior to initiation of treatment with Kynamro®

Limitations
1. A quantity limit of 4 syringes per 28 days applies.

References


Review History
02/26/18 – Reviewed
06/01/18 – Effective
11/26/18 – Reviewed

Disclaimer
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.