## 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 apo B 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:

**OR**

Authorization may be granted for members with homozygous familial hypercholesterolemia (HoFH) when ALL the following criteria are met:

1. Member is ≥ 18 years of age.
2. Member is adherent to a low-fat diet (< 20% of energy supplied by dietary fat intake).
3. Member 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.
4. Member has had an inadequate response, treatment failure, or has a contraindication to lipid apheresis therapy.

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<table>
<thead>
<tr>
<th>Plan</th>
<th>Benefit</th>
<th>Speciality Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ MassHealth</td>
<td>☒ Pharmacy Benefit</td>
<td>This medication has been designated specialty and must be filled at a contracted specialty pharmacy.</td>
</tr>
<tr>
<td>☒ Commercial/Exchange</td>
<td>☐ Medical Benefit (NLX)</td>
<td></td>
</tr>
</tbody>
</table>

| Program Type | ☒ Prior Authorization | ☒ Quantity Limit | ☐ Step Therapy |

<table>
<thead>
<tr>
<th>Specialty Medications</th>
<th>All Plans</th>
<th>Phone: 866-814-5506</th>
<th>Fax: 866-249-6155</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Specialty Medications</td>
<td>MassHealth</td>
<td>Phone: 877-433-7643</td>
<td>Fax: 866-255-7569</td>
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<td></td>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
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<tr>
<td></td>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
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| Medical Specialty Medications (NLX) | All Plans | Phone: 844-345-2803 | Fax: 844-851-0882 |

| Exceptions | N/A |

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399 Revolution Drive, Suite 810, Somerville, MA 02145 | allwayshealthpartners.org

AllWays Health Partners includes AllWays Health Partners, Inc. and AllWays Health Partners Insurance Company
5. Member 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).

6. Note: If female, patient has had a negative pregnancy test prior to initiation of treatment with Kynamro®.

Limitations
1. Initial authorizations will be approved for 3 months.
2. Reauthorizations will be approved for 12 months.
3. The following quantity limits apply:

| Kynamro 200mg/mL | 4 syringes per 28 days |

References


Review History
02/26/2018 – Reviewed
06/01/2018 – Effective
11/26/2018 – Reviewed
01/22/2020 – Updated approval durations
09/22/2021 – Reviewed at September P&T; removed diagnosis and age requirement for new members currently on Kynamro; references updated. Effective 02/01/2022.

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.