



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	March 6, 2013

## **KYNAMRO® (mipomersen sodium) injection**

**LENGTH OF AUTHORIZATION:** Up to 6 months

**REVIEW CRITERIA:**

- Patient must be  $\geq 18$  years old
- Patient must have a diagnosis of homozygous familial hypercholesterolemia (HoFH) verified by supporting documentation or patient health conditions.
- Must be prescribed by a certified REMS provider demonstrated with supporting documentation (signed attestation)

<http://www.kynamrorems.com/>

**DOSING & ADMINISTRATION:**

- Maximum dosage of 200mg subcutaneously week
- Dosage Form: 200mg vial or prefilled syringe