



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Kynamro™ (mipomersen sodium)

Review Criteria

Member must meet all the following criteria:

- Member must be at least 18 years of age
- Member must have diagnosis of homozygous familial hypercholesterolemia (HoFH)

LIMITATIONS:

- Maximum dose limits are 4 vials or 4-prefilled syringes per 30 days
- If member meets above criteria, final approval must be granted by the Drug Utilization Review (DUR) Board due to high cost of medication.