



## Manual Prior Authorization

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### **Kynamro**

- Diagnosis of homozygous familial hypercholesterolemia (H.FH); and
- Beneficiary at least 18 years or older; and
- Prescriber certified with applicable REMS program; and
- Current use of a low-fat diet; and
- Inadequate response, intolerance or contraindication to a preferred, high intensity HMG CoA reductase inhibitor (atorvastatin 80mg or Crestor 40mg) at the maximum approved or tolerated dose; and
- Inadequate response, intolerance or contraindication to a preferred, high intensity HMG CoA reductase inhibitor in combination with other lipid lowering agents

**01/05/2015**