REMS PRESCRIBER ENROLLMENT FORM

KYNAMRO® (mipomersen sodium) injection is only available through KYNAMRO Risk Evaluation and Mitigation Strategy (REMS).

In order to prescribe KYNAMRO, a prescriber must:

1. Complete the KYNAMRO REMS prescriber training by reviewing the materials in the KYNAMRO REMS Prescriber Education and Enrollment Kit.
2. Complete this one-time KYNAMRO REMS *Prescriber Enrollment Form.*
3. Complete and submit a KYNAMRO REMS *Prescription Authorization Form* for each new prescription.

Complete this enrollment form and submit to KYNAMRO REMS by fax at 877-778-9008

Prescriber Information (All information required)

Name (first, middle, last)			Credentials ☐MD ☐ DO ☐ NP ☐ PA ☐ Other _____	
Name of Institution/Practice Name			Prescriber Specialty (Board Certification): ☐ Cardiology ☐ Endocrinology ☐ Family Medicine ☐ Internal Medicine ☐ Other [please specify] _____	
Practice Setting: ☐ Hospital-Based Practice ☐ Private/Group Practice				
Practice Address				
City	State	Zip Code	Preferred Method of Contact ☐ Fax ☐ Phone	
Email Address	Office Phone Number		Office Contact Name	Office Fax Number
Primary State License Number/State of Issue			National Provider Identification (NPI) Number	

Prescriber Attestation

By signing this form, I attest that:

- I understand that KYNAMRO is indicated as an adjunct to lipid-lowering medications and diet to reduce low density lipoprotein-cholesterol (LDL-C), apolipoprotein B (apo B), total cholesterol (TC), and non-high density lipoprotein-cholesterol (non-HDL-C) in patients with homozygous familial hypercholesterolemia (HoFH).
- I understand that KYNAMRO is only available through KYNAMRO REMS and that I must comply with the program requirements in order to prescribe KYNAMRO.
- I have completed the KYNAMRO REMS Prescriber Training.
- I understand that there is a risk of hepatotoxicity associated with KYNAMRO.
- I understand that serum ALT, AST, alkaline phosphatase, and total bilirubin must be measured before initiating therapy with KYNAMRO.
- I understand that during the first year of treatment with KYNAMRO, liver-related laboratory tests (ALT and AST at a minimum) must be measured monthly.
- I understand that after the first year, these parameters should be measured at least every 3 months.
- I agree that personnel from the KYNAMRO REMS Program may contact me to gather further information or resolve discrepancies or to provide other information related to KYNAMRO or KYNAMRO REMS.
- I will complete and submit a KYNAMRO REMS *Prescription Authorization Form* for each new prescription.
- I agree that Kastle Therapeutics, its agents, and contractors such as the pharmacy providers may contact me via phone, mail, or email to survey me on the effectiveness of the program requirements for KYNAMRO REMS.

Prescriber Signature_____ Date _____

Print Name _____

Questions? Contact KYNAMRO REMS

Phone: 877-596-2676 | Fax: 877-778-9008 | www.KynamroREMS.com

The KYNAMRO Prescription Authorization Form is available at www.KynamroREMS.com

Please see Prescribing Information for KYNAMRO.