



## Kynamro

**Express Scripts  
Prior Authorization  
Phone 1-844-424-8886  
Fax 1-877-251-5896**

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: [medicarepartdparequests@express-scripts.com](mailto:medicarepartdparequests@express-scripts.com)

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Medication:	Diagnosis:
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**SECTION A** Please answer the following questions

1.  Yes  No Is this a request for reauthorization? *(If No, skip to question 3.)*
2.  Yes  No Does the member have a documented positive clinical response to Kynamro?
3.  Yes  No Does the member have a diagnosis of homozygous familial hypercholesterolemia with LDL-R genetic mutations confirmed by genetic testing?
4.  Yes  No Does the member have inadequate response to a lipid-lowering therapy containing a high potency statin?
5.  Yes  No Is Kynamro is being used as an adjunct to a lipid lowering therapy containing a high potency statin?
6.  Yes  No Was baseline LFTs (ALT, AST, alkaline phosphatase, total bilirubin) performed prior to the initiation of Kynamro?

*Please document the laboratory values:*

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7.  Yes  No Does the member have moderate or severe hepatic impairment (based on Child-Pugh category B or C)?
  8.  Yes  No Does the member have active liver disease, including unexplained persistent elevations of serum transaminases?

9.  Yes  No Is the member 18 years of age or older?

**Please document the symptoms and/or any other information important to this review:**

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**SECTION B** Physician Signature

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PHYSICIAN SIGNATURE

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DATE

**FAX COMPLETED FORM TO: 1-877-251-5896**

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.villagehealthca.com>