Prescriber Enrollment Form

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

In order to be REMS certified, a prescriber must:

1. Review the **KYNAMRO Prescribing Information** and **KYNAMRO REMS Program: An Introduction**.
2. Complete the **KYNAMRO REMS Program Prescriber Certification Training Module** and successfully complete the **Knowledge Assessment**.
3. Complete this one-time **KYNAMRO REMS Program Prescriber Enrollment Form**.

Fax forms as described below to the KYNAMRO REMS Program Coordinating Center at 1-877-778-9008.

If you have taken the online version of the Prescriber Certification Training Module, fax:
1) Your **Certification of Completion** and 2) both pages of this **Prescriber Enrollment Form**

If you have taken the print version of the Prescriber Certification Training Module, fax:
1) The completed **Knowledge Assessment** form and 2) both pages of this **Prescriber Enrollment Form**

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 ☐ University (Academic) Center			
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	

Please read the Prescriber Attestation on page 2. Sign form and submit both pages.

Questions? Contact the KYNAMRO REMS Program Coordinating Center
Phone: 1-877-596-2676 | **Fax: 1-877-778-9008** | **www.KYNAMROREMS.com**
All of the KYNAMRO REMS Program documents are available at www.KYNAMROREMS.com
Please see Full Prescribing Information on KYNAMRO.com

KYNAMRO® (mipomersen sodium) injection 200mg/ml

Prescriber Attestation

By signing this form, I attest that:

I understand that KYNAMRO® is available only through the KYNAMRO REMS Program and that I must comply with the program requirements in order to prescribe KYNAMRO.

Use:

- 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 the safety and effectiveness of KYNAMRO has not been established in patients with hypercholesterolemia who do not have HoFH, including those with heterozygous familial hypercholesterolemia (HeFH)

Hepatotoxicity Risk:

- I understand that there is a risk of hepatotoxicity associated with KYNAMRO
- I understand the Recommendations for Monitoring Transaminases with KYNAMRO treatment:
    - Before initiating therapy, measure alanine aminotransferase (ALT), aspartate aminotransferase (AST), alkaline phosphatase, and total bilirubin
    - During the first year, liver-related laboratory tests (ALT and AST at a minimum) must be measured monthly
    - After the first year, these parameters should be measured at least every 3 months

REMS Requirements:

- I have reviewed the **KYNAMRO Prescribing Information** and **KYNAMRO REMS Program: An Introduction**
- I have completed the **KYNAMRO REMS Program Prescriber Certification Training Module**, including **Knowledge Assessment**
- I agree to counsel patient on the risk of hepatotoxicity with KYNAMRO and the need for regular monitoring using the **KYNAMRO REMS Program Patient Guide**
- I will complete and submit a **KYNAMRO REMS Program Patient-Prescriber Acknowledgment Form**
- I will complete and submit a **KYNAMRO REMS Program Prescription Authorization Form** for each new prescription
- I understand that KYNAMRO is available only through the KYNAMRO REMS Program and that I must comply with the program requirements in order to prescribe KYNAMRO
- 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 the KYNAMRO REMS Program
- 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 the KYNAMRO REMS Program

Prescriber Signature_____ Date_____

Print Name_____

Fax both pages to the KYNAMRO REMS Program Coordinating Center at 1-877-778-9008.

KYNAMRO® (mipomersen sodium) injection 200mg/ml