



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

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:

SECTION B Physician Signature

PHYSICIAN SIGNATURE

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.scanhealthplan.com>