CAMZYOS™ (mavacamten) 2.5, 5, 10, 15mg capsules

CAMZYOS® REMS
Healthcare Provider Enrollment Form

Instructions:

1. Review the ***Prescribing Information***, the ***Education Program for Healthcare Providers and Pharmacies***, and the ***Program Overview***
2. Successfully complete and submit the ***Healthcare Provider Knowledge Assessment*** and the ***Healthcare Provider Enrollment Form*** to the CAMZYOS REMS:
   - ▶ Online at **CAMZYOSREMS.com**, or
   - ▶ By fax at 833-299-9539

Complete all required fields on this form to avoid a delay in the enrollment process. Upon completion of these steps, the REMS will notify you of your successful certification within 1 business day.

Healthcare Provider Information (Fields marked * are REQUIRED)			
*First Name:	Middle Initial:	*Last Name:	
*Credentials: ☐ MD ☐ DO ☐ NP ☐ PA ☐ Other (please specify):			
*Specialty: ☐ Cardiology ☐ Electrophysiology ☐ Genetics ☐ Other (please specify):			
*Healthcare Provider NPI #:			
*Practice/Facility Name:			
*Address:	*City:	*State:	*ZIP Code:
*Phone: Area Code/Telephone Number	*Fax: Area Code/Fax Number		
*Email:	Preferred Method of Contact: (please select one) ☐ Phone ☐ Email ☐ Fax		
Preferred Time of Contact: ☐ AM ☐ PM			

Healthcare Provider Responsibilities

I have:

- Reviewed the drug's ***Prescribing Information***, the ***Program Overview***, and the ***Education Program for Healthcare Providers and Pharmacies***
- Successfully completed the ***Healthcare Provider Knowledge Assessment*** and submitted it to the CAMZYOS REMS

Before treatment initiation (first dose), I must:

- Counsel the patient, using the ***Patient Brochure***, on the:
  - risk of heart failure due to systolic dysfunction, including how to recognize and respond to the symptoms of heart failure due to systolic dysfunction
  - risk of drug-drug interactions with CYP2C19 and CYP3A4 inhibitors and inducers and the need to inform healthcare providers of all the prescription and nonprescription medication they take

For internal use only

Phone: 833-628-7367
Fax: 833-299-9539
CAMZYOSREMS.com

Bristol Myers Squibb™

3500-US-2200618 01/23

- Provide the patient with the ***Patient Brochure***
- Assess the patient's cardiovascular status and the appropriateness of initiating treatment by obtaining a baseline echocardiogram
- Assess the patient's prescription and nonprescription medications and supplements for drug-drug interactions
- Document and submit confirmation of an echocardiogram, assessment of drug-drug interactions, and authorization for treatment to the CAMZYOS REMS using the ***Patient Enrollment Form***
- Enroll the patient by completing the ***Patient Enrollment Form*** and submitting the form to the CAMZYOS REMS
- For patients who delay treatment initiation up to 90 days from ***Patient Enrollment Form*** submission: Assess the patient's treatment start date. Document and submit the new start date using the REMS website

During treatment (4, 8, and 12 weeks after treatment initiation and every 12 weeks thereafter, unless dose change, initiating a weak CYP2C19 inhibitor, or initiating a moderate CYP3A4 inhibitor), I must:

- Counsel the patient on the risks of heart failure due to systolic dysfunction and drug-drug interactions with CYP2C19 and CYP3A4 inhibitors and inducers, and the related safe-use requirements using the ***Patient Brochure***
- Assess the patient's cardiovascular status and the appropriateness of continuing treatment by echocardiogram
- Assess the patient's prescription and nonprescription medications for drug-drug interactions
- Document and submit confirmation of an echocardiogram, assessment of drug-drug interactions, and authorization for continuing treatment to the CAMZYOS REMS using the ***Patient Status Form***

During treatment (4 and 12 weeks after any dose change, initiating a weak CYP2C19 inhibitor, or initiating a moderate CYP3A4 inhibitor, and every 12 weeks thereafter), I must:

- Counsel the patient on the risks of heart failure due to systolic dysfunction and drug-drug interactions with CYP2C19 and CYP3A4 inhibitors and inducers, and the related safe-use requirements using the ***Patient Brochure***
- Assess the patient's cardiovascular status and the appropriateness of continuing treatment by echocardiogram
- Assess the patient's prescription and nonprescription medications and supplements for drug-drug interactions
- Document and submit confirmation of an echocardiogram, assessment of drug-drug interactions, and authorization for continuing treatment to the CAMZYOS REMS using the ***Patient Status Form***

At all times, I must:

- Report adverse events of heart failure due to systolic dysfunction to Bristol Myers Squibb

***Healthcare Provider Signature:** _____ ***Date:** _____
Month/Day/Year

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