

## CAMZYOS® REMS Healthcare Provider Knowledge Assessment

**Instructions:**

1. Complete and submit this *Healthcare Provider Knowledge Assessment* to the REMS:
    - ▶ Online at [CAMZYOSREMS.com](http://CAMZYOSREMS.com), or
    - ▶ Print and fax the form to the CAMZYOS REMS at 833-299-9539
  2. To complete certification, enroll in the REMS by completing and submitting the *Healthcare Provider Enrollment Form*
- Complete all required fields on this form to avoid a delay in the enrollment process. You will be notified by email of the status of your certification within 1 business day once the *Healthcare Provider Enrollment Form* has also been submitted.

Healthcare Provider Information (Fields marked * are REQUIRED)		
*First Name:	Middle Initial:	*Last Name:
*Healthcare Provider NPI #:		
*Phone: _____ <small style="text-align: center;">Area Code/Telephone Number</small>	*Fax: _____ <small style="text-align: center;">Area Code/Fax Number</small>	
*Email:		

**For Questions 1–10, select the correct answer. All questions must be answered correctly.**

**Question 1**

The risk being mitigated in the CAMZYOS REMS is:

- A. Liver function test elevations (>3 times the upper limit of normal)
- B. Neutropenia
- C. Heart failure due to systolic dysfunction
- D. Severe skin reactions

**Question 2**

Which of the following **is** an objective of the CAMZYOS REMS?

- A. Monitor for detection of heart failure due to systolic dysfunction with periodic echocardiograms
- B. Reduce liver toxicity caused by CAMZYOS
- C. Screen for drug interactions prior to each dispense
- D. Options A and B only
- E. Options A and C only
- F. None of the above

**Question 3**

What is the recommended starting dose of CAMZYOS?

- A. 2.5 mg once daily
- B. 5 mg once daily
- C. 10 mg every other day



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

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### Question 4

Prior to and during treatment with CAMZYOS, each individual patient needs to receive counseling from their healthcare provider, using the *Patient Brochure*, on:

- A. The risk of drug-drug interactions with CYP2C19 or CYP3A4 inhibitors and inducers
- B. The risk of heart failure due to systolic dysfunction
- C. How to recognize and respond to the symptoms of heart failure due to systolic dysfunction
- D. The need to inform healthcare providers of all the prescription and nonprescription medications they take
- E. The need for echocardiograms during treatment with CAMZYOS
- F. All of the above

### Question 5

Echocardiograms are required at each of the following time points while on CAMZYOS, **except**:

- A. Prior to initiation of treatment
- B. 4 weeks after initiation of treatment
- C. 8 weeks after initiation of treatment
- D. 12 weeks after initiation of treatment
- E. Every 6 months in the second year
- F. 4 weeks after a dose increase or decrease

### Question 6

Patients can elect not to enroll in the REMS and still receive treatment with CAMZYOS.

- A. TRUE
- B. FALSE

### Question 7

A prescription for CAMZYOS must be sent to a certified pharmacy to be dispensed. Pharmacies certified in the REMS can dispense CAMZYOS.

- A. TRUE
- B. FALSE

### Question 8

If during treatment with CAMZYOS a patient has an LVEF <50%, the following step(s) should be followed:

- A. Treatment should be interrupted for 4 weeks
- B. Echocardiogram should be repeated after 4 weeks
- C. Once LVEF is  $\geq 50\%$ , treatment may be reinitiated at the next lower dose level
- D. All of the above

### Question 9

In order for patients to continue treatment with CAMZYOS, the healthcare provider or designee is required to submit a *Patient Status Form* after each required echocardiogram.

- A. TRUE
- B. FALSE

### Question 10

If a patient must begin to use a moderate CYP3A4 or a weak CYP2C19 inhibitor during CAMZYOS therapy, what must occur?

- A. CAMZYOS must be discontinued
- B. The dose of CAMZYOS must be increased by one level
- C. The moderate CYP3A4 or weak CYP2C19 inhibitor must be discontinued
- D. The dose of CAMZYOS must be decreased by one level



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