

## CAMZYOS® REMS

### Drug Interaction and Counseling Checklist for Pharmacies

**Instructions:**

Complete this form prior to each dispense of CAMZYOS. Complete online at [CAMZYOSREMS.com](http://CAMZYOSREMS.com) or fax the completed form to the CAMZYOS REMS at 833-299-9539. Do not dispense CAMZYOS until the authorization to dispense is received.

**Step 1:**

<b>Patient Information</b> (Fields marked * are REQUIRED)		
*First Name:	Middle Initial:	*Last Name:
*Date of Birth: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="text-align: center; font-size: small;">Month/Day/Year</div>		

<b>Healthcare Provider Information</b> (Fields marked * are REQUIRED)	
*First Name:	*Last Name:
NPI #:	Phone: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="text-align: right; font-size: small;">Area Code/Telephone Number</div>

<b>Pharmacy Information</b> (Fields marked * are REQUIRED)			
*Pharmacy Name:	*Pharmacy NPI #:		
*Pharmacy Address:	*City:	*State:	*ZIP Code:
Phone: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="text-align: center; font-size: small;">Area Code/Telephone Number</div>			

This is a: <input type="checkbox"/> New prescription <input type="checkbox"/> Refill at the same dose <input type="checkbox"/> Restart after temporary interruption <input type="checkbox"/> Dose increase <input type="checkbox"/> Dose decrease (rationale): <input type="checkbox"/> LVEF <50% <input type="checkbox"/> VLVOT <20 mmHg <input type="checkbox"/> Drug interaction <input type="checkbox"/> Other not listed on Patient Status Form
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### Step 2: Drug Interaction Screening

- I have reviewed the patient's current medical conditions for which they are under a healthcare provider's care. List current medical conditions for which they are under a healthcare provider's care.

\_\_\_\_\_

- I have reviewed with the patient their current prescription and nonprescription medications and supplements. List the current prescription and nonprescription medications and supplements that the patient is currently taking.

\_\_\_\_\_

List any new prescription or nonprescription medications or supplements since the last fill of CAMZYOS. (If this is the first prescription, move to Question 1.)

\_\_\_\_\_

1. Check ALL current medications and supplements for contraindications. **If contraindicated medication(s) are found, do not fill CAMZYOS and contact the healthcare provider.**

a. Is the patient taking a contraindicated medication?  Yes  No

If yes, please provide the contraindicated medication(s):

\_\_\_\_\_

2. Check for drug interactions that require dose adjustment (moderate CYP3A4 inhibitor or weak CYP2C19 inhibitor). **If found, do not fill CAMZYOS, and contact the healthcare provider for dose adjustment.** (Note: patients who are on stable therapy with a moderate CYP3A4 inhibitor or a weak CYP2C19 inhibitor prior to initiating CAMZYOS should initiate CAMZYOS at the recommended 5-mg starting dose)

a. Is the patient taking a medication that requires a CAMZYOS dosage adjustment?  Yes  No

If yes, please provide the medication(s) that require(s) a CAMZYOS dosage adjustment:

\_\_\_\_\_

3. The interacting medication/supplement was prescribed/recommended by:

A CAMZYOS-certified healthcare provider/designee

Other healthcare provider/designee

Purchased over the counter by patient

Contacted healthcare provider via \_\_\_\_\_ on \_\_\_\_\_  
Month/Day/Year

Action taken for contraindicated medication(s):

CAMZYOS discontinued  Other medication(s) discontinued

Action taken for medication(s) requiring dosage adjustment:

CAMZYOS discontinued  CAMZYOS dose decreased  Other medication(s) discontinued



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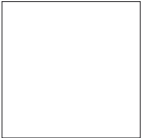
## Drug Interaction and Counseling Checklist for Pharmacies

<b>Step 3: Counseling</b>
<input type="checkbox"/> I have instructed the patient to notify their healthcare provider of new or worsening symptoms of heart failure such as shortness of breath, chest pain, fatigue, palpitations, leg swelling, and rapid weight gain. <input type="checkbox"/> I have instructed the patient to notify their healthcare provider and pharmacy prior to the use of any new prescription or over-the-counter medication or supplement or prior to stopping any medication.

Pharmacist Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Month/Day/Year

<b>Examples of Drugs Contraindicated With CAMZYOS—DO NOT DISPENSE CAMZYOS*</b>		
<b>Moderate to Strong CYP2C19 Inhibitors</b>		
Diflucan (fluconazole)	Nexium (esomeprazole)	Prozac (fluoxetine)
Felbatol (felbamate)	Prilosec (omeprazole)	Vfend (voriconazole)
Luvox (fluvoxamine)	40 mg once daily	
<b>Strong CYP3A4 Inhibitors</b>		
Biaxin (clarithromycin)	Ritonavir-containing products	Tybost (cobicistat)
Grapefruit juice	(eg, Norvir, Paxlovid, Kaletra)	Viracept (nelfinavir)
Nizoral (ketoconazole)	Serzone (nefazodone)	Zydelig (idelalisib)
Noxafil (posaconazole)	Sporanox (itraconazole)	
<b>Moderate to Strong CYP2C19 Inducers or Moderate to Strong CYP3A4 Inducers</b>		
Cerebyx (fosphenytoin)	Mysoline (primidone)	St. John's wort
Dilantin (phenytoin)	Nafcillin	Sustiva (efavirenz)
Erleada (apalutamide)	Phenobarbital	Tegretol (carbamazepine)
Intelence (etravirine)	Rifadin (rifampin)	Xtandi (enzalutamide)
Lysodren (mitotane)		

\*This table contains select examples and is not comprehensive.



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

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## Drug Interaction and Counseling Checklist for Pharmacies

### Examples of Drugs That Interact With CAMZYOS—Dose of CAMZYOS Must Be Adjusted\*

Please see CAMZYOS Prescribing Information.

Note: patients who are on stable therapy with a weak CYP2C19 inhibitor or a moderate CYP3A4 inhibitor prior to initiating CAMZYOS should initiate CAMZYOS at the recommended 5-mg starting dose.

### Weak CYP2C19 Inhibitors or Moderate CYP3A4 Inhibitors

Calan (verapamil)	Erythromycin	Prilosec (omeprazole)
Cardizem (diltiazem)	Multaq (dronedarone)	20 mg once daily
Cipro (ciprofloxacin)	Nydrazid (isoniazid)	Tagamet (cimetidine)

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