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®

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- 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 3 to 6 months thereafter, depending on echocardiogram results, unless dose change, initiating a weak to moderate CYP2C19 inhibitor, or initiating a moderate to strong 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 to moderate CYP2C19 inhibitor, or initiating a moderate to strong CYP3A4 inhibitor, and every 3 to 6 months thereafter, depending on echocardiogram results), 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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