

CAMZYOS™ REMS Healthcare Provider Enrollment Form

Instructions:

- Review the [Prescribing Information](#), the [Education Program for Healthcare Providers and Pharmacies](#), and the [Program Overview](#)
- 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: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> Other (please specify):			
*Specialty: <input type="checkbox"/> Cardiology <input type="checkbox"/> Electrophysiology <input type="checkbox"/> Genetics <input type="checkbox"/> Other (please specify):			
*Healthcare Provider NPI #:			
*Practice/Facility Name:			
*Address:	*City:	*State:	*ZIP Code:
*Phone: _____		*Fax: _____	
Area Code/Telephone Number		Area Code/Fax Number	
*Email:		Preferred Method of Contact: (please select one) <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Fax	
Preferred Time of Contact: <input type="checkbox"/> AM <input type="checkbox"/> 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



CAMZYOS™ REMS

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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

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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