

# **CAMZYOS® REMS**

## **Healthcare Provider Knowledge Assessment**

### Instructions:

- 1. Complete and submit this *Healthcare Provider Knowledge Assessment* to the REMS:
  - ▶ Online at 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:		*Fax:	
Area Code/Telephone Number		Area Code/Fax Number	
*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:

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

#### Question 2

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

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

#### **Question 3**

What is the recommended starting dose of CAMZYOS?

- O A. 2.5 mg once daily
- O B. 5 mg once daily (or 2.5 mg for patients on stable therapy with a moderate CYP2C19 inhibitor or a strong CYP3A4 inhibitor)
- O C. 10 mg every other day



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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:

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

### Question 5

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

- O A. Prior to initiation of treatment
- O B. 4 weeks after initiation of treatment
- O C. 8 weeks after initiation of treatment
- O **D.** 12 weeks after initiation of treatment
- O **E.** Once per year starting in the second year
- O 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.

O B. FALSE O A. TRUE

### **Question 7**

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

O A. TRUE O B. FALSE

#### **Question 8**

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

- O A. Treatment should be interrupted for 4 weeks
- O B. Echocardiogram should be repeated after 4 weeks
- O C. Once LVEF is ≥50%, treatment may be reinitiated at the next lower dose level
- O **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.

O A. TRUE O B. FALSE

#### **Question 10**

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

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



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

