

CAMZYOS™ REMS

Pharmacy Authorized Representative Knowledge Assessment

Instructions:

1. Complete and submit this *Pharmacy Authorized Representative 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 *Pharmacy Enrollment Form*

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.

Pharmacy Authorized Representative Information (Fields marked * are REQUIRED)		
*First Name:	Middle Initial:	*Last Name:
*Title:		
*Pharmacy NPI #:		
*Pharmacy Name:		
*Phone:	*Fax:	
_____ <small>Area Code/Telephone Number</small>	_____ <small>Area Code/Fax Number</small>	
*Email:		



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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 upper limit of normal)
- B. Neutropenia
- C. Heart failure due to systolic dysfunction
- D. Severe skin reactions

Question 2

Which of the following **are** objectives 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

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

Question 4

With every prescription of CAMZYOS dispensed, the pharmacy needs to:

- A. Obtain authorization to dispense CAMZYOS
- B. Document the prescribed dose on the CAMZYOS REMS website or by calling the REMS Call Center
- C. Complete and submit the ***Drug Interaction and Counseling Checklist for Pharmacies*** to the REMS
- D. Provide the ***Patient Brochure*** with each shipment of CAMZYOS
- E. All of the above

Question 5

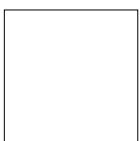
If the authorized representative of the pharmacy changes, the new representative needs to enroll in the CAMZYOS REMS.

- A. TRUE
- B. FALSE

Question 6

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

- A. TRUE
- B. FALSE



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Question 7

All of the following must be completed as part of the *Drug Interaction and Counseling Checklist for Pharmacies*:

- A. Review and document prescription and nonprescription medications and supplements with the patient
- B. Instruct the patient to contact their healthcare provider if new or worsening symptoms of heart failure occur
- C. Counsel the patient to notify their healthcare provider and pharmacist prior to starting any new prescription or nonprescription medications or supplements
- D. Options A and B
- E. All of the above

Question 8

A certified pharmacy may dispense up to how many days' supply of CAMZYOS?

- A. 14
- B. 35
- C. 95
- D. 120

Question 9

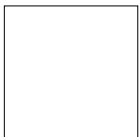
The pharmacist needs to verify which of the following to obtain authorization for the **first** dispense of CAMZYOS:

- A. The prescriber is certified in the CAMZYOS REMS
- B. The patient is enrolled in the CAMZYOS REMS
- C. The *Drug Interaction and Counseling Checklist for Pharmacies* has been completed and submitted to the CAMZYOS REMS
- D. The patient has completed a liver function test
- E. Options A, B, and C

Question 10

Which of the following are contraindications for CAMZYOS?

- A. Concomitant use of moderate to strong CYP2C19 inhibitors
- B. Concomitant use of moderate to strong CYP2C19 inducers
- C. Concomitant use of strong CYP3A4 inhibitors
- D. Concomitant use of moderate to strong CYP3A4 inducers
- E. Options A and C only
- F. All of the above



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