

## CAMZYOS® REMS

### Pharmacy Authorized Representative Knowledge Assessment

#### Instructions:

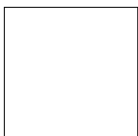
1. Complete and submit this **Pharmacy Authorized Representative Knowledge Assessment** to the REMS:

- ▶ 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:	
<div style="border-bottom: 1px solid black; width: 100%;"></div> <small>Area Code/Telephone Number</small>	<div style="border-bottom: 1px solid black; width: 100%;"></div> <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 (or 2.5 mg for patients on stable therapy with a moderate CYP2C19 inhibitor or a strong CYP3A4 inhibitor)
- ☐ 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**

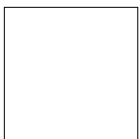
If the authorized representative of the pharmacy changes, the new representative needs to enroll in the CAMZYOS REMS.

- ☐ 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 to patients in their first year of treatment?

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

### Question 9

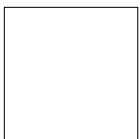
The pharmacist needs to verify which of the following to obtain authorization for the **first** dispense of CAMZYOS:

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



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