

CAMZYOS™ REMS Pharmacy Enrollment Form

Instructions:

- Review the *Prescribing Information*, the *Education Program for Healthcare Providers and Pharmacies*, and the *Program Overview*
- Successfully complete and submit the *Pharmacy Authorized Representative Knowledge Assessment* and the *Pharmacy 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.

Pharmacy Information (Fields marked * are REQUIRED)			
*Pharmacy Name:	*Pharmacy NPI #:	*Pharmacy DEA #:	
*Pharmacy Address:	*City:	*State:	*ZIP Code:
*Phone: _____	*Fax: _____		
Area Code/Telephone Number	Area Code/Fax Number		

Authorized Representative Information (Fields marked * are REQUIRED)		
*First Name:	Middle Initial:	*Last Name:
*Title/Position:		
*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		

*Secondary Contact (Fields marked * are REQUIRED)		
*First Name:	Middle Initial:	*Last Name:
*Phone: _____	*Fax: _____	
Area Code/Telephone Number	Area Code/Fax Number	
*Email:		



CAMZYOS™ REMS

Pharmacy Enrollment Form

Pharmacy Responsibilities

As the Authorized Representative, I must:

- Review the [Prescribing Information](#), the [Education Program for Healthcare Providers and Pharmacies](#), and the [Program Overview](#)
- Successfully complete the [Pharmacy Authorized Representative Knowledge Assessment](#) and submit it to the CAMZYOS REMS
- Train all relevant staff involved in dispensing CAMZYOS using the [Program Overview](#) and the [Education Program for Healthcare Providers and Pharmacies](#)

Before dispensing, all pharmacy staff must:

- Counsel the patient on drug-drug interactions
- Assess the patient's prescription and nonprescription medications and supplements for drug-drug interactions. Document and submit to the CAMZYOS REMS using the [Drug Interaction and Counseling Checklist for Pharmacies](#)
- Document the prescribed dose of CAMZYOS
- Obtain authorization to dispense each prescription by contacting the CAMZYOS REMS to verify that the:
 - prescriber is certified and the patient is enrolled
 - healthcare provider has authorized the patient to receive the drug, the patient is counseled, and the pharmacy has identified and resolved any drug-drug interactions
- Provide the patient with the [Patient Brochure](#)
- Dispense no more than a 35-day supply of CAMZYOS

At all times, all pharmacy staff must:

- Report adverse events of heart failure due to systolic dysfunction to Bristol Myers Squibb
- Not distribute, transfer, loan, or sell CAMZYOS except to a certified pharmacy
- Maintain records of dispensing information
- Maintain records of completion of the REMS training by relevant staff
- Maintain records that all processes and procedures are in place and are being followed
- Comply with audits carried out by MyoKardia or a third party acting on behalf of MyoKardia to ensure that all processes and procedures are in place and are being followed
- Have a new authorized representative enroll in the CAMZYOS REMS by successfully completing the [Pharmacy Authorized Representative Knowledge Assessment](#) and completing the [Pharmacy Enrollment Form](#)

*Authorized Representative Signature: _____ *Date: _____
Month/Day/Year



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CAMZYOSREMS.com