

CAMZYOS® ▼ (mavacamten) PATIENT CARD



Patient instructions: Carry this card with you **at all times**. Tell any healthcare professional who sees you that you are taking CAMZYOS.

CAMZYOS is indicated for the treatment of symptomatic obstructive hypertrophic cardiomyopathy. Refer to the Patient Guide and the patient information leaflet for more information, or contact

medinfo.uae@bms.com

Safety information for patients of childbearing potential:

- CAMZYOS may cause harm to an unborn baby if used during pregnancy
- CAMZYOS must not be taken if you are pregnant or are of childbearing potential and are not using a highly effective method of contraception
- If you are able to get pregnant, you must use an effective method of contraception throughout treatment and for at least 6 months after your last dose
- Talk to your doctor if you are considering becoming pregnant
- If you suspect that you may be pregnant or are pregnant, you must inform your prescriber or doctor **immediately**

Safety information for all patients:

- Tell your prescriber or doctor or seek other medical attention **immediately** if you experience new or worsening symptoms of heart failure, including shortness of breath, chest pain, fatigue, a racing heart (palpitations), or leg swelling
- Tell your prescriber or doctor of any new or existing medical conditions

- Tell your prescriber, doctor or pharmacist before starting new medicines (including prescription and those available over the counter) or herbal supplements. Do not stop taking or change the dose of any medicine or herbal supplement that you are already taking without talking to your doctor or pharmacist first as other medicines can affect how well CAMZYOS works

- Tell any healthcare professional who sees you if any side effects occur while you are taking CAMZYOS
- Remember to keep all appointments, especially echocardiogram (also known as echo) appointments, to monitor your heart's health

Please complete this section or ask your prescriber of CAMZYOS to complete it.

Patient's name: _____

Name of prescriber: _____

Office Phone Number: _____

After-hours phone number: _____

Hospital name (if applicable): _____

▼ **CAMZYOS is subject to additional monitoring. This will allow for the quick identification of new safety information. You can help by reporting any side effects that you may experience.**

Date of Health Authority Approval: **04/06/2024**

Local Approval Number: 3500-AE-2300008

3500-GL-2300016 06/23

For reporting any suspected adverse reactions via the national reporting system :

 **Bristol Myers Squibb™**

Bristol Myers Squibb, UAE:

At: medinfo.uae@bms.com
or call: 8000 444 7712

Ministry of Health and Prevention, UAE:

- Email address: pv@moh.gov.ae