



## HCP COLLABORATION FORM

### HCP INFORMATION

Full Name: \_\_\_\_\_

Speciality: \_\_\_\_\_

Institute: \_\_\_\_\_

City: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Number: \_\_\_\_\_

# FEEDBACK & SUGGESTION

Unlocking a  
**NEW RHYTHM**



How many patients with obstructive Hypertrophic cardiomyopathy (oHCM) are currently part of your patient pool under management?

☐ None ☐ 1-5 ☐ 6-10 ☐ >10

Approximately how many new oHCM patients are inducted per month in your clinic/hospital?

☐ None ☐ 1-5 ☐ 6-10 ☐ >10

Do you believe current treatment options for oHCM are sufficient?

☐ Yes ☐ Somewhat ☐ No

Are you familiar with the molecule Mavacamten?

☐ Yes ☐ Somewhat ☐ No

Are you familiar with the mechanism of action of Mavacamten?

☐ Yes ☐ Somewhat ☐ No



# FEEDBACK & SUGGESTION

Unlocking a  
**NEW RHYTHM**



Have you ever prescribed or followed any patients treated with Mavacamten (in international settings or literature cases)?

☐ Yes ☐ Somewhat ☐ No

How effective do you think Mavacamten could be for symptomatic patients with oHCM?

☐ Highly Effective ☐ Moderately Effective ☐ Needs More Evidence

Are Mavacamten's side effects manageable in your opinion?

☐ Yes ☐ No

What factors influenced your decision to prescribe Mavacamten?

☐ Clinical Guidelines ☐ Peer Experience ☐ Clinical Trial Data ☐ Other

Would you like to receive educational materials or training sessions regarding Mavacamten and oHCM?

☐ Yes ☐ No



# FEEDBACK & SUGGESTION

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**NEW RHYTHM**



Would you be interested in participating in local data Generation or real-world studies on Mavacamten?

☐ Yes

☐ Maybe

☐ No

What additional support and resources would help you in using Mavacamten more effectively?

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Any other feedback or comments.

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We truly value your input — **Thank You** for being a part of this effort.

