

**Generic Name:** Mavacamten**Preferred:** N/A**Therapeutic Class or Brand Name:** Camzyos®**Non-preferred:** N/A**Applicable Drugs (if Therapeutic Class):****Date of Origin:** 8/29/2022

Cardiovascular Agents

**Date Last Reviewed / Revised:** 8/29/2022

## PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through III are met)

- I. Documented diagnosis of the following condition AND must meet criteria listed under applicable diagnosis:
  - A. Symptomatic New York Heart Association (NYHA) class II-III obstructive hypertrophic cardiomyopathy AND criteria 1 through 3 are met:
    1. Documentation of a left ventricular ejection fraction (LVEF)  $\geq$  55%.
    2. Documentation of a peak left ventricular outflow tract (LVOT) gradient  $\geq$  50 mmHg at rest or with provocation.
    3. Currently receiving therapy with a beta-blocker and/or a non-dihydropyridine calcium channel blocker OR a documented trial and failure of, intolerance to, or contraindication to those therapies.
- II. Minimum age requirement: 18 years old.
- III. Prescribed by or in consultation with a cardiologist.

## EXCLUSION CRITERIA

- Concomitant use of moderate to strong CYP2C19 inhibitors or inducers.
- Concomitant use of strong CYP3A4 inhibitors or inducers.

## OTHER CRITERIA

- Camzyos® is only available through a restricted program called the Camzyos® REMS Program because of the risk of heart failure due to systolic dysfunction.
- Interrupt treatment with Camzyos® if LVEF goes below 50% at any time.

## QUANTITY / DAYS SUPPLY RESTRICTIONS

- 2.5 mg, 5 mg, 10 mg, and 15 mg capsules.
- Quantity limit of 30 capsules per 30 days.

## APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met, that the medication is effective, and LVEF remains > 50%.

## APPENDIX

N/A

## REFERENCES

1. Camzyos [package insert]. MyoKardia, Inc., a wholly owned subsidiary of Bristol Myers Squibb; Brisbane, CA 94005; 2022.
2. Spertus JA, Fine JT, Elliott P, et al. Mavacamten for treatment of symptomatic obstructive hypertrophic cardiomyopathy (EXPLORER-HCM): health status analysis of a randomised, double-blind, placebo-controlled, phase 3 trial. *Lancet*. 2021;397(10293):2467-2475.
3. Desai MY, Owens A, Geske JB, et al. Myosin inhibition in patients with obstructive hypertrophic cardiomyopathy referred for septal reduction therapy. *J Am Coll Cardiol*. 2022;80(2):95-108.
4. Ommen SR, Mital S, Burke MA, et al. 2020 AHA/ACC guideline for the diagnosis and treatment of patients with hypertrophic cardiomyopathy: executive summary: a report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *J Am Coll Cardiol*. 2020;76(25):3022-3055.
5. <https://pricerx.medspan.com>. Accessed 7/2/22.

**DISCLAIMER:** Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.