

Mavacamten (Camzyos)

Coverage Criteria:

Initial Authorization Criteria:

Camzyos is reserved for:

1. Prescribed by or in consultation with a cardiologist; and,
2. Patient has a diagnosis of symptomatic obstructive hypertrophic cardiomyopathy (oHCM); and,
3. Patient has New York Heart Association (NYHA) class II-III symptoms (e.g., effort-related shortness of breath or chest pain); and,
4. Patient has a left ventricular ejection fraction (LVEF) \geq 55%; and,
5. Patient has a left ventricular outflow track (LVOT) gradient of \geq 50 mmHg or higher; and,
6. Patient has not undergone a septal reduction procedure within the last 6 months; and,
7. Patient has had a trial and failure of, intolerance to, or medical contraindication to both of the following:
 - a. Beta-blockers (e.g., metoprolol, carvedilol); and,
 - b. Non-dihydropyridine calcium channel blockers (e.g., verapamil, diltiazem); and,
8. Prescribed per FDA dosing regimen.

Quantity Limit: 1 capsule per day

Renewal Criteria:

1. Patient continues to meet the criteria above; and,
2. Patient has been seen and evaluated by prescriber in the past 12 months; and,
3. Patient has not undergone a septal reduction procedure within the last 6 months; and,
4. Patient has had a clinically meaningful response to therapy per medical chart notes (e.g., reduction of symptoms, NYHA classification improvement).

Coverage Duration:

Initial authorization will be provided for 6 months.

Re-authorizations will be provided for 12 months.