Pharmacy Policy Bulletin: J-1218 Camzyos (mavacamten) – Commercial and Healthcare Reform	
Number: J-1218	**Category:** Prior Authorization
Line(s) of Business: ☒ Commercial ☒ Healthcare Reform ☐ Medicare	**Benefit(s):** **Commercial:** **Prior Authorization1.):** **1.** Miscellaneous Specialty Drugs Oral = Yes w/ Prior Authorization **Healthcare Reform:** Not Applicable
Region(s): ☒ All ☐ Delaware ☐ New York ☐ Pennsylvania ☐ West Virginia	**Additional Restriction(s):** None
Version: J-1218-005	**Original Date:** 06/01/2022
Effective Date: 04/25/2025	**Review Date:** 04/09/2025

Drugs Product(s):	• Camzyos (mavacamten)
FDA-Approved Indication(s):	• Treatment of adults with symptomatic New York Heart Association (NYHA) class II-III obstructive hypertrophic cardiomyopathy (HCM) to improve functional capacity and symptoms.

Background:	• Hypertrophic cardiomyopathy (HCM) is the most common genetic cardiovascular disease. HCM is commonly transmitted as an autosomal dominant trait, caused by mutations in genes encoding sarcomere proteins. When a person has HCM, abnormal genes in the heart muscle cause the walls of the left ventricle to contract harder and become thicker than normal. Over time, the thickened walls become stiff, which reduces the volume of blood the heart is able to pump. In obstructive HCM, the wall between the two bottom chambers of the heart (also known as the septum) thickens which may block or reduce blood flow from the left ventricle to the aorta. Signs and symptoms of HCM include chest pain, shortness of breath with exertion, fatigue, palpitations, and lightheadedness. • HCM affects between 600,000 to 1.5 million Americans or 1 in every 500 people. The distribution is equal by sex; however, women are diagnosed less commonly than men. Symptomatic hypertrophy has been estimated at < 1:3000 adults in the United States (U.S.). Most patients with HCM are asymptomatic and are not at risk of developing adverse complications related to HCM. A very small minority of patients are at risk of sudden death; this most commonly occurs in young patients. • Camzyos is an allosteric and reversible inhibitor that controls the cross-bridge formation of myosin and actin proteins by regulating of the attachment of myosin heads to actin. This moves the myosins to an energy-sparing, super-relaxed state. The inhibition of the myosins reduces left ventricular outflow (LVOT) obstruction and increases left ventricular filling pressures. • Prior to the introduction of Camzyos, there were no disease-specific medications for HCM. Currently, the role of pharmacologic therapy is to mitigate symptoms; there are not convincing data that the use of pharmacologic therapy alters the

natural history of HCM. Clinical Practice Guidelines recommend the use of non-vasodilating beta-blockers or non-dihydropyridine calcium channel blockers in patients with obstructive HCM and symptoms attributable to left ventricular outflow tract obstruction (LVOTO). The beta-blockers or non-dihydropyridine calcium channel blockers are titrated to effectiveness or maximally tolerated doses for symptom relief.

- Prescribing Considerations:
  - As patients may develop heart failure due to systolic dysfunction while taking Camzyos, use is only available through a restricted program called the Camzyos REMS. Healthcare providers, pharmacies, and patients must be enrolled in the Camzyos REMS program.
  - The use of moderate to strong CYP2C19 inhibitors, strong CYP3A4 inhibitors, moderate to strong CYP2C19 inducers or moderate to strong CYP3A4 are contraindicated with use of Camzyos. As part of the REMS, prescribers must assess the member's prescription and non-prescription medications and supplements for drug-drug interactions.
  - A series of monitoring echocardiograms for assessment of left ventricular ejection fraction (LVEF) are required before and during Camzyos use (weeks 4,8,12, and every 12 weeks thereafter) as per the FDA-approved prescribing information. Additional echocardiograms are required upon treatment interruption and subsequent resumption, or in cases where the patient's dose has changed.
  - Camzyos may cause fetal toxicity when administered to a pregnant female. Females of reproductive potential should be advised of the potential risk to a fetus. Camzyos has black box warning for risk of heart failure. Camzyos has a specific warning and precautions for drug interactions leading to heart failure. Avoid concomitant use of Camzyos in patients on disopyramide, ranolazine, verapamil with a beta blocker, or diltiazem with a beta blocker as these medications and combinations increase the risk of left ventricular systolic dysfunction and heart failure symptoms.

New York Heart Association (NYHA) Functional Classification	
Class	**Patient Symptoms**
I	No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea (shortness of breath).
II	Slight limitation of physical activity. Comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea (shortness of breath).
III	Marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation, or dyspnea.
IV	Unable to carry on any physical activity without discomfort. Symptoms of heart failure at rest. If any physical activity is undertaken, discomfort increases.

Approval Criteria

I. Initial Authorization

When a benefit, coverage of Camzyos may be approved when all of the following criteria are met **(A. through G.)**:

A. The member is 18 years of age or older.

B. The product is prescribed by or in consultation with a cardiologist or physician who specializes in the treatment of hypertrophic cardiomyopathy (HCM).
C. The member has of diagnosis of symptomatic obstructive HCM (ICD-10: I42.1).
D. The member meets both of the following criteria **(1. and 2.)**:
  1. The member has a LVEF of ≥ 55%
  2. The member has a Valsalva left ventricular outflow tract (LVOT) peak gradient ≥ 50 mm Hg at rest or after provocation.
E. The member's symptomatology has been classified as NYHA class II or III.
F. The member has experienced therapeutic failure or intolerance to one (1) of the following plan-preferred medications **(1. or 2.)**, or all are contraindicated:
  1. Non-vasodilating beta blocker (for example, metoprolol, propranolol, atenolol)
  2. Non-dihydropyridine calcium channel blocker (for example, verapamil, diltiazem)
G. The member is not currently treated with nor will be treated with disopyramide, ranolazine, or a combination of beta blockers and calcium channel blockers.

II. Reauthorization

When a benefit, reauthorization of Camzyos may be approved when all of the following criteria are met **(A. and B.)**:
A. The prescriber attests that the member has experienced a positive clinical response to therapy defined as meeting one (1) of the following criteria **(1. or 2.)**:
  1. Reduction in NYHA class
  2. No NYHA class worsening
B. The member is not currently treated with nor will be treated with disopyramide, ranolazine, or a combination of beta blockers and calcium channel blockers.

III. An exception to some or all of the criteria above may be granted for select members and/or circumstances based on state and/or federal regulations.

Limitations of Coverage

I. Coverage of drug(s) addressed in this policy for disease states outside of the FDA-approved indications should be denied based on the lack of clinical data to support effectiveness and safety in other conditions unless otherwise noted in the approval criteria.
II. For Commercial or HCR members with a closed formulary, a non-formulary product will only be approved if the member meets the criteria for a formulary exception in addition to the criteria outlined within this policy.

Authorization Duration

- Commercial and HCR Plans: If approved, up to a 12 month authorization may be granted.

Automatic Approval Criteria

None

References:

1. Camzyos [package insert]. Brisbane, CA: MyoKardia, Inc.; April 2024.
2. Ommen, SR, Mital, S, Burke, MA, et al. 2020 AHA/ACC Guideline for the Diagnosis and Treatment of Patients with Hypertrophic Cardiomyopathy. *Circulation.* 2020;142:e558-e631.
3. Clinical Pharmacology On-Line, Tampa, FL: Elsevier 2023. Accessed April 27, 2023.
4. Cardiology Today. FDA Approves mavacamten, First Treatment for Obstructive Hypertrophic Cardiomyopathy. Available at: https://www.healio.com/cardiology/20220429/fda-approves-

mavacamten-first-treatment-for-obstructive-hypertrophic-cardiomyopathy. Accessed April 27, 2023.
5. American Heart Association. Classes of heart failure. Available at: https://www.heart.org/en/health-topics/heart-failure/what-is-heart-failure/classes-of-heart-failure. Accessed March 10, 2025.