Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	October 14, 2022

CAMZYOS™ (mavacamten)*

LENGTH OF AUTHORIZATION: 6 Months

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age.
- Patient must have a documented diagnosis of symptomatic New York Heart Association (NYHA) class II to class III obstructive hypertrophic cardiomyopathy.
- The medication is prescribed by or in consultation with a cardiologist.
- Patient must have a left ventricular ejection fraction (LVEF) ≥ 55%.
- Patient must have a Valsalva left ventricular outflow tract (LVOT) peak gradient ≥ 50 mmHg at rest or with provocation.
- Patient must have documented trial and failure on the following at the maximally tolerated dosage unless contraindicated:
  - Beta blocker
  - Calcium channel blocker
- The patient will not be taking Camzyos concurrently with any of the following:
  - Disopyramide
  - Ranolazine
  - Calcium channel blocker and beta blocker combination therapy

CONTINUATION OF THERAPY:

- Patient met the above criteria; **AND**
- Documentation of improved clinical response; **AND**
- Patient has not experienced any treatment-restricting adverse effects; **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/
- Available as 2.5 mg, 5 mg, 10 mg, and 15 mg capsules

*Due to the risk of heart failure due to systolic dysfunction, CAMZYOS is only available through a restricted program called the CAMZYOS REMS. Further information is available at www.CAMZYOSREMS.com or by telephone at 1-833-628-7367.