STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Office of Pharmacy Services
Prior Authorization Criteria
Camzyos®
(*mavacamten*)
Effective 5/26/2023

Prior Authorization Request Form

Camzyos (mavacamten) is a cardiac myosin inhibitor indicated for the treatment of adults with symptomatic New York Heart Association (NYHA) class II-III obstructive hypertrophic cardiomyopathy (HCM) to improve functional capacity and symptoms.

CRITERIA FOR APPROVAL:

1. Patient must have a documented diagnosis of symptomatic New York Heart Association (NYHA) class II-III obstructive hypertrophic cardiomyopathy (HCM); **AND**

2. Patient must be within the age range as recommended by the FDA label; **AND**

3. The medication is being prescribed by, or in consultation with, a cardiologist; **AND**

4. The prescriber, pharmacy, and patient must all be enrolled in the CAMZYOS REMS program; **AND**

5. Patient must have left ventricular ejection fraction (LVEF) ≥ 55% AND Valsalva left ventricular outflow track (LVOT) peak gradient ≥50mmHg at rest or with provocation; **AND**

6. The patient has a documented side effect, allergy, or treatment failure at a maximally tolerated dose to at least two of the following, unless contraindicated:

    a. Non-vasodilating beta blocker,
    b. Nondihydropyridine calcium channel blocker,
    c. Disopyramide; **AND**

7. The medication will not be used concurrently with disopyramide, ranolazine, verapamil with a beta blocker, or diltiazem with a beta blocker.

Approval Duration: Initial approval will be for 6 months.

Criteria for reauthorization:

1. Demonstrate continued documented compliance; **AND**

2. The patient has had a positive clinical response which is supported by one of the following: stable or reduction in New York Heart Association (NYHA) class AND Patient has a left ventricular ejection fraction of greater than or equal to 50%.

Reauthorizations may be approved for 12 months.

***NOTE*: "The use of pharmaceutical samples will not be considered when evaluating the members' medical condition or prior prescription history for drugs that require prior authorization."**

References:

1.) Camzyos Package Insert
2.) Lexi-Comp Clinical Application 5/2023
3.) UpToDate Clinical monograph: Hypertrophic cardiomyopathy: Management if patients with outflow tract obstruction reviewed 5/2023