CareSource Rxinnovations

PHARMACY POLICY STATEMENT
Nevada Medicaid

DRUG NAME	Camzyos (mavacamten)
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Camzyos is a cardiac myosin inhibitor initially approved by the FDA in 2022. It is indicated for the treatment of adults with symptomatic New York Heart Association (NYHA) class II-III obstructive hypertrophic cardiomyopathy (oHCM) to improve functional capacity and symptoms. Camzyos is the first FDA-approved cardiac myosin inhibitor that targets the underlying pathophysiology of oHCM.
Camzyos' approval is supported by results from the Phase 3 EXPLORER-HCM trial. In the trial, significantly more patients who received mavacamten met the primary endpoint, defined by gains in peak oxygen consumption (pV02) and improvement or stabilization of NYHA functional class, compared to those treated with placebo.

Camzyos (mavacamten) will be considered for coverage when the following criteria are met:

Hypertrophic Cardiomyopathy (HCM)

For **initial** authorization:
1. Member is at least 18 years of age or older; AND
2. Medication must be prescribed by or in consultation with a cardiologist; AND
3. Member has a diagnosis of obstructive hypertrophic cardiomyopathy, confirmed by echocardiography (echo) or cardiac magnetic resonance imaging (CMR); AND
4. Member has documentation of New York Heart Association (NYHA) class II-III symptoms; AND
5. Member has a left ventricular outflow tract gradient (LVOT-G) ≥ 50 mmHg; AND
6. Member has a left ventricular ejection fraction (LVEF) ≥ 55%; AND
7. Member has tried and failed a beta-blocker or non-dihydropyridine calcium channel blocker (i.e., verapamil, diltiazem); AND
8. Member will not concurrently take disopyramide, ranolazine, verapamil with a beta blocker, or diltiazem with a beta blocker.
9. **Dosage allowed/Quantity limit:** Initiate 5 mg orally once daily. Maintenance dose must be individualized based on clinical status and echocardiographic assessment of patient response. Max dose 15 mg once daily. See package insert for details. Quantity Limit: 30 capsules per 30 days.

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:
1. Chart notes must show improvement or stabilized signs and symptoms of disease (i.e. reduction of symptoms, improvement in pVO2 or NYHA classification improvement).

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Camzyos (mavacamten) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
06/17/2022	New policy for Camzyos created.
01/26/2026	Updated references. Corrected imaging abbreviations. Replaced "not currently taking" with "will not concurrently take." Added "LVOT-G" abbreviation. Removed beta blocker examples. Clarified beta blockers or calcium channel blockers to singular beta blocker or calcium channel blocker. Reversed order of LVOT and LVEF in criteria list. Corrected tablets to capsules in QL. Added max dose to dosing info.

References:

1. Camzyos [Prescribing Information]. Brisbane, CA: MyoKardia, Inc.; April 2025.
2. Olivotto I, Oreziak A, Barriales-Villa R, et al. Mavacamten for treatment of symptomatic obstructive hypertrophic cardiomyopathy (EXPLORER-HCM): a randomised, double-blind, placebo-controlled, phase 3 trial. Lancet. 2020;396(10253):759-769.
3. Ho CY, Olivotto I, Jacoby D, et al. Study design and rationale of EXPLORER-HCM: evaluation of mavacamten in adults with symptomatic obstructive hypertrophic cardiomyopathy. Circ: Heart Failure. 2020;13(6).
4. Rader F, Choudhury L, Saberi S, et al. Long-term safety of Mavacamten in patients with obstructive hypertrophic cardiomyopathy: interim results of the MAVA-long term extension (LTE) study. J AM Coll Cardiol. 2021;77(18):532.
5. Ommen SR, Ho CY, Asif IM, et al. 2024 AHA/ACC/AMSSM/HRS/PACES/SCMR Guideline for the Management of Hypertrophic Cardiomyopathy: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines. *Circulation*. 2024;149(23):e1239-e1311. doi:10.1161/CIR.0000000000001250

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