

Clinical Policy Title:	mavacamten
Policy Number:	RxA.770
Drug(s) Applied:	Camzyos™
Original Policy Date:	07/18/2022
Last Review Date:	8/28/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

- A. Obstructive Hypertrophic Cardiomyopathy (must meet all):
 - 1. Diagnosis of obstructive hypertrophic cardiomyopathy;
 - 2. Member has New York Heart Association (NYHA) Class II to III symptoms;
 - Member has a left ventricular ejection fraction (LVEF) ≥ 55%;
 - 4. Member has Valsalva left ventricular outflow tract (LVOT) ≥ 50 mmHg at rest or with provocation;
 - 5. Trial and failure of the following, unless contraindicated or clinically significant adverse effects are experienced (a or b):
 - a. Beta-blocker (e.g., atenolol, nadolol);
 - b. Calcium channel blocker (e.g., verapamil, diltiazem);
 - 6. Member is not currently treated or planning to be treated with disopyramide, ranolazine, or a combination of beta blockers and calcium channel blockers.

Approval Duration

All Lines of Business (except Medicare): 6 months

II. Continued Therapy Approval

- A. Obstructive Hypertrophic Cardiomyopathy (must meet all):
 - 1. Member is currently receiving or has been treated with this medication within the past 120 days, excluding manufacturer samples;
 - Member has a left ventricular ejection fraction (LVEF) ≥ 55%.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

1. 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. Available at: https://pubmed.ncbi.nlm.nih.gov/32871100/. Accessed September 4, 2024.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	06/20/2022	07/18/2022

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.



 Policy was reviewed: Initial approval criteria I.A.6 was updated from "resting oxygen saturation ≥ 90%" to "LVOT ≥ 50 mmHg at rest or with provocation". Continued approval criteria II.A.2 was updated from "Documents supporting improvement of mixed peakVO₂ by ≥1.5 mL/kg/min plus at least one NYHA class reduction or a ≥3.0 mL/kg/min peakVO₂ increase without NYHA class worsening" to "Member has a left ventricular ejection fraction (LVEF) ≥ 55%". 	06/29/2023	07/13/2023
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed: 1. Removed age restrictions. 2. Removed prescriber restrictions. 3. Removed dose restrictions. 4. Updated Continued therapy approval with the new verbiage containing 120 days lookback period. 5. Updated approval duration verbiage.	8/28/2024	9/13/2024

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