



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) $\geq 55\%$ AND Valsalva left ventricular outflow track (LVOT) peak gradient $\geq 50\text{mmHg}$ 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**



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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