Clinical Policy Title:	mavacamten
Policy Number:	RxA.770
Drug(s) Applied:	Camzyos™
Original Policy Date:	07/18/2022
Last Review Date:	6/18/2026
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;
3. 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 and b):
   a. Beta-blocker (e.g., atenolol, nadolol);
   b. Calcium channel blocker (e.g., verapamil, diltiazem);

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 medication in the past 120 days that has been authorized by RxAdvance or the member has met initial approval criteria.

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.
2. Sherrid MV, Shetty A, Winson G, et al. Treatment of obstructive hypertrophic cardiomyopathy symptoms and gradient resistant to first-line therapy with β-blockade or verapamil. Circ Heart Fail. 2013;6(4):694-702. doi:10.1161/CIRCHEARTFAILURE.112.000122

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.

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Policy was reviewed: 1. Initial approval criteria I.A.6 was updated from "resting oxygen saturation ≥ 90%" to "LVOT ≥ 50 mmHg at rest or with provocation". 2. Continued approval criteria II.A.2 was updated from "Documents supporting improvement of mixed peakVO_2 by ≥1.5 mL/kg/min plus at least one NYHA class reduction or a ≥3.0 mL/kg/min peakVO_2 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
Policy was reviewed: 1. Removed requirement for use as monotherapy 2. Updated continuation of therapy criteria	07/25/2025	N/A
Policy was reviewed: Added: Trial and failure of the following, unless contraindicated or clinically significant adverse effects are experienced (a and b): Beta-blocker (e.g., atenolol, nadolol); Calcium channel blocker (e.g., verapamil, diltiazem);	6/18/26	n/a

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