

mavacamten (CAMZYOS)

Diagnoses Considered for Coverage:

- Treatment of obstructive hypertrophic cardiomyopathy

Coverage Criteria:

For diagnosis of obstructive hypertrophic cardiomyopathy (HCM):

INITIAL AUTHORIZATION

- Prescribed by or in consultation with a cardiologist, **and**
- Left ventricular ejection fraction (LVEF) of at least 55%, **and**
- New York Heart Association (NYHA) class II or III, **and**
- Dose does not exceed 15 mg per day, **and**
- Inadequate response or intolerable side effect to both of the following, or contraindication to all of the following:
 - Beta blockers (e.g., metoprolol, propranolol, atenolol)
 - Non-dihydropyridine calcium channel blockers (i.e., verapamil, diltiazem)

Coverage Duration: 6 months

REAUTHORIZATION

- Prescribed by or in consultation with a cardiologist, **and**
- Patient has had a clinical response [e.g., reduction in left ventricular outflow tract (LVOT) gradient, increase in peak oxygen consumption (pVO₂), improvement by at least one New York Heart Association (NYHA) class, or reduction in symptoms of obstructive hypertrophic cardiomyopathy (e.g., fatigue, dyspnea, syncope)]

Coverage Duration: one year

Coverage Duration: See coverage criteria.

Effective Date: 09/27/2023