

Camzyos (mavacamtem)
Effective 11/01/2022

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview

Camzyos is 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.

Coverage Guidelines

Authorization may be reviewed for members new to the plan who are currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. Member is 18 years of age or older
2. Member has a diagnosis of obstructive hypertrophic cardiomyopathy
3. Physician document ONE of the following:
 - a. Left ventricular wall thickness of greater than or equal to 15 mm, OR
 - b. Left ventricular wall thickness of greater than or equal to 13 mm in members with familial hypertrophic cardiomyopathy or in conjunction with a documented positive genetic test (e.g., MYH7, MYBPC3, TNNI3, TNNT2, TPM1, MYL2, MYL3, ACTC1 gene variants).
4. Member has NYHA class II-III symptoms.
5. Physician documentation that member must have a baseline left ventricular ejection fraction (LVEF) $\geq 55\%$ and baseline Valsalva left ventricular outflow tract (LVOT) peak gradient ≥ 50 mmHg.

Continuation of Therapy

Reauthorization will be granted for obstructive hypertrophic cardiomyopathy when physician documents ALL the following is met:

1. The member achieves or maintains a positive clinical response to therapy (e.g., increase in pVO₂, NYHA class reduction).
2. LVEF is at or above the 50% threshold

Limitations

1. Initial approvals will be granted for 3 months
2. Reauthorizations will be granted for 12 months.
3. The following quantity limits apply:

Camzyos 2.5mg, 5mg, 10mg, and 15mg	30 tablets per 30 days
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Appendix

New York Heart Association (NYHA) Functional Classification³

NYHA Grading	
Class I	No limitations of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea (shortness of breath)
Class II	Slight limitation of physical activity. Comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea (shortness of breath).
Class III	Marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation, or dyspnea.
Class IV	Unable to carry on any physical activity without discomfort. Symptoms of heart failure at rest. If any physical activity is undertaken, discomfort increases.

Review History

09/21/2022 – Reviewed and created for Sept P&T. Effective 11/01/2022

References

1. Camzyos [package insert]. Brisbane, CA: Bristol Myers Squibb; April 2022.
2. Ommen, Steve R, et al. “2020 AHA/ACC Guideline for the Diagnosis and Treatment of Patients with Hypertrophic Cardiomyopathy: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines.” *Circulation*, vol. 142, no. 25, 2020, pp. e558–e631., <https://doi.org/10.1161/cir.0000000000000945>. Accessed May 2, 2022.
3. “Classes of Heart Failure.” *American Heart Association*. 31 May 2017. <https://www.heart.org/en/health-topics/heart-failure/what-is-heart-failure/classes-of-heart-failure>. Accessed May 2, 2022.

