

Clinical Oversight Review Board (CORB) Criteria for Prescribing/ Criteria-Based Consultation (CBC) Criteria for Coverage

Mavacamten (Camzyos)

Notes:

- Quantity Limits: Yes

Non-Formulary **mavacamten (Camzyos)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Non-formulary **mavacamten (Camzyos)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Age is greater than or equal to 18 years
- Patient has a diagnosis of obstructive hypertrophic cardiomyopathy (oHCM)
- Patient has left ventricular ejection fraction (LVEF) greater than or equal to 55% and NYHA class II or III
- Patient has peak Valsalva LVOT gradient greater than or equal to 55 mmHg
- Patient has symptomatic oHCM despite highest tolerated dose of a non-vasodilating beta blocker or non-dihydropyridine calcium channel blocker if beta-blocker is not tolerated
- Patient has been considered for disopyramide and septal reduction therapy for NYHA class III patients
- Patient is using effective contraception if patient is of childbearing potential
- Patient has been reviewed by the Kaiser Permanente Interregional Consultative Physician Panel, with recommendation to use this medication

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **mavacamten (Camzyos)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Age is greater than or equal to 18 years
- Patient has a diagnosis of obstructive hypertrophic cardiomyopathy (oHCM)
- Patient has left ventricular ejection fraction (LVEF) greater than or equal to 55% and NYHA class II or III
- Patient has peak Valsalva LVOT gradient greater than or equal to 55 mmHg
- Patient has symptomatic oHCM despite highest tolerated dose of a non-vasodilating beta blocker or non-dihydropyridine calcium channel blocker if beta-blocker is not tolerated
- Patient has been considered for disopyramide and septal reduction therapy for NYHA class III patients
- Patient is using effective contraception if patient is of childbearing potential

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All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

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Continued use criteria 12 months after initiation: Non-formulary **mavacamten (Camzyos)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Age is greater than or equal to 18 years
- Patient has a diagnosis of obstructive hypertrophic cardiomyopathy (oHCM)
- Patient has left ventricular ejection fraction (LVEF) greater than or equal to 55% and NYHA class II or III
- Patient has peak Valsalva LVOT gradient greater than or equal to 55 mmHg
- Patient has symptomatic oHCM despite highest tolerated dose of a non-vasodilating beta blocker or non-dihydropyridine calcium channel blocker if beta-blocker is not tolerated
- Patient has been considered for disopyramide and septal reduction therapy for NYHA class III patients
- Patient is using effective contraception if patient is of childbearing potential
- Patient continues to see cardiology every 12 weeks for reassessment for efficacy, tolerance, and adherence as required by the REMS program