STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

MAVACAMTEN

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
MAVACAMTEN	CAMZYOS	47972		GPI-10 (4019005000)	

GUIDELINES FOR USE

NITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of symptomatic obstructive hypertrophic cardiomyopathy (HCM) and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - The patient has New York Heart Association (NYHA) class II-III symptoms
   - The patient has a left ventricular outflow track (LVOT) gradient of 50 mmHg or higher
   - Therapy is prescribed by or in consultation with a cardiologist
   - The patient had a trial of or contraindication to beta-blockers (e.g., metoprolol, carvedilol) AND non-dihydropyridine calcium channel blockers (e.g., verapamil, diltiazem)

   If yes, **approve for 4 months by HICL or GPI-10 with a quantity limit of #1 per day.**
   If no, do not approve.
   INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **MAVACAMTEN (Camzyos)** requires the following rule(s) be met for approval:
   A. You have symptomatic obstructive hypertrophic cardiomyopathy (HCM: a type of heart condition)
   B. You are 18 years of age or older
   C. You have New York Heart Association (NYHA) class II-III (classification system for heart failure) symptoms
   D. You have a left ventricular outflow track gradient (a predictor of heart failure and cardiovascular death) of 50 mmHg or higher
   E. Therapy is prescribed by or in consultation with a cardiologist (a type of heart doctor)
   F. You had a trial of or contraindication (harmful for) to beta-blockers (such as metoprolol, carvedilol) AND non-dihydropyridine calcium channel blockers (such as verapamil, diltiazem)

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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MAVACAMTEN

GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

1. Does the patient have a diagnosis of symptomatic obstructive hypertrophic cardiomyopathy (HCM) **AND** meet the following criterion?
   - The patient has experienced continued clinical benefit (e.g., reduction of symptoms, NYHA classification improvement)

   If yes, **approve for 12 months by HICL or GPI-10 with quantity limit of #1 per day.**
   If no, do not approve.
   RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **MAVACAMTEN (Camzyos)** requires the following rule(s) be met for renewal:
   A. You have symptomatic obstructive hypertrophic cardiomyopathy (HCM: a type of heart condition)
   B. You have experienced continued clinical benefit (such as reduction of symptoms, NYHA classification improvement)

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Camzyos.

REFERENCES

- Camzyos [Prescribing Information]. Brisbane, CA: MyoKardia, Inc.; April 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective:06/01/22
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