JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans **Pharmacy Public** **Pharmacy Management Drug Policies**	*Policy Number*	MEDS163
		Effective Date	01/18/2023
		Approval Date	01/18/2023
	Subject **Camzyos**	*Supersedes Date*	N/A
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This document applies to the following Participating Organizations:

Priority Partners

Keywords: Camzyos

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I. POLICY

Camzyos (mavacamten) will require prior authorization to ensure it is used only when clinically appropriate. The process for initiating a prior authorization request can be found in policy PHARM 20.

1. PPMCO members are subject to the Priority Partners formulary, available at www.ppmco.org.
2. USFHP members are subject to prior authorization criteria, step-edits and days-supply limits outlined in the Tricare Policy Manual. Tricare Policy supersedes JHHC Medical/Pharmacy Policies. Tricare limits may be accessed at: http://pec.ha.osd.mil/formulary_search.php?submenuheader=1

II. POLICY CRITERIA

A. **Camzyos** may be approved for patients meeting the following:
   1. Patient is 18 years of age or older
   2. Documentation has been submitted showing the following:
      a. Patient has a diagnosis of symptomatic obstructive hypertrophic cardiomyopathy (HCM) confirmed by echocardiogram or cardiac magnetic resonance
         I. Diagnosis must not be due to a known infiltrative or storage disorder causing cardiac hypertrophy that mimicked obstructive HCM (i.e., Fabry disease, amyloidosis, or Noonan syndrome with left ventricular hypertrophy)
      b. Patient has a New York Heart Association (NYHA) Class II or III functional status
      c. Patient has a left ventricular ejection fraction (LVEF) ≥ 55%
      d. Patient has a left ventricular outflow tract (LVOT) peak gradient ≥50 mmHg at rest or with provocation
      e. Patient has had trial and inadequate responses to both of the following (unless there is a clinical reason why they cannot be used by the patient):
         I. Non-vasodilating beta blocker (i.e., atenolol, bisoprolol, metoprolol)
         II. Non-dihydropyridine calcium channel blocker (verapamil, diltiazem)
      f. Prescriber is, or has consulted with, a cardiologist

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III. AUTHORIZATION PERIOD/LIMITATIONS

A. Initial approval may be granted for 6 months of therapy
B. Approval for continuation of therapy may be extended in 6-month intervals with submission of the following:
   1. a new echocardiogram LVEF assessment
   2. documentation showing the patient has had a positive response to treatment
C. Limitation: Camzyos will not be approved for continued therapy in patients with LVEF < 50%, symptomatic heart failure, or worsening clinical status

IV. EXCLUSIONS

A. Camzyos will not be approved for the following:
   1. Concurrent use with the following:
      a. Moderate to strong CYP2C19 inhibitors or strong CYP3A4 inhibitors
      b. Moderate to strong CYP2C19 inducers or moderate to strong CYP3A4 inducers
   2. Any indications or uses that are not FDA-approved or guidelines-supported
B. The use of physician samples, or manufacturer product discounts, does not guarantee coverage under the provisions of the medical and/or pharmacy benefit. All pertinent criteria must be met in order to be eligible for benefit coverage.

V. RECOMMENDED DOSE

Please refer to the FDA-approved prescribing information for indication-specific dosing details.

VI. REFERENCES

1. Camzyos [prescribing information]. Brisbane, CA: MyoKardia Inc; 2022 April.
2. Spertus JA, Fine JT, Elliott P, Ho CY, Olivotto I, Saberi S, Li W, Dolan C, Reaney M, Sehnert AJ, Jacoby D. Mavacamten for treatment of symptomatic obstructive hypertrophic cardiomyopathy (EXPLORER-HCM): health status analysis of a randomised, double-blind, placebo-controlled, phase 3 trial. Lancet. 2021 Jun 26;397(10293):2467-2475.
3. Gersh BJ, Maron BJ, Bonow RO, et al. 2011 ACCF/AHA guideline for the diagnosis and treatment of hypertrophic cardiomyopathy: executive summary: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. Circulation 2011; 124:2761.

VII. APPROVALS

Signature on file at JHHC

DATE OF REVISION	SUMMARY OF CHANGE
01/18/2023	Policy Creation

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