Mavacamten

Included Products: Camzyos (mavacamten)

Created: 09/08/2022 *Revised:* 09/08/2022 *Reviewed:* 09/08/2022 *Updated:* 10/01/2022

Obstructive hypertrophic cardiomyopathy			
Initial Criteria		**If yes**	**If no**
1.	Is the request from a cardiologist meeting one of the following criteria? a. Practicing at a center of excellence for obstructive hypertrophic cardiomyopathy. b. Fellowship training in cardiac imaging, transplant, or advanced heart failure or a reason consultation with a center of excellence is not possible.	Continue to #2.	Do not approve.
2.	Does the member have another disorder that can cause cardiac hypertrophy (Fabry disease, amyloidosis, or Noonan syndrome)?	Do not approve.	Continue to #3.
3.	Does the member have a diagnosis of obstructive hypertrophic cardiomyopathy (oHCM) with the following conditions? a. Baseline LVEF ≥ 55% on ECHO b. Documented NYHA class II or III disease c. LVOT gradient ≥ 50 mm Hg and left ventricular wall thickness ≥ 15 mm or ≥ 13 mm if there is a family history of HCM	Continue to #4.	Do not approve.
4.	Is the member currently taking one of the following guideline recommended drugs for symptom management or have a medical reason not to take one of these drugs? a. A beta-blocker drug (atenolol, metoprolol, propranolol) b. A calcium channel blocker (diltiazem or verapamil)	Continue to #5.	Do not approve.
5.	Does the cardiologist provide rationale demonstrating that the member is not a candidate for one of the following procedures? a. Alcohol septal ablation b. Septal myectomy	Continue to #6.	Do not approve.

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6.	Approve for 6 months.		
Renewal Criteria		**If yes**	**If no**
1.	Does the member have LVEF ≥ 50% at the most recent ECHO (must be in the past 12 weeks)?	Continue to #2.	Do not approve.
2.	Has the member had improvement in symptoms (or NYHA class improvement) AND one of the following markers for improvement in function? a. Improvement of mixed pVO2 by ≥ 1.5 mL/kg/min plus at least one NYHA class reduction or ≥ 3.0 mL/kg/min pVO2 increase without NYHA class worsening. b. Decrease in LVOT gradient compared to baseline or decrease in left atrial volume index (LAVI) compared to baseline. c. Improvement in function based on a validated measuring tool, such as the Kansas City Cardiomyopathy Questionnaire (KCCQ).	Continue to #3.	Do not approve.
3.	Approve for 12 months.		