

POLICY NAME	Camzyos (mavacamten)	POLICY #	3143P
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Criteria

Coverage Criteria

- ☐ **1.1** Diagnosis of obstructive hypertrophic cardiomyopathy with the following:
 - Documented left ventricle ejection fraction $\geq 55\%$, AND
 - NYHA (New York Heart Association) class II or III
- ☐ **1.2** Member is age 18 years or older
- ☐ **1.3** Prescribed by or in consultation with a REMS (Risk Evaluation and Mitigation Strategy)-certified cardiologist (heart doctor who is enrolled in a drug safety program for Camzyos)
- ☐ **1.4** Trial, failure, or contraindication to beta blockers and/or nondihydropyridine calcium channel blockers (verapamil or diltiazem)

Exclusion Criteria – Any of the following prevents coverage

- ☐ **2.1** Diagnosis of a disease that mimics oHCM such as Fabry disease, amyloidosis, Noonan Syndrome with left ventricular hypertrophy
- ☐ **2.2** Concurrent treatment with disopyramide, ranolazine, or combination of beta blockers and calcium channel blockers