

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2024 P 1391-3
Program	Prior Authorization/Notification
Medication	Camzyos® (mavacamten)
P&T Approval Date	7/2022, 8/2023, 8/2024
Effective Date	11/1/2024

**1. Background:**

Camzyos® (mavacamten) is a cardiac myosin inhibitor indicated for the treatment of adults with symptomatic New York Heart Association (NYHA) class II-III obstructive hypertrophic cardiomyopathy (HCM) to improve functional capacity and symptoms.<sup>1</sup>

**2. Coverage Criteria<sup>a</sup>:**

**A. Initial Authorization**

1. **Camzyos** will be approved based on **both** of the following:

a. Diagnosis of obstructive hypertrophic cardiomyopathy (HCM)

**-AND-**

b. Heart failure is classified as **one** of the following:

(1) New York Heart Association (NYHA) class II heart failure

**-OR-**

(2) New York Heart Association (NYHA) class III heart failure

**Authorization will be issued for 12 months.**

**B. Reauthorization**

1. **Camzyos** will be approved based upon the following criterion:

a. Documentation of positive clinical response to **Camzyos** therapy

**Authorization will be issued for 12 months.**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

### 3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits and/or Medical Necessity may be in place.

### 4. References:

1. Camzyos® [package insert]. Brisbane, CA: Bristol Myers Squibb; April 2024.

Program	Prior Authorization/Notification – Camzyos® (mavacamten)
<b>Change Control</b>	
7/2022	New program.
8/2023	Annual review. Updated reference.
8/2024	Annual review. Added Med Nec may be in place under additional clinical rules. Updated reference.