UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2023 P 1391-2
Program	Prior Authorization/Notification
Medication	Camzyos® (mavacamten)
P&T Approval Date	7/2022, 8/2023
Effective Date	11/1/2023

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.[1]

2. Coverage Criteria[a]:

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.

[a] 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 may be in place.

4. References:

1. Camzyos® [package insert]. Brisbane, CA: Bristol Myers Squibb; June 2023.

Program	Prior Authorization/Notification – Camzyos® (mavacamten)
Change Control	
7/2022	New program.
8/2023	Annual review. Updated reference.