



Original Effective Date: 08/01/2022  
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Last P&T Approval/Version: 07/27/2022  
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Policy Number: C23723-A

## Camzyos (mavacamten)

### PRODUCTS AFFECTED

Camzyos (mavacamten)

### COVERAGE POLICY

*Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.*

*This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines*

#### **Documentation Requirements:**

*Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive*

#### **DIAGNOSIS:**

Obstructive hypertrophic cardiomyopathy

#### **REQUIRED MEDICAL INFORMATION:**

This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review

#### **A. OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY**

1. Documented diagnosis of obstructive hypertrophic cardiomyopathy  
AND
2. Documentation members left ventricular ejection fraction (LVEF) is  $\geq 55\%$   
AND
3. Documentation member has had prior therapy or labeled contraindication or intolerance to beta blockers (e.g., metoprolol, propranolol, atenolol) and/or calcium channel blockers (e.g., verapamil, diltiazem)

## Drug and Biologic Coverage Criteria

4. Prescriber attests that female members of reproductive potential to use effective contraception until 4 months after the last dose. Use a contraceptive not affected by CYP450 enzyme induction or add nonhormonal contraception  
AND
5. Prescriber attests to (or the clinical reviewer has found that) the member not having any FDA labeled contraindications that haven't been addressed by the prescriber within the documentation submitted for review [Contraindications to Camzyos (mavacamten) include: Moderate to strong CYP2C19 inhibitors or strong CYP3A4 inhibitors, Moderate to strong CYP2C19 inducers or moderate to strong CYP3A4 inducers, negative inotropic drugs and pregnancy

### CONTINUATION OF THERAPY:

#### A. ALL INDICATIONS:

1. Adherence to therapy at least 85% of the time as verified by the prescriber or member medication fill history OR adherence less than 85% of the time due to the need for surgery or treatment of an infection, causing temporary discontinuation (documentation required)  
AND
2. Documentation of no intolerable adverse effects or drug toxicity  
AND
3. Documentation of positive clinical response as demonstrated by low disease activity and/or improvements in the condition's signs and symptoms

### DURATION OF APPROVAL:

Initial authorization: 6 months, Continuation of Therapy: 12 months

### PRESCRIBER REQUIREMENTS:

Prescribed by or in consultation with a board-certified cardiologist [If prescribed in consultation, consultation notes must be submitted within initial request and reauthorization requests]

### AGE RESTRICTIONS:

18 years of age and older

**QUANTITY:** maximum of 30 tablets every 30 days of any strength

### PLACE OF ADMINISTRATION:

The recommendation is that oral medications in this policy will be for pharmacy benefit coverage and patient self-administered.

## DRUG INFORMATION

### ROUTE OF ADMINISTRATION:

Oral

### DRUG CLASS:

Cardiac Myosin Inhibitors

**FDA-APPROVED USES:** 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.

### COMPENDIAL APPROVED OFF-LABELED USES:

None

## APPENDIX

### APPENDIX:

None

## BACKGROUND AND OTHER CONSIDERATIONS

### BACKGROUND:

Camzyos is an oral, selective allosteric and reversible inhibitor of cardiac myosin. It reduces cardiac muscle contractility by inhibiting excessive myosin actin cross-bridge formation and dysregulation that result in hypercontractility, left ventricular hypertrophy and reduced compliance.

The approval was based on data from the randomized, multicenter, double-blind, placebo-controlled, parallel-group phase 3 EXPLORER-HCM trial which assessed the efficacy and safety of mavacamten in 251 adults with symptomatic, obstructive HCM. Patients were randomly assigned 1:1 to receive a starting dose of mavacamten 5mg orally once daily or placebo for 30 weeks. The mavacamten dose was periodically adjusted to optimize patient response (decrease in LVOT gradient with Valsalva maneuver) and maintain LVEF of 50% or greater.

Results showed that 37% of patients treated with mavacamten met the primary endpoint at week 30 compared with 17% of patients who received placebo (treatment difference, 19%; 95% CI, 9-30; P =.0005). Additionally, mavacamten was associated with statistically significant and clinically meaningful improvements in the change from baseline through week 30 in the following key secondary endpoints vs placebo, respectively:

- Mean change in post exercise left ventricular outflow tract (LVOT) peak gradient: -47mmHg vs -10mmHg (treatment difference, -35; 95% CI: -43, -28; P <.0001);
- Mean change in pVO<sub>2</sub>: 1.4mL/kg/min vs -0.1 (treatment difference, 1.4; 95% CI, 0.6-2.1; P <.0006);
- Number (%) of patients with an improvement of at least 1 NYHA class: 80 (65%) vs 40 (31%) (treatment difference, 34%; 95% CI, 22-45; P <.0001);
- Mean change in Kansas City Cardiomyopathy Clinical Summary Score (KCCQ-CSS): 14 vs 4 (treatment difference, 9; 95% CI, 5-13; P <.0001);
- Mean change in HCM Symptom Questionnaire Shortness of Breath Domain Score: -3 vs -1 (treatment difference, -2; 95% CI: -2, -1; P <.0001).
- In the mavacamten arm, at the end of the treatment period, 49% of patients were receiving the 5mg dose, 33% were receiving the 10mg dose, and 11% were receiving the 15mg dose.

Camzyos carries a Boxed Warning associated with a risk of heart failure due to systolic dysfunction. Echocardiogram assessments of left ventricular ejection fraction (LVEF) are required prior to and during treatment. Initiation of Camzyos in patients with LVEF less than 55% is not recommended. Due to the risk of heart failure, Camzyos is available only through a restricted program called the Camzyos REMS Program.

Camzyos is contraindicated with the concomitant use of moderate to strong CYP2C19 inhibitors or strong CYP3A4 inhibitors and moderate to strong CYP2C19 inducers or moderate to strong CYP3A4 inducers. Concomitant use of Camzyos and drugs that interact with these enzymes may lead to life-threatening drug interactions such as heart failure or loss of effectiveness.

### CAMZYOS REMS-

#### What is the CAMZYOS REMS?

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## Drug and Biologic Coverage Criteria

A Risk Evaluation and Mitigation Strategy (REMS) is a strategy to manage known or potential risks associated with a drug product and is required by the Food and Drug Administration (FDA) to ensure the benefits of a drug outweigh its risks.

Because of the serious risk of heart failure due to systolic dysfunction, CAMZYOS is available only through a restricted program called the CAMZYOS REMS.

CAMZYOS may increase the risk of heart failure due to systolic dysfunction; patients may experience heart failure at any time during treatment with CAMZYOS.

What are the requirements of the CAMZYOS REMS?

In order for patients to receive CAMZYOS, healthcare providers, pharmacies, and patients must comply with the requirements of the CAMZYOS REMS.

Before starting each patient on CAMZYOS Healthcare providers MUST:

1. Counsel the patient, using the Patient Brochure, on the:
  - Risk of heart failure due to systolic dysfunction, including how to recognize and respond to the symptoms of heart failure due to systolic dysfunction
  - Risk of drug-drug interactions with CYP2C19 or CYP3A4 inhibitors and inducers and the need to inform healthcare providers of all the prescription and nonprescription medications they take
2. Provide the patient with the Patient Brochure
3. Assess the patient's cardiovascular status and the appropriateness of initiating treatment by obtaining an echocardiogram
4. Assess the patient's prescription and nonprescription medications and supplements for drug-drug interactions
5. Enroll the patient by completing the Patient Enrollment Form together with the patient and documenting and submitting the confirmation of the echocardiogram, screening for drug-drug interactions, and authorization for treatment to the REMS

Once the patient is on CAMZYOS Healthcare providers MUST:

1. Counsel the patient on the risk of heart failure due to systolic dysfunction and drug-drug interactions with CYP2C19 and CYP3A4 inhibitors and inducers, and the related safe-use requirements using the Patient Brochure
2. Assess the patient's cardiovascular status, including obtaining echocardiograms at the frequency described in the Prescribing Information:
  - i. 4, 8, and 12 weeks after treatment initiation, then every 12 weeks thereafter
  - ii. 4 weeks after interruption of treatment
  - iii. 4 and 12 weeks after any dose change (including restart of treatment)
  - iv. 4 and 12 weeks after initiating a weak CYP2C19 inhibitor or a moderate CYP3A4 inhibitor
3. Assess the patient's current prescription and nonprescription medications and supplements for drug-drug interactions
4. Complete, sign, and submit a Patient Status Form to the CAMZYOS REMS, documenting that the patient has been counseled, the echocardiogram for the required time interval based on the Prescribing Information has been performed, assessment of drug-drug interactions has been performed, and it is appropriate for the patient to continue treatment
5. Report adverse events of heart failure due to systolic dysfunction to Bristol Myers Squibb at 833-628-7367

## Drug and Biologic Coverage Criteria

### CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

All other uses of Camzyos (mavacamten) are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to Camzyos (mavacamten) include: Moderate to strong CYP2C19 inhibitors or strong CYP3A4 inhibitors, Moderate to strong CYP2C19 inducers or moderate to strong CYP3A4 inducers, negative inotropic drugs and pregnancy

### OTHER SPECIAL CONSIDERATIONS:

Dosage must be individualized based on clinical status and echocardiographic assessment of patient response. Refer to the Full Prescribing Information for instructions

## CODING/BILLING INFORMATION

*Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement*

HCPCS CODE	DESCRIPTION
NA	

**AVAILABLE DOSAGE FORMS:** 30 count bottles- Camzyos CAPS 2.5MG, Camzyos CAPS 5MG, Camzyos CAPS 10MG, Camzyos CAPS 15MG

## REFERENCES

1. Camzyos (mavacamten) [prescribing information]. Brisbane, CA: MyoKardia Inc; April 2022.
2. Olivotto I, Oreziak A, Barriaes-Villa R, et al; EXPLORER-HCM study investigators. Mavacamten for treatment of symptomatic obstructive hypertrophic cardiomyopathy (EXPLORER-HCM): a randomised, double-blind, placebo-controlled, phase 3 trial. Lancet. 2020;396(10253):759-769. doi:10.1016/S0140-6736(20)31792-X [PubMed 32871100]

SUMMARY OF REVIEW/REVISIONS	DATE
NEW POLICY	Q3 2022