

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2026 P 1391-5
Program	Prior Authorization/Notification
Medication	Camzyos® (mavacamten)
P&T Approval Date	7/2022, 8/2023, 8/2024, 8/2025, 2/2026
Effective Date	5/1/2026

## 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.

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

### A. Initial Authorization

1. **Camzyos** will be approved based on **all** 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

-AND-

c. Not used in combination with another cardiac myosin inhibitor [i.e., Myqorzo (aficamten)]

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

### B. Reauthorization

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

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

-AND-

b. Not used in combination with another cardiac myosin inhibitor [i.e., Myqorzo (aficamten)]

**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 2025.

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<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.
8/2025	Annual review. Updated reference.
2/2026	Added not used in combination criteria.