



**GEORGIA MEDICAID FEE-FOR-SERVICE
CARDIOVASCULAR, OTHER PA SUMMARY**

Preferred	Non-Preferred
N/A	Camzyos (mavacamten)

LENGTH OF AUTHORIZATION: Initial 8 months; Renewal 1 year

PA CRITERIA:

Camzyos

1. Camzyos will be approved if **all** of the following criteria are met:
 - A. Member is 18 years of age or older; **AND**
 - B. Member has a diagnosis of obstructive hypertrophic cardiomyopathy (HCM) as confirmed by both of the following
 - i. Left ventricular hypertrophy (LVH) confirmed by cardiac imaging (i.e., echocardiography, cardiac magnetic resonance imaging); **AND**
 - ii. LVH is **NOT** associated with a systemic disorder or other secondary cause; **AND**
 - C. Member has symptomatic New York Heart Association (NYHA) class II-III heart failure; **AND**
 - D. Member has a left ventricular ejection fraction (LVEF) of 55% or greater; **AND**
 - E. Member has a Valsalva left ventricular outflow tract (LVOT) peak gradient of 50 mmHg or greater at rest or with provocation; **AND**
 - F. Member has history of inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least one medication from each of the following classes at a maximally tolerated dose:
 - i. Non-vasodilating beta blocker (e.g., bisoprolol, propranolol metoprolol, labetalol, pindolol, atenolol); **AND**
 - ii. Non-dihydropyridine calcium channel blocker (i.e., diltiazem, verapamil); **AND**
 - iii. Disopyramide; **AND**
 - G. Prescriber, member and pharmacy are enrolled in the Camzyos Risk Evaluation and Mitigation Strategy (REMS) Program; **AND**
 - H. Medication is being prescribed by or in consultation with a cardiologist.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to



www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.