

**Request for Prior Authorization
MAVACAMTEN (CAMZYOS)**
(PLEASE PRINT – ACCURACY IS IMPORTANT)

If other, note consultation with cardiologist: Consultation date: _____

Physician name, specialty & phone: _____

Does patient exhibit symptoms of NYHA class II or III symptoms? No Yes

Does patient have LVEF \geq 55%? No Yes

Does patient have LVOT gradient \geq 50 mmHg at rest or with provocation? No Yes

Document trials, at a maximally tolerated dose, with all of the following:

Non-vasodilating beta-blocker trial (atenolol, metoprolol, bisoprolol, propranolol):

Drug Name & Dose: _____ Trial dates: _____

Failure reason: _____

Non-dihydropyridine calcium channel blocker trial (verapamil, diltiazem):

Drug Name & Dose: _____ Trial dates: _____

Failure reason: _____

Combination therapy with disopyramide plus beta-blocker or a non-dihydropyridine calcium channel blocker:

Disopyramide Dose: _____ Trial dates: _____

Failure reason: _____

Non-vasodilating beta-blocker trial (atenolol, metoprolol, bisoprolol, propranolol):

Drug Name & Dose: _____ Trial dates: _____

Failure reason: _____

OR

Non-dihydropyridine calcium channel blocker trial (verapamil, diltiazem):

Drug Name & Dose: _____ Trial dates: _____

Failure reason: _____

Renewal Requests:

Document positive response to therapy as evidenced by improvement in HCM symptoms:

Attach lab results and other documentation as necessary.

Prescriber signature (Must match prescriber listed above.)	Date of submission
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IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.