

PHARMACARE USE ONLY

STATUS

SPECIAL AUTHORITY REQUEST MAVACAMTEN

If you have received this fax in error, please write

MISDIRECTED across the front of the form and fax toll-free to 1-800-609-4884, then destroy the pages

received in error.

DURATION OF APPROVAL

HLTH 5833 2024/11/14

For up-to-date criteria and forms, please check: www.gov.bc.ca/pharmacarespecialauthority

Fax requests to 1-800-609-4884 (toll free) OR mail requests to: PharmaCare, Box 9652 Stn Prov Govt, Victoria, BC V8W 9P4
This facsimile is doctor-patient privileged and contains confidential information intended only for PharmaCare. Any other distribution, copying or disclosure is strictly prohibited.

If PharmaCare approves this Special Authority request, approval is granted solely for the purpose of covering prescription costs. PharmaCare approval does not indicate that the requested device is, or is not, suitable for any specific patient or condition.

SECTION 1 – CARDIOLOGIST'S INFORMATION				SECTION 2 - PATIENT INFORMATION			
Prescriber's Name and Mailing Address				Patient (Family) Name			
				Patient (Given) Name(s)			
ollege ID (use ONLY College I	D number)	Phone Number (include area	a code)	Date of Birth (yyyy / mm	/ dd)	Date of Applicat	ion (yyyy / mm / dd)
CRITICAL FOR A	Cardiolog	gist's Fax Number		CRITICAL FOR	.	al Health Number (P	PHN)
TIMELY RESPONSE				PROCESSING			
ECTION 3 – MEDICAT	ION REC	QUESTED			MA	VACAMTEN:	9901-0474
mavacamten (2.5 m	g, 5 mg, 1	0 mg, 15 mg capsules)					
ECTION 4 – CRITERIA	FOR IN	ITIAL COVERAGE: 24	WEEKS				
Approval subject to ALL of	the criteri	a below being met (mark bo	exes and comp	lete blanks as applicable).		
For the treatment of symp		-	-				
							iptoms for patients
		following clinical criteria are i	met. Requests 1	for coverage must be subm	itted by a card	iologist.	
Patient has docume	nted left ve	following clinical criteria are numbers	met. Requests for EF) \geq 55% at res	for coverage must be subm st determined by echocard	itted by a card	iologist. inimum, patients ha	
Patient has docume an echocardiogram	nted left ve within six n	following clinical criteria are not not controlled the following clinical criteria are not controlled the following a Submitting a Subm	met. Requests f $EF) \ge 55\%$ at respecial Authorit	for coverage must be subm st determined by echocard ty request for initial treatme	itted by a card	iologist. inimum, patients ha	
Patient has docume an echocardiogram	nted left ve within six n _ % Date	following clinical criteria are in ntricular ejection fraction (LVI nonths prior to submitting a See of echocardiogram	met. Requests f EF) ≥ 55% at respecial Authorit	for coverage must be subm st determined by echocard ty request for initial treatme	itted by a card iography. At m ent of mavacan	iologist. inimum, patients hanten.	
Patient has docume an echocardiogram LVEF AND Patient has a	nted left ve within six n _ % Date left ventric left ventric	following clinical criteria are in tricular ejection fraction (LVI nonths prior to submitting a See of echocardiogramle (LV) wall thickness ≥ 15 mm ular outflow obstruction (LVO	met. Requests f EF) \geq 55% at respecial Authorit on (or \geq 13 mm v	for coverage must be submed to the submed to the submedia of t	itted by a card iography. At m ent of mavacan ertrophic cardi	iologist. inimum, patients hanten. omyopathy).	ave received
Patient has docume an echocardiogram LVEF AND Patient has a as confirmed	nted left ve within six n _% Date left ventric left ventric by echocal	following clinical criteria are in tricular ejection fraction (LVI nonths prior to submitting a See of echocardiogramle (LV) wall thickness ≥ 15 mm ular outflow obstruction (LVO	met. Requests f EF) \geq 55% at respecial Authorit on (or \geq 13 mm v	for coverage must be submed to the submed to the submedia of t	itted by a card iography. At m ent of mavacan ertrophic cardi	iologist. inimum, patients hanten. omyopathy).	ave received
Patient has docume an echocardiogram LVEF AND Patient has a AND Patient has a as confirmed AND Patient has n AND Patient has n	nted left ve within six n _ % Date left ventric left ventric by echocal ot had sept xperienced cal deterio	following clinical criteria are intricular ejection fraction (LVI nonths prior to submitting a Set of echocardiogram	met. Requests I EF) \geq 55% at re- special Authorit on (or \geq 13 mm v OT) peak gradie	for coverage must be subm st determined by echocard ty request for initial treatme with a family history of hype nt ≥ 50 mm Hg at rest, after ardiography while receiving	itted by a carding and its of mavacant of mavacant ertrophic carding Valsalva manes	iologist. inimum, patients hanten. omyopathy). euver or post-exerci	ave received se, hannel blocker
Patient has docume an echocardiogram LVEF AND Patient has a as confirmed AND Patient has n AND Patient has n AND Patient has n AND Patient has n	nted left ve within six n _ % Data left ventric left ventric by echocal ot had sept experienced ical deterior ogram.	following clinical criteria are in intricular ejection fraction (LVI nonths prior to submitting a Set of echocardiogram	met. Requests I EF) \geq 55% at re- special Authorit on (or \geq 13 mm v OT) peak gradie	for coverage must be subm st determined by echocard ty request for initial treatme with a family history of hype nt ≥ 50 mm Hg at rest, after ardiography while receiving	itted by a carding and its of mavacant of mavacant ertrophic carding Valsalva manes	iologist. inimum, patients hanten. omyopathy). euver or post-exerci	ave received se, hannel blocker
Patient has docume an echocardiogram LVEF AND Patient has a as confirmed AND Patient has na has endered has na has confirmed has na	nted left ve within six n _ % Datu left ventric left ventric by echocal ot had sept xperienced cal deterior ogram. -blocker:	following clinical criteria are in tricular ejection fraction (LVI nonths prior to submitting a Set of echocardiogram	met. Requests I EF) \geq 55% at re- special Authorit on (or \geq 13 mm v OT) peak gradie	for coverage must be subm st determined by echocard ty request for initial treatme with a family history of hype nt ≥ 50 mm Hg at rest, after ardiography while receiving	itted by a carding and its of mavacant of mavacant ertrophic carding Valsalva manes	iologist. inimum, patients hanten. omyopathy). euver or post-exerci	ave received se, hannel blocker
Patient has docume an echocardiogram LVEF AND Patient has a as confirmed AND Patient has a has confirmed AND Patient has not	nted left ve within six n _ % Datu left ventric left ventric by echocal ot had sept xperienced cal deterior ogram. -blocker:	following clinical criteria are in tricular ejection fraction (LVI nonths prior to submitting a Set of echocardiogram	met. Requests I EF) \geq 55% at re- special Authorit on (or \geq 13 mm v OT) peak gradie	for coverage must be subm st determined by echocard ty request for initial treatme with a family history of hype nt ≥ 50 mm Hg at rest, after ardiography while receiving	itted by a carding and its of mavacant of mavacant ertrophic carding Valsalva manes	iologist. inimum, patients hanten. omyopathy). euver or post-exerci	ave received se, hannel blocker
Patient has docume an echocardiogram LVEF AND Patient has a as confirmed AND Patient has n as confirmed AND Patient has n echocardi Current beta AND/OR Current calcie	nted left ve within six n _ % Date left ventric left ventric by echocal ot had sept experienced ical deterior ogramblocker: um-channe	following clinical criteria are in tricular ejection fraction (LVI nonths prior to submitting a Set of echocardiogram	met. Requests I EF) \geq 55% at respecial Authority on (or \geq 13 mm v or) peak gradie otoms or echocovorsening of sy	for coverage must be subm st determined by echocard ty request for initial treatme with a family history of hype nt ≥ 50 mm Hg at rest, after ardiography while receiving	itted by a carding and its of mavacant of mavacant ertrophic carding Valsalva manes	iologist. inimum, patients hanten. omyopathy). euver or post-exerci	ave received se, hannel blocker
Patient has docume an echocardiogram LVEF AND Patient has a as confirmed AND Patient has n AND Patient has n AND Patient has n AND Current beta AND/OR Current calcie ECTION 5 – CRITERIA	nted left ve within six n _	following clinical criteria are in tricular ejection fraction (LVI nonths prior to submitting a Set of echocardiogram	met. Requests I EF) ≥ 55% at respecial Authorit In (or ≥ 13 mm v OT) peak gradie Stooms or echocyorsening of sy	for coverage must be submost determined by echocardity request for initial treatments. With a family history of hypeont ≥ 50 mm Hg at rest, after ardiography while receiving mptoms or deterioration in	iitted by a card iography. At m ent of mavacan ertrophic cardi r Valsalva mane g either beta-b i outflow tract o	iologist. inimum, patients hanten. omyopathy). euver or post-exerci	ave received se, hannel blocker
Patient has docume an echocardiogram LVEF AND Patient has a as confirmed as a confirmed AND Patient has netherapy. Clinical an echocardical Current beta AND/OR Current calcice ECTION 5 - CRITERIA Renewal subject to ALL of the confidence of the confirmed and the confirmed and the confirmed as a confirmed as a confirmed as a confirmed as a confirmed and the confirmed and the confirmed as a co	nted left ve within six n —	following clinical criteria are in ntricular ejection fraction (LVI nonths prior to submitting a Set of echocardiogram	met. Requests (EF) ≥ 55% at respecial Authority In (or ≥ 13 mm v OT) peak gradie Stoms or echocors From the control of t	for coverage must be submost determined by echocardity request for initial treatments. With a family history of hypeont ≥ 50 mm Hg at rest, after ardiography while receiving mptoms or deterioration in	iitted by a card iography. At m ent of mavacan ertrophic cardi r Valsalva mane g either beta-b i outflow tract o	iologist. inimum, patients hanten. omyopathy). euver or post-exerci	ave received se, hannel blocker
Patient has docume an echocardiogram LVEF AND Patient has a as confirmed as a confirmed and Patient has e therapy. Clinical an echocardi Current beta AND/OR Current calcide Current calcide Current calcide Current calcide Current subject to ALL of For renewal of coverage, to the confirmed and echocardi current calcide Current calcide Current calcide Current calcide Current calcide Current subject to ALL of Current calcide Cur	nted left ve within six n _ % Datu left ventric left ventric by echocal ot had sept experienced cal deterior ogramblocker: um-channe A FOR CC the criteria	following clinical criteria are in ntricular ejection fraction (LVI nonths prior to submitting a Set of echocardiogram	met. Requests f EF) ≥ 55% at re- special Authorit In (or ≥ 13 mm v OT) peak gradie solutions or echocovorsening of sy I YEAR EXECUTE THE STATE OF ST	for coverage must be submost determined by echocardity request for initial treatments with a family history of hyperint ≥ 50 mm Hg at rest, after ardiography while receiving mptoms or deterioration in	itted by a cardi iography. At m ent of mavacan ertrophic cardi r Valsalva mane g either beta-b o outflow tract o	iologist. inimum, patients hanten. omyopathy). euver or post-exerci	ave received se, hannel blocker
Patient has docume an echocardiogram LVEF AND Patient has a as confirmed as a confirmed AND Patient has netherapy. Clinical an echocardical Current beta AND/OR Current calcice ECTION 5 - CRITERIA Renewal subject to ALL of For renewal of coverage, to Patient has a current to the confirmed and the	nted left ve within six n — Date left ventric left ventric by echocal ot had sept experienced cal deteriol ogram. — blocker: um-channe A FOR CC the criteria he cardiolo	following clinical criteria are in intricular ejection fraction (LVI nonths prior to submitting a Set of echocardiogram	met. Requests (EF) ≥ 55% at respecial Authority In (or ≥ 13 mm v OT) peak gradie Stoms or echocoversening of sy I YEAR Exes and complete the meet ALL Extrmanently discoverses.	for coverage must be submost determined by echocardity request for initial treatments of the following of the following: ontinued if the patient has	itted by a carding a cardina card	iologist. inimum, patients hanten. omyopathy). euver or post-exerci	ave received se, hannel blocker
Patient has docume an echocardiogram LVEF AND Patient has a as confirmed as confirmed as confirmed an echocardi Current beta AND/OR Current calcive ECTION 5 - CRITERIA Renewal subject to ALL of Current has a current Current LVEF Current LVEF Current LVEF	nted left ve within six n _ % Datu left ventric left ventric by echocal ot had sept experienced cal deterior ogramblocker: um-channe A FOR CC the criteria he cardiolo	following clinical criteria are in intricular ejection fraction (LVI nonths prior to submitting a Set of echocardiogram	met. Requests f EF) ≥ 55% at respecial Authorit In (or ≥ 13 mm v IT) peak gradie Stoms or echocovorsening of sy I YEAR Exess and complete to the complete	for coverage must be submost determined by echocardity request for initial treatments of the following of the following: ontinued if the patient has	itted by a carding a cardina card	iologist. inimum, patients hanten. omyopathy). euver or post-exerci	ave received se, hannel blocker

EFFECTIVE DATE (YYYY / MM / DD)

SECTION 6 – OPTIONAL ADDITIONAL COMMENTS	
Report all adverse events to the post-market surveillance program,	Canadian Vigilance, toll-free 1-866-234-2345 (health professionals only).
Personal information on this form is collected under the authority of, and in accordance	I have discussed with the patient that the purpose of releasing their
with, the British Columbia Pharmaceutical Services Act 22(1) and Freedom of Information and	information to PharmaCare is to obtain Special Authority for prescription
Protection of Privacy Act 26 (a),(c),(e). The information is being collected for the purposes	coverage and for the purposes set out here.
of (a) administering the PharmaCare program, (b) analyzing, planning and evaluating the Special Authority and other Ministry programs and (c) to manage and plan for the health	. 9
system generally. If you have any questions about the collection of this information, call	
Health Insurance BC from Vancouver at 1-604-683-7151 or from elsewhere in BC toll free at	
1-800-663-7100 and ask to consult a pharmacist concerning the Special Authority process.	Cardiologist's Signature (Mandatory)

PATIENT (GIVEN) NAME(S)

HLTH 5833 PAGE 2

PERSONAL HEALTH NUMBER (PHN)

PATIENT (FAMILY) NAME