

## CADTH REIMBURSEMENT REVIEW

# Stakeholder Feedback on Draft Recommendation

**MAVACAMTEN (Camzyos)**  
(Bristol Myers Squibb)

**Indication:** Treatment of symptomatic obstructive hypertrophic cardiomyopathy (oHCM) of New York Heart Association (NYHA) Class II-III in adult patients.

**March 31, 2023**

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## CADTH Reimbursement Review

### Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	SR0755
Name of the drug and Indication(s)	Mavacamten (Camzyos) for symptomatic obstructive hypertrophic cardiomyopathy
Organization Providing Feedback	FWG

1. Recommendation revisions		
Please indicate if the stakeholder requires the expert review committee to reconsider or clarify its recommendation.		
Request for Reconsideration	Major revisions: A change in recommendation <b>category</b> or patient <b>population</b> is requested	<input type="checkbox"/>
	Minor revisions: A change in reimbursement <b>conditions</b> is requested	<input type="checkbox"/>
No Request for Reconsideration	Editorial revisions: Clarifications in recommendation <b>text</b> are requested	X <input type="checkbox"/>
	No requested revisions	<input type="checkbox"/>

2. Change in recommendation category or conditions
Complete this section if major or minor revisions are requested
Please identify the specific text from the recommendation and provide a rationale for requesting a change in recommendation.

3. Clarity of the recommendation
Complete this section if editorial revisions are requested for the following elements
<b>a) Recommendation rationale</b>
Please provide details regarding the information that requires clarification.
<b>b) Reimbursement conditions and related reasons</b>
Please provide details regarding the information that requires clarification.
<b>c) Implementation guidance</b>

Please provide high-level details regarding the information that requires clarification. You can provide specific comments in the draft recommendation found in the next section. Additional implementation questions can be raised here.

## CADTH Reimbursement Review Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	SR0755
Brand name (generic)	Camzyos™ (mavacamten)
Indication(s)	For the treatment of symptomatic obstructive hypertrophic cardiomyopathy (oHCM) of New York Heart Association (NYHA) class II to III in adult patients
Organization	Bristol Myers Squibb
Contact information <sup>a</sup>	[REDACTED]
Stakeholder agreement with the draft recommendation	
<b>1. Does the stakeholder agree with the committee's recommendation.</b>	Yes <input checked="" type="checkbox"/>
	No <input type="checkbox"/>
Please explain why the stakeholder agrees or disagrees with the draft recommendation. Whenever possible, please identify the specific text from the recommendation and rationale.	
<p>Bristol Myers Squibb Canada agrees with the CDEC draft recommendation for mavacamten (CAMZYOS™) for the treatment of symptomatic obstructive hypertrophic cardiomyopathy (oHCM) of New York Heart Association (NYHA) Class II-III in adult patients. The CDEC acknowledged that treatment with mavacamten resulted in added clinical benefit in adult patients with symptomatic oHCM.</p> <p>Bristol Myers Squibb Canada is committed to working with the provinces to facilitate access to mavacamten by Canadian adult patients with symptomatic oHCM of NYHA Class II-III.</p>	
Expert committee consideration of the stakeholder input	
<b>2. Does the recommendation demonstrate that the committee has considered the stakeholder input that your organization provided to CADTH?</b>	Yes <input checked="" type="checkbox"/>
	No <input type="checkbox"/>
If not, what aspects are missing from the draft recommendation?	
Clarity of the draft recommendation	
<b>3. Are the reasons for the recommendation clearly stated?</b>	Yes <input checked="" type="checkbox"/>
	No <input type="checkbox"/>
If not, please provide details regarding the information that requires clarification.	
<b>4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?</b>	Yes <input checked="" type="checkbox"/>
	No <input type="checkbox"/>
If not, please provide details regarding the information that requires clarification.	
<b>5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?</b>	Yes <input type="checkbox"/>
	No <input checked="" type="checkbox"/>

If not, please provide details regarding the information that requires clarification.

**Page 4, Table 1. Reimbursement Conditions and Reasons**

Regarding reimbursement condition #3, BMS respectfully requests a clarification regarding patients who have previously received SRT. Are they eligible for treatment with mavacamten if they fulfil the other CADTH reimbursement conditions?

BMS respectfully requests a clarification regarding patients who are contraindicated to beta-blocker and/or calcium-channel blocker therapy. Are they eligible for treatment with mavacamten if they fulfil the other CADTH reimbursement conditions?

<sup>a</sup> CADTH may contact this person if comments require clarification.