ALASKA MEDICAID
Prior Authorization Criteria

Myqorzo™ (aficamten)

FDA INDICATIONS AND USAGE[1]

Myqorzo™ is a cardiac myosin inhibitor indicated for the treatment of adults with symptomatic obstructive hypertrophic cardiomyopathy (oHCM) to improve functional capacity and symptoms.

APPROVAL CRITERIA[1,2,3]

1. Patient meets FDA labeled age **AND**;
2. Prescribed by or in consultation with a cardiologist **AND**;
3. Patient has the diagnosis of obstructive hypertrophic cardiomyopathy and one of the following:
    a. Maximal left ventricular wall thickness ≥ 15mm
    b. Maximal left ventricular wall thickness ≥ 13mm with documented familial hypertrophic cardiomyopathy **AND**;
4. Patient left ventricular ejection fraction (LVEF) <55% and one of the following applies:
    a. Baseline resting left ventricular outflow tract (LVOT) gradient ≥ 30mmHg
    b. Baseline left ventricular outflow tract (LVOT) gradient ≥ 50mmHg following provocation (e.g. Valsalva maneuver) **AND**;
5. Patient exhibits New York Heart Association (NYHA) functional class II or class III symptoms of heart failure **AND;**
6. Patient has tried and failed or has a documented clinical contraindication to a beta blocker or non-dihydropyridine calcium channel blocker at maximally tolerated dose

DENIAL CRITERIA [1]

1. Failure to meet approval criteria **OR**;
2. Patient is on concomitant therapy with rifampin

CAUTIONS[1]

- Myqorzo can cause heart failure due to systolic dysfunction. Echocardiogram assessments are required prior to and during treatment with Myqorzo to monitor for worsening clinical status.
- Drugs that inhibit multiple pathways of Myqorzo elimination, strong CYP2C9 inhibitors, or moderate to strong CYP3A inducers may increase the risk of heart failure with Myqorzo. Dose adjustment and additional monitoring may be necessary if Myqorzo is used together with any of these agents.

DURATION OF APPROVAL

- Initial Approval: up to 3 months
- Reauthorization Approval: up to 12 months

QUANTITY LIMIT

- 30 tablets per 30 days
- Not to exceed 20mg per day

REFERENCES

1. Myqorzo (aficamten) [prescribing information]. South San Francisco, CA; Cytokinetics Inc.; December 2025
2. Maron MS, Masri A, Nassif ME, et al. Aficamten for symptomatic obstructive hypertrophic cardiomyopathy. N Engl J Med. 2024;390(20):1849-1861.
3. Ommen SR, Ho CY, Asif IM, et al. 2024 AHA/ACC/AMSSM/HRS/PACES/SCMR Guideline for the Management of Hypertrophic Cardiomyopathy: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines. Circulation. 2024 Jun 4;149(23)