SUMMARY

mavacamten

CAMZYOS 2.5 mg, 5 mg,10 mg an 15 mg

hard capsules

Initial inclusion

Original French opinion adopted by the Transparency Committee on 18 October 2023

The legally binding text is the original French opinion version

Transparency Committee's conclusions

Clinical Benefit

- The functional signs of obstructive cardiomyopathy can be life-threatening either immediately or following complications.
- This is a symptomatic medicinal product.
- The efficacy/adverse effects ratio is high with demonstration of the superiority of mavacamten compared to placebo for improvement in exercise capacity (peak VO2) and NYHA clinical symptoms and reduction in the use of septal reduction therapy in adult patients with symptomatic oHCM. However, the efficacy in terms of morbidity and mortality has not been demonstrated to date and uncertainties remain, particularly in terms of safety.
- This is a second-line treatment for symptomatic (NYHA, class II-III) obstructive hypertrophic cardiomyopathy (oHCM) in adult patients when optimised background therapy with beta-blockers, calcium channel blockers and/or disopyramide is ineffective or poorly tolerated.

- **Public health impact:**

Considering:

- the seriousness of the disease and its prevalence of 1/500 adult subjects;
- the partially met medical need;
- the partial response to the identified need:

- with an additional impact in terms of improvement in exercise capacity and symptoms, reduction in the use of septal reduction therapy and quality of life in adult patients with obstructive hypertrophic cardiomyopathy (oHCM) with persistent symptoms (NYHA, class II-III) on background oHCM therapy;
- but in the absence of a demonstrated additional impact on morbidity and mortality;

CAMZYOS (mavacamten) is unlikely to have an additional impact on public health.

Considering all these elements, the Committee deems that the clinical benefit of CAMZYOS (mavacamten) 2.5 mg, 5 mg, 10 mg and 15 mg hard capsules is substantial only in the treatment of obstructive hypertrophic cardiomyopathy (oHCM) in adult patients with persistent symptoms (New York Heart Association, NYHA, class II-III) on background oHCM therapy.

The Committee considers that the clinical benefit of CAMZYOS (mavacamten) 2.5 mg, 5 mg, 10 mg and 15 mg hard capsules is insufficient to justify public funding cover in view of the available alternatives in the other clinical situations of the MA.

The Committee issues a favourable opinion for inclusion of CAMZYOS (mavacamten) 2.5 mg, 5 mg, 10 mg and 15 mg hard capsules in both the hospital formulary list and the retail formulary list of reimbursed proprietary medicinal products approved for use only in the treatment of obstructive hypertrophic cardiomyopathy (oHCM) in adult patients with persistent symptoms (New York Heart Association, NYHA, class II-III) on background oHCM therapy and at the MA dosages.

The Committee issues an unfavourable opinion for inclusion of CAMZYOS (mavacamten) 2.5 mg, 5 mg, 10 mg and 15 mg hard capsules in both the hospital formulary list and the retail formulary list of reimbursed proprietary medicinal products approved for use in the other clinical situations of the MA.

➔ **Recommended reimbursement rate for inclusion in the retail list of reimbursed proprietary medicinal products approved for use: 65%**

Clinical Added Value

Therapeutic improvement in the management of obstructive hypertrophic cardiomyopathy (oHCM) in adult patients with persistent symptoms (New York Heart Association, NYHA, class II-III) on background oHCM therapy.

Considering:

- demonstration of the superiority of mavacamten compared to placebo in two randomised, controlled phase 3 studies (EXPLORER-HCM and VALOR-HCM), in terms of improvement in exercise capacity (peak VO2) and NYHA clinical symptoms at week 30, respectively, and reduction in the use of septal reduction therapy at week 16, in adult patients with symptomatic oHCM (despite optimised background therapy for the majority of the subjects included);
- demonstration of the superiority of mavacamten compared to placebo for quality of life criteria assessed using validated disease-specific scores (clinical score on the KCCQ 23 questionnaire and shortness of breath domain score on the HCMSQ questionnaire);
- an acceptable safety profile of mavacamten comparable to placebo according to safety data from clinical studies;
- a partially met medical need;

and despite:

- the lack of evidence of the efficacy of mavacamten on morbidity and mortality endpoints (however, given the epidemiological profile of the disease and according to expert opinion, it appears to be difficult to assess the efficacy of mavacamten on the basis of mortality endpoints);
- a follow-up period in the clinical studies (30 weeks for EXPLORER-HCM and 16 weeks for VALOR-HCM) that does not enable any conclusion to be reached with respect to the long-term efficacy and safety of mavacamten;
- a potential detrimental effect of mavacamten on cardiac function (reduction in left ventricular ejection fraction) that cannot be excluded in at-risk subjects (patients with a serious intercurrent disease, such as an infection or arrhythmia, or who are undergoing major cardiac surgery);

the Committee deems that CAMZYOS (mavacamten) 2.5 mg, 5 mg, 10 mg and 15 mg hard capsules provides a moderate clinical added value (CAV III) in the current care pathway for obstructive hypertrophic cardiomyopathy (oHCM) in adult patients with persistent symptoms (New York Heart Association, NYHA, class II-III) on background oHCM therapy.

In the other clinical situations of the MA: not applicable.

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