

Camzyos (Mavacamten)

EXCEPTION DRUG STATUS (EDS) REQUEST FORM

Fax: (204) 942-2030 or 1-877-208-3588

Prescriber Name:	Fax Number:
Prescriber Address:	Phone Number:
	Prescriber License Number (NOT Billing Number):

Patient First Name:	PHIN:	MHSC:
Patient Last Name:	Patient's Date of Birth:	
New Request	Renewal Request	
Medication, Strength, and Dosage Form:	Regimen and Duration:	

Exception Drug Status (EDS) approval is only granted upon demonstration that the patient meets the coverage criteria of the EDS listing. Please provide the following details about how this patient meets the specific criteria for coverage. Manitoba Health may request additional documentation to support this EDS request.

For INITIAL Requests:		
Diagnosis/Indication:	Symptomatic obstructive hypertrophic cardiomyopathy (oHCM)	
	Other: _____	
New York Heart Association (NYHA) Class:		
Left ventricular ejection fraction (LVEF) at rest determined by echocardiography:	Date of result:	
Please check YES or NO for the following questions:		
Does the patient have a left ventricular (LV) wall thickness greater than or equal to 15 mm (or greater than or equal to 13 mm with a family history of hypertrophic cardiomyopathy [HCM])?	YES	NO
Does the patient have a left ventricular outflow tract (LVOT) peak gradient greater than or equal to 50 mm Hg at rest, after Valsalva maneuver, or postexercise, as confirmed by echocardiography?	YES	NO
Is the patient receiving beta-blocker or calcium channel blocker therapy and experiencing clinical deterioration in symptoms or echocardiography while receiving either of these treatments?	YES	NO
Is the patient under the care of a cardiologist?	YES	NO
Additional Relevant Clinical Information:		

For RENEWAL Requests:		
Left ventricular ejection fraction (LVEF):	Date of result:	
Has the patient received septal reduction therapy (SRT)?	YES	NO

Prescriber Signature and Date:	
Please check the following:	
I have discussed with the patient that the purpose of releasing their information to Manitoba Health, Seniors and Long-Term Care is to obtain Exception Drug Status for prescription coverage.	
Date:	Prescriber Signature: