Reference number(s)
7342-A

Specialty Guideline Management
Myqorzo

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Myqorzo	aficamten

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications[1]

Myqorzo is indicated for the treatment of adults with symptomatic obstructive hypertrophic cardiomyopathy to improve functional capacity and symptoms.

All other indications are considered experimental/investigational and not medically necessary.

Documentation

Submission of the following information is necessary to initiate the prior authorization review:

Initial requests

- Chart notes, imaging reports, or medical record documentation supporting left ventricular wall thickness.

- Chart notes, laboratory results, or medical record documentation of familial hypertrophic cardiomyopathy or a positive genetic test (e.g., MYH7, MYBPC3, TNNI3, TNNT2, TPM1, MYL2, MYL3, ACTC1 gene variants) (if applicable).
- Chart notes or medical record documentation supporting baseline left ventricular ejection fraction (LVEF) ≥ 55%, baseline resting left ventricular outflow tract (LVOT) gradient ≥ 30 mmHg, and baseline Valsalva LVOT peak gradient ≥ 50 mmHg.
- Chart notes, medical record documentation, or claims history supporting previous medications tried, including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.

Continuation requests

- Chart notes or medical record documentation supporting a positive clinical response to therapy (e.g., increase in peak oxygen consumption [pVO2], New York Heart Association (NYHA) class reduction).
- Chart notes or medical record documentation supporting left ventricular ejection fraction (LVEF) ≥ 50%.

Prescriber Specialties

This medication must be prescribed by or in consultation with a cardiologist.

Coverage Criteria

Obstructive Hypertrophic Cardiomyopathy[1,2,4-6]

Authorization of 12 months may be granted for treatment of obstructive hypertrophic cardiomyopathy when all of the following criteria are met:

- Member has either of the following:
  - Left ventricular wall thickness of greater than or equal to 15 mm anywhere in the left ventricle.
  - Left ventricular wall thickness of greater than or equal to 13 mm anywhere in the left ventricle in members with familial hypertrophic cardiomyopathy or a positive genetic test (e.g., MYH7, MYBPC3, TNNI3, TNNT2, TPM1, MYL2, MYL3, ACTC1 gene variants).
- Member has NYHA functional class II or class III symptoms (see Appendix).
- Member must have a baseline left ventricular ejection fraction (LVEF) ≥ 55% and both of the following:

  - Baseline resting LVOT gradient ≥ 30 mmHg.
  - Baseline Valsalva LVOT peak gradient ≥ 50 mmHg.
- Member has experienced an inadequate response to a beta-adrenergic antagonist (e.g., atenolol, metoprolol) or non-dihydropyridine calcium channel blocker (e.g., diltiazem, verapamil) at maximally tolerated dose, or has an intolerance or contraindication to both therapies.
- Member cannot use the requested medication concomitantly with rifampin.

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for obstructive hypertrophic cardiomyopathy when all of the following criteria are met:

- The member has achieved or maintained a positive clinical response to therapy (e.g., increase in pVO2, NYHA class reduction).
- Member has a left ventricular ejection fraction (LVEF) ≥ 50%.
- Member cannot use the requested medication concomitantly with rifampin.

Appendix

New York Heart Association (NYHA) Functional Classification[3]

NYHA Grading	
Class I	No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation or shortness of breath.
Class II	Slight limitation of physical activity. Comfortable at rest. Ordinary physical activity results in fatigue, palpitation, shortness of breath or chest pain.
Class III	Marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation, shortness of breath or chest pain.
Class IV	Symptoms of heart failure at rest. Any physical activity causes further discomfort.

References

1. Myqorzo [package insert]. South San Francisco, CA: Cytokinetics Incorporated; December 2025.
2. Ommen SR, Ho CY, Balaji S, 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;149(23):e1239-e1311.
3. “Classes and Stages of Heart Failure.” American Heart Association. 7 June 2023. https://www.heart.org/en/health-topics/heart-failure/what-is-heart-failure/classes-of-heart-failure. Accessed December 22, 2025.
4. Maron MS, Masri A, Nassif ME, et al. Aficamten for symptomatic obstructive hypertrophic cardiomyopathy. N Engl J Med. 2024;390(20):1849-1861.
5. Maron B, Desai M, Nishimura R, et al. Management of Hypertrophic cardiomyopathy. J Am Coll Cardiol. 2022;79(4):390-414.
6. Arbelo E, Protonotarios A, Gimeno JR, et al. 2023 ESC guidelines for the management of cardiomyopathies. Eur Heart J. 2023;44(37):3503-3626.