

NDA 214998/S-004

## SUPPLEMENT APPROVAL

Bristol-Myers Squibb Company  
Attention: Bridget McGugan, PharmD  
Senior Manager, Global Regulatory Sciences  
P.O. Box 5326  
Princeton, NJ 08543

Dear Dr. McGugan:

Please refer to your supplemental new drug application (sNDA) dated and received November 14, 2022, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Camzyos (mavacamten) capsules.

This Changes Being Effected sNDA provides for proposed modifications to the approved Camzyos risk evaluation and mitigation strategy (REMS).

We have completed our review of this supplemental application, as amended. It is approved effective on the date of this letter.

### **RISK EVALUATION AND MITIGATION STRATEGY (REMS) REQUIREMENTS**

The REMS for Camzyos was originally approved on April 28, 2022, and the most recent REMS modification was approved on November 22, 2022. The REMS consists of elements to assure safe use, an implementation system, and a timetable for submission of assessments of the REMS.

Your proposed modifications to the REMS consist of:

- Allowing healthcare providers and pharmacists at certified pharmacies to manually adjust the treatment start date up to 90 days from Patient Enrollment Form submission to allow for providers and patients to schedule echocardiograms, manage prior authorizations, and potential delays due to patient travel or illness. This ensures the Patient Status Form submission schedule is correct for each patient.
- Allowing patients who are transitioning from clinical trials and are on a stable dose of CAMZYOS to bypass the early frequent visits (eg, Week 4 and 8) of the Initiation Phase and continue treatment under the Maintenance Phase schedule (PSF submission every 12 weeks).

- Providing cadences for Patient Status Form submission when treatment is delayed, interrupted, and restarted for reasons other than LVEF <50%, and for patients entering from clinical trials in differing situations.

Your proposed modified REMS, submitted on November 14, 2022, amended, and appended to this letter, is approved.

The timetable for submission of assessments of the REMS remains the same as that approved on April 28, 2022.

The revised REMS assessment plan must include, but is not limited to, the following:

For each metric, provide the two previous, current, and cumulative reporting periods (if applicable), unless otherwise noted.

Program Outreach and Communication (provide data at the 1-year assessment only)

1. REMS Program Website
  - a) Date REMS website went live
  - b) Number of total visits and unique visits to the REMS Program Website
  - c) Number and type of Camzyos REMS materials downloaded or accessed

Program Implementation and Operations

2. REMS Call Center Reports
  - a) Number of calls by stakeholder type (patient, healthcare provider, designee, pharmacy, wholesalers-distributors, other)
  - b) Summary of reasons for calls (e.g., enrollment question) and stakeholder type (patients, healthcare provider, designee, pharmacy, other). Limit the summary to the top five reasons for calls by each stakeholder group.
  - c) If the summary reason for the call(s) indicates a complaint, include details on the nature of the complaint(s) and whether the caller indicated potential REMS burden or patient access issues
  - d) If the summary reason for the call(s) indicates an adverse event related to heart failure or a contraindicated drug or drug interaction, include details and the outcome of the call(s)
  - e) Percentage of calls to the REMS Call Center that were answered within 20 minutes
  - f) The shortest wait time for a call to be answered, the longest wait time for a call to be answered and the median time for a call to be answered

- g) Percentage of calls to the REMS Call Center where the caller abandoned the call before the call was answered
      - h) The shortest wait time at which a call was abandoned, the longest wait time before the call was abandoned and the median wait time for a call to be abandoned
- 3. Program Implementation (provide data at the 1-year assessment only)
  - a) Date of first commercial availability of Camzyos
  - b) For each stakeholder (healthcare providers, designees, pharmacies, patients), the date when they could become certified
  - c) Date when the Camzyos REMS Call Center was established and fully operational
- 4. REMS Certification and Enrollment
  - a) Healthcare Providers
    - i. Number of newly certified healthcare providers and number of active (i.e., who have prescribed at least once during the reporting period) healthcare providers stratified by credentials (e.g., Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner, Physician Assistant, Other), specialty (e.g., Cardiology, Electrophysiology, Geneticist, Other), and geographic region (defined by US Census). If "Other" accounts for >10% of respondents, provide the most common specialties identified. Specifically identify and categorize if a specialty is within cardiology or non-cardiology
  - b) Number of designees stratified by role (e.g., RPh/PharmD, RN, NP, or PA)
    - i. Method of healthcare provider and designee certification (online or fax)
  - c) Pharmacies
    - i. Number of newly certified pharmacies
    - ii. Number of active pharmacies (i.e., have dispensed Camzyos)
  - d) Patients
    - i. Number of newly enrolled patients and number of active (i.e., received at least one dispense of Camzyos) patients stratified by a combined variable of age and gender and geographic region. Provide the minimum and maximum age of enrolled patients. For gender/age variable use age ranges of less than 18, 18-40, 41-60, 61 years and older
    - ii. Number of patients who initiated therapy > 90 days after date Patient Enrollment Form submitted, along

with minimum, maximum, and mean days of initial therapy delay, and reasons for delay.

e) Wholesalers/distributors

- i. Number of newly contracted wholesalers/distributors and number of active (i.e., have shipped Camzyos) wholesalers/distributors

5. REMS Compliance

- a) A copy of the non-compliance plan, including the criteria for non-compliance for healthcare providers, pharmacies, and wholesalers-distributors, actions taken to address noncompliance for each case, and which events lead to decertification from the Camzyos REMS (Beginning with the 1-year assessment and annually thereafter)

b) Audits

- i. A copy of the audit plan for pharmacies and wholesalers/distributors
- ii. Report of audit findings for each stakeholder (pharmacies and wholesalers/distributors)
- iii. Number of audits expected, and the number of audits performed.
- iv. Documentation of completion of training for relevant staff
- v. Documentation of processes and procedures in place for complying with the Camzyos REMS
- vi. Verification for each audited stakeholder's site that the designated Authorized Representative remains the same. If different, document that the pharmacy has re-certified with the name and contact information for the new Authorized Representative
- vii. Number and types of deficiencies noted for each group of audited stakeholders as a percentage of audited stakeholders.
- viii. For each Audited Pharmacy, number of the following deficiencies (numerator) divided by the number of dispenses audited at that pharmacy (denominator):
  1. Healthcare provider not certified, and prescription dispensed
  2. Patient not enrolled and prescription dispensed
  3. Drug Interaction and Counseling Checklist not completed, and prescription dispensed
  4. Audit of Drug Interaction and Counseling Checklist forms that identified a drug was dispensed but a required action not taken
  5. Authorization denied and prescription dispensed
- ix. For stakeholders with deficiencies noted, the number

- that successfully completed a Corrective and Preventative Action (CAPA) plan and as a percentage of those for which a CAPA plan was requested
- x. For any stakeholders who did not complete the CAPA Plan, a description of actions taken
- c) Healthcare provider noncompliance (For each non-compliance event, the source of the report, a description of the event, the root cause analysis of the event, and corrective actions taken)
- i. Number of healthcare providers who were non-compliant with the Camzyos REMS program requirements. Provide as a percentage of active healthcare providers.
  - ii. Number of healthcare providers who were de-certified and reasons for de-certification, also provided as a percentage of active healthcare providers. Include if any healthcare providers were re-certified.
- d) Pharmacies (For each non-compliance event, the source of the report, a description of the event, the root cause analysis, and corrective actions taken)
- i. Number of pharmacies for which non-compliance with the Camzyos REMS is detected (numerator) divided by all pharmacies dispensing Camzyos (denominator)
  - ii. The number of non-certified pharmacies that dispensed Camzyos (numerator) divided by all pharmacies that dispensed Camzyos (denominator). A compliance rate of 99.9% is expected.
  - iii. Number of Camzyos prescriptions dispensed by non-certified pharmacies (numerator) divided by all Camzyos prescriptions dispensed (denominator) and the actions taken to prevent future occurrences. A compliance rate of 99.9% is expected
  - iv. Number of Camzyos prescriptions dispensed that were written by non-certified healthcare providers (numerator) divided by all dispensed prescriptions (denominator). For prescriptions dispensed that were written by non-certified healthcare providers, provide the root cause analysis and the actions taken to prevent future occurrences. A compliance rate of 99.9% is expected.
  - v. Number of Camzyos prescriptions dispensed to non-

enrolled patients (numerator) divided by all dispensed prescriptions (denominator). For prescriptions dispensed to non-enrolled patients provide a root cause analysis and the actions taken to prevent future occurrences. A compliance rate of 99.9% is expected.

- vi. Number of Camzyos prescriptions dispensed to non-enrolled patients based on a prescription from a non-certified healthcare provider (numerator) divided by all dispensed prescriptions (denominator). For prescriptions dispensed to non-enrolled patients based on a prescription from a non-certified healthcare provider provide a root cause analysis and the actions taken to prevent future occurrences. A compliance rate of 99.9% is expected.
  - vii. Number of times a Camzyos prescription was dispensed because a certified pharmacy bypassed the Camzyos REMS authorization processes (numerator) divided by all certified pharmacies (denominator). Provide a root cause analysis and include a description of how the events were identified and any corrective actions taken. A compliance rate of 99.9% is expected.
  - viii. Number of pharmacies decertified, reasons for decertification, and actions to address non-compliance. Provide as a ratio the number of pharmacies decertified (numerator) divided by all certified pharmacies (denominator).
- e) Wholesalers/distributors (For each non-compliance event, the source of the report, a description of the event, the root cause analysis, and corrective actions taken)
- i. Number of contracted wholesalers/distributors for which non-compliance with the Camzyos REMS is detected (numerator) divided by the number of contracted wholesalers/distributors (denominator)
  - ii. Number of wholesalers/distributors suspended from distributing, reasons for the suspension, and actions to address non-compliance
  - iii. Number of times Camzyos was distributed to a non-certified pharmacy (numerator) divided by the number of distributions of Camzyos (denominator)
6. Utilization Data
- a) Number of prescriptions (new and refills) dispensed, stratified by:

- i. Healthcare provider degree/credentials and geographic region
    - ii. Patient demographics (age and gender, and geographic region)
  - b) The number of prescriptions received and denied (not authorized), stratified by:
    - i. Reasons and number of denials (numerator) divided by all denials (denominator)
      1. Healthcare provider not certified
      2. Prescription written by designee
      3. Patient not enrolled
      4. Patient status form documenting echocardiogram not submitted on appropriate schedule
      5. Drug Interaction and Counseling Checklist not completed
      6. Drug interaction or contraindicated drug identified, and appropriate actions not taken
      7. Other reasons for denial not categorized above
    - ii. Healthcare provider degree/credentials and geographic region
  - c) Number of unique healthcare providers who wrote prescriptions dispensed in the reporting period (active healthcare providers)
  - d) Number of unique patients receiving Camzyos, stratified by age, gender, and geographic region
7. Burden to the Healthcare System and/or Barriers to Patient Access Reports to the Camzyos REMS Call Center indicating a burden to the healthcare system or barriers to patient access. Assessment of whether burden is attributable to the REMS, insurance, health care availability, other

#### Safe Use Behavior

8. Patient Status Forms
  - a) Number of Patient Status Forms expected, received, and outstanding as of the REMS assessment cut-off date
  - b) Number of first patient shipments sent prior to receipt of a Patient Enrollment Form (numerator) divided by all patients who were dispensed Camzyos (denominator). A compliance rate of 99.9% is expected.
  - c) Number of unique patients who had a Patient Status Form submitted who the healthcare provider confirmed reviewing the echocardiogram for (numerator) divided by number of unique patients who had a Patient Status Form submitted (denominator)

- d) Number of unique patients who had a Patient Status Form submitted who the healthcare provider authorized treatment for (numerator) divided by number of unique patients who had a patient status form submitted (denominator)
  - e) Number of Patient Status Forms outstanding from previous reporting periods that were completed in the current reporting period (numerator) divided by the number of outstanding Patients Status Forms from the previous reporting period (if applicable)
  - f) Number of patients whose echocardiogram was completed off drug as a result of an authorization denial and reason (e.g., drug not dispensed due to missing Patient Status Form, insurance issues prevented drug dispensing, transportation issues prevented patient from obtaining echocardiograms)
  - g) Number of Patient Status Forms on which the healthcare provider indicated that the patient experienced a clinical heart failure event requiring hospitalization
  - h) Number of Patient Status Forms on which the healthcare provider indicated the patient experienced a decrease in LVEF to <50%
  - i) Number of patients who were not authorized to receive Camzyos as indicated on the Patient Status Form
9. Patient Enrollment Forms
- a) Number of unique patients who have a treatment start date > 90 days after the date the Patient Enrollment Form was submitted, along with the minimum, maximum, and mean days of initial therapy delay, and reasons for the delay
10. Drug Interaction and Counseling Checklist for Pharmacies
- a) Number of unique patients who had a Drug Interaction and Counseling Checklist completed prior to their initial dispensing of Camzyos (numerator) divided by the number of patients who initiated therapy with Camzyos (denominator). A compliance rate of 99.9% is expected.
  - b) Number of prescriptions dispensed that had a Drug Interaction and Counseling Checklist completed prior to dispensing (numerator) divided by the number of prescriptions dispensed for Camzyos (denominator). A compliance rate of 99.9% is expected.
  - c) Number of Drug Interaction and Counseling Checklists that identified a concurrent contraindicated medicine (numerator) divided by the total number of Drug Interaction

- and Counseling Checklists completed (denominator)
- d) For those Drug Interaction and Counseling Checklists that identified a concurrent contraindicated medicine indicate the source of the drug interaction and action taken after healthcare provider was contacted including:
    - i. Source
      - 1. Interacting drug prescribed by Camzyos certified healthcare provider/designee
      - 2. Interacting drug prescribed by other healthcare provider
      - 3. Interacting drug purchased over the counter by patient
    - ii. Action taken
      - 1. Camzyos discontinued
      - 2. Contraindicated drug discontinued
  - e) Number of Drug Interaction and Counseling Checklists that identified a concurrent medicine that required a dosage reduction (numerator) divided by the total number of Drug Interaction and Counseling Checklists completed (denominator)
  - f) For those Drug Interaction and Counseling Checklists that identified a concurrent medicine that required a dosage reduction, indicate the source of the drug interaction and action taken after healthcare provider was contacted including:
    - i. Source
      - 1. Interacting drug prescribed by Camzyos certified healthcare provider/designee
      - 2. Interacting drug prescribed by other healthcare provider
      - 3. Interacting drug purchased over the counter by patient
    - ii. Action taken
      - 1. Camzyos discontinued
      - 2. Camzyos dose decreased
      - 3. Other medicine(s) discontinued
  - g) Any information obtained from audits, or self-reported by pharmacies that indicated that a patient received a contraindicated medicine, while taking Camzyos expressed by the number of patients who received at least one shipment (dispensing) of Camzyos who were also taking a concurrent contraindicated medicine (numerator) divided by the total number of patients with at least one shipment (dispensing) of Camzyos (denominator). For all occurrences, include the contraindicated drug name, dose, and duration of therapy.

11. Knowledge Assessments (provide data at the 1-year and 2-

year assessment reports only)

- a) Number of completed Healthcare Provider Knowledge Assessments, including the method of completion and number of attempts to complete
- b) A summary of the most frequently missed Healthcare Provider Knowledge Assessment questions
- c) A summary of potential comprehension or perception issues identified with the Healthcare Provider Knowledge Assessment
- d) Number of completed Pharmacy Authorized Representative Knowledge Assessments, including the method of completion and number of attempts to complete
- e) A summary of the most frequently missed Pharmacy Authorized Representative Knowledge Assessment questions
- f) A summary of potential comprehension or perception issues identified with the Pharmacy Authorized Representative Knowledge Assessment

12. Report on Key Performance Indicator (KPI)

The KPI is the number of prescriptions dispensed with an authorization from the REMS program when the prescription:

- i. Will be dispensed from a Certified pharmacy
- ii. Written by a Certified prescriber
- iii. Written for an Enrolled patient
- iv. Has a completed Patient Status form that documents an appropriately timed echocardiogram
- v. Has a completed Drug Interaction and Counseling Checklist that documents appropriate actions were taken prior to authorization.

The threshold for the KPI is that 99.9% of dispenses are associated with an approved authorization.

Overall Assessment of REMS Effectiveness

13. The requirements for assessments of an approved REMS under section 505- 1(g)(3) include with respect to each goal included in the strategy, an assessment of the extent to which the approved strategy, including each element of the strategy, is meeting the goal or whether one or more such goals or such elements should be modified.

We remind you that in addition to the REMS assessments submitted according to the timetable in the approved REMS, you must include an adequate rationale to support a proposed REMS modification for the addition, modification, or removal of any goal or element of the REMS, as described in section 505-1(g)(4) of the FDCA.

We also remind you that you must submit a REMS assessment when you submit a supplemental application for a new indication for use, as described in section 505-1(g)(2)(A) of the FDCA. This assessment should include:

- a) An evaluation of how the benefit-risk profile will or will not change with the new indication;
- b) A determination of the implications of a change in the benefit-risk profile for the current REMS;
- c) *If the new indication for use introduces unexpected risks:* A description of those risks and an evaluation of whether those risks can be appropriately managed with the currently approved REMS.
- d) *If a REMS assessment was submitted in the 18 months prior to submission of the supplemental application for a new indication for use:* A statement about whether the REMS was meeting its goals at the time of that last assessment and if any modifications of the REMS have been proposed since that assessment.
- e) *If a REMS assessment has not been submitted in the 18 months prior to submission of the supplemental application for a new indication for use:* Provision of as many of the currently listed assessment plan items as is feasible.
- f) *If you propose a REMS modification based on a change in the benefit-risk profile or because of the new indication of use, submit an adequate rationale to support the modification, including:* Provision of the reason(s) why the proposed REMS modification is necessary, the potential effect on the serious risk(s) for which the REMS was required, on patient access to the drug, and/or on the burden on the health care delivery system; and other appropriate evidence or data to support the proposed change. Additionally, include any changes to the assessment plan necessary to assess the proposed modified REMS. *If you are not proposing REMS modifications,* provide a rationale for why the REMS does not need to be modified.

If the assessment instruments and methodology for your REMS assessments are not included in the REMS supporting document, or if you propose changes to the submitted assessment instruments or methodology, you should update the REMS supporting document to include specific assessment instrument and methodology information at least 90 days before the assessments will be conducted. Updates to the REMS

supporting document may be included in a new document that references previous REMS supporting document submission(s) for unchanged portions. Alternatively, updates may be made by modifying the complete previous REMS supporting document, with all changes marked and highlighted.

Prominently identify the submission containing the assessment instruments and methodology with the following wording in bold capital letters at the top of the first page of the submission:

**NDA 214998 REMS ASSESSMENT METHODOLOGY**

(insert concise description of content in bold capital letters, e.g.,

**ASSESSMENT METHODOLOGY, PROTOCOL, SURVEY METHODOLOGIES, AUDIT PLAN, DRUG USE STUDY)**

An authorized generic drug under this NDA must have an approved REMS prior to marketing. Should you decide to market, sell, or distribute an authorized generic drug under this NDA, contact us to discuss what will be required in the authorized generic drug REMS submission.

We remind you that section 505-1(f)(8) of FDCA prohibits holders of an approved covered application with elements to assure safe use from using any element to block or delay approval of an application under section 505(b)(2) or (j). A violation of this provision in 505-1(f) could result in enforcement action.

Prominently identify any submission containing the REMS assessments or proposed modifications of the REMS with the following wording in bold capital letters at the top of the first page of the submission as appropriate:

**NDA 214998 REMS ASSESSMENT**

*or*

**NEW SUPPLEMENT FOR NDA 214998 /S-000  
CHANGES BEING EFFECTED IN 30 DAYS  
PROPOSED MINOR REMS MODIFICATION**

*or*

**NEW SUPPLEMENT FOR NDA 214998/S-000  
PRIOR APPROVAL SUPPLEMENT  
PROPOSED MAJOR REMS MODIFICATION**

*or*

**NEW SUPPLEMENT FOR 214998/S-000**

**PRIOR APPROVAL SUPPLEMENT  
PROPOSED REMS MODIFICATIONS DUE TO SAFETY LABELING  
CHANGES SUBMITTED IN SUPPLEMENT XXX**

*or*

**NEW SUPPLEMENT (NEW INDICATION FOR USE)  
FOR 214998/S-000  
REMS ASSESSMENT  
PROPOSED REMS MODIFICATION (if included)**

Should you choose to submit a REMS revision, prominently identify the submission containing the REMS revisions with the following wording in bold capital letters at the top of the first page of the submission:

**REMS REVISIONS FOR 214998/S-000**

To facilitate review of your submission, we request that you submit your proposed modified REMS and other REMS-related materials in Microsoft Word format. If certain documents, such as enrollment forms, or website screenshots are only in PDF format, they may be submitted as such, but Word format is preferred.

**SUBMISSION OF REMS DOCUMENT IN SPL FORMAT**

As soon as possible, but no later than 14 days from the date of this letter, submit the REMS document in Structured Product Labeling (SPL) format using the FDA automated drug registration and listing system (eLIST). Content of the REMS document must be identical to the approved REMS document. The SPL will be publicly available.

Information on submitting REMS in SPL format may be found in the guidance for industry *Providing Regulatory Submission in Electronic Format – Content of the Risk Evaluation and Mitigation Strategies Document Using Structured Product Labeling*.

For more information on submitting REMS in SPL format, please email [FDAREMSwebsite@fda.hhs.gov](mailto:FDAREMSwebsite@fda.hhs.gov).

**PATENT LISTING REQUIREMENTS**

Pursuant to 21 CFR 314.53(d)(2) and 314.70(f), certain changes to an approved NDA submitted in a supplement require you to submit patent information for listing in the Orange Book upon approval of the supplement. You must submit the patent information required by 21 CFR 314.53(d)(2)(i)(A) through (C) and 314.53(d)(2)(ii)(A) and (C), as applicable, to FDA on Form FDA 3542 within 30 days after the date of approval of the supplement for the patent information to be timely filed (see 21 CFR 314.53(c)(2)(ii)). You also must ensure that any changes to your approved NDA that

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Silver Spring, MD 20993  
[www.fda.gov](http://www.fda.gov)

require the submission of a request to remove patent information from the Orange Book are submitted to FDA at the time of approval of the supplement pursuant to 21 CFR 314.53(d)(2)(ii)(B) and 314.53(f)(2)(iv).

### **REPORTING REQUIREMENTS**

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

If you have any questions, call Lori Anne Wachter, RN, BSN, RAC – Drugs (US), Regulatory Project Manager for Safety, at 301 796-3975.

Sincerely,

*{See appended electronic signature page}*

Mary Ross Southworth, PharmD.  
Deputy Director for Safety  
Division of Cardiology and Nephrology  
Office of Cardiology, Hematology, Endocrinology  
and Nephrology  
Center for Drug Evaluation and Research

ENCLOSURE(S):

- REMS

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**This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.**  
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/s/  
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MARY R SOUTHWORTH  
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