

CAMZYOS®▼ (mavacamten): The difference you can clinically see* and patients can physically feel†

In the EXPLORER-LTE study from baseline through to 3.5 years CAMZYOS demonstrated:



DURABLE EFFICACY¹⁻³

CAMZYOS showed a sustained improvement in mean post-exercise (Valsalva) LVOT obstruction, NYHA class and patient-reported symptoms



GENERALLY WELL TOLERATED§1-3

CAMZYOS showed no new safety signals and mean LVEF remained above 60% over 3.5 years in clinical trials



CONVENIENT DOSING WITH MINIMAL DOSE CHANGES^{1,3}

CAMZYOS offers convenient once-daily oral dosing and the majority of patients (85%;n=190/223) had no more than one dose change beyond 24 weeks**



Could your patient have obstructive hypertrophic cardiomyopathy?

Your role: Proactively identify patients who may be suitable for CAMZYOS and refer them to Inherited Cardiac Conditions (ICC) centres

- ✓ Adult (≥18 years old)¹
- ✓ Family history of one or more of the following:^{4,5}
 - Cardiomyopathy
 - Sudden cardiac death
 - Arrhythmias or unexplained syncope
 - Other inherited cardiac conditions
- ✓ Confirmed or suspected obstructive hypertrophic cardiomyopathy (obstructive HCM)¹
 - Peak LVOT obstruction gradient ≥50 mmHg at rest or with provocation⁶

- ✓ One or more of the following potential signs and symptoms suggestive of NYHA class II–III HCM:⁷
 - · Fatigue or tiredness
 - Shortness of breath (also during activity)
 - Chest pain (angina)
 - Syncope
 - · Dizziness or light headedness
 - Palpitations
 - Arrhythmias
 - Orthopnoea
 - · Pulmonary congestion
 - Excessive sweating

If you think your patient is suitable for CAMZYOS, refer them to an ICC centre

ICC centres will confirm diagnosis, assess suitability for CAMZYOS, and develop a management plan⁵

Click or scan the QR code to the right hand-side to find an ICC centre



CAMZYOS prescribing information and adverse event reporting information are available by clicking or scanning the QR code at the top of the above page.

Please refer to the CAMZYOS Summary of Product Characteristics for further information on dosing, initiation and safety.

*Echocardiogram assessment of Valsalva LVOT showed greater than 4 times relative improvement in post-exercise LVOT obstruction with CAMZYOS vs placebo (-47 mmHg vs -10 mmHg [treatment difference, -35 mmHg; 95% Cl: -43 to -28; p<0.0001]) at Week 30 (EXPLORER-HCM secondary endpoint).¹²

Evaluation of symptoms via KCCQ-23 showed greater than 3 times improvement in KCCQ-23 CSS with CAMZYOS vs placebo (14 vs 4 [treatment difference, 9; 95% Cl: 6 to 13; p<0.0001]) at Week $30.^{1.3.8}$ In addition, evaluation of symptoms via HCMSQ-SoB showed approximately 3 times improvement in HCMSQ-SoB domain score with CAMZYOS vs placebo (-2.8 vs -0.9 [treatment difference, -1.8; 95% Cl: -2.4 to -1.2; p<0.0001]) at Week 30 (EXPLORER-HCM secondary endpoints).

EXPLORER-LTE is an open-label, single-arm, ongoing extension of the Phase 3 EXPLORER-HCM trial designed to evaluate the long-term efficacy and safety of CAMZYOS. 231 out of the 244 (95%) patients who completed EXPLORER-HCM enrolled into the EXPLORER-LTE cohort of the MAVA-LTE. While the endpoints in the EXPLORER-LTE trial were prespecified, they were not powered for statistical significance. The data cutoff date for this interim analysis was 31 August 2023.³

§The most commonly reported adverse reactions with CAMZYOS are dizziness (17%), dyspnoea (12%), systolic dysfunction (5%) and syncope (5%).

**Of the 33/223 patients with two or more dose changes, eight (24.2%) had their dose down-titrated once due to having experienced an event of LVEF <50% at Week 24 or beyond.3

Cl, confidence interval; CSS, Clinical Summary Score; HCM, hypertrophic cardiomyopathy; HCMSQ-SoB, Hypertrophic Cardiomyopathy Symptom Questionnaire Shortness-of-Breath; ICC, Inherited Cardiac Conditions; KCCQ-23, Kansas City Cardiomyopathy Questionnaire-23; LTE, long-term extension; LVEF, left ventricular ejection fraction; LVOT, left ventricular outflow tract; NYHA, New York Heart Association.

References: 1. CAMZYOS (mavacamten) Summary of Product Characteristics; 2. Olivotto I, et al. Lancet. 2020;396(10253):759–769; 3. Garcia-Pavia P, et al. Eur Heart J. 2024;45(47):5071–5083; 4. Alway T, et al. Br Med Bull. 2024;150(1):11–22; 5. Association for Inherited Cardiac Conditions. ICC Referral Pathway. Available at: www.theaicc.org/icc-patient-pathways. Date accessed: May 2025; 6. Arbelo E, et al. Eur Heart J. 2023;44(37):3503–3626; 7. Zaiser E, et al. J Patient Rep Outcomes. 2020;4(1):102; 8. Spertus JA, et al. Lancet. 2021;397(10293):2467–2475.

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