

Mavacamten BMS™ ▼

(mavacamten) 2.5, 5, 10, 15mg capsules

Patient Booklet

Your guide to treatment with mavacamten ▼

This booklet contains information on mavacamten, a medicine used to treat adults with a type of heart disease called obstructive hypertrophic cardiomyopathy (HCM).

This booklet is not a substitute for the Package Leaflet you have already received. Please read this booklet alongside the Package Leaflet that came with your mavacamten capsules.

Your doctor will give you a Patient Card and Patient Guide. Read them carefully and follow the instructions on them. Always show the Patient Card to the healthcare team when you see them or if you go to hospital.

We have produced this Patient Booklet to:



help you understand
obstructive HCM



provide you with
information about
mavacamten



explain what will
happen at your
appointments,
including which
medical tests to expect



answer common
questions and provide
resources for you to
find more information



This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get.

Adverse events should be reported. Reporting forms and information can be found at: www.mhra.gov.uk/yellowcard, or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Bristol-Myers Squibb via medical.information@bms.com or 0800 731 1736.

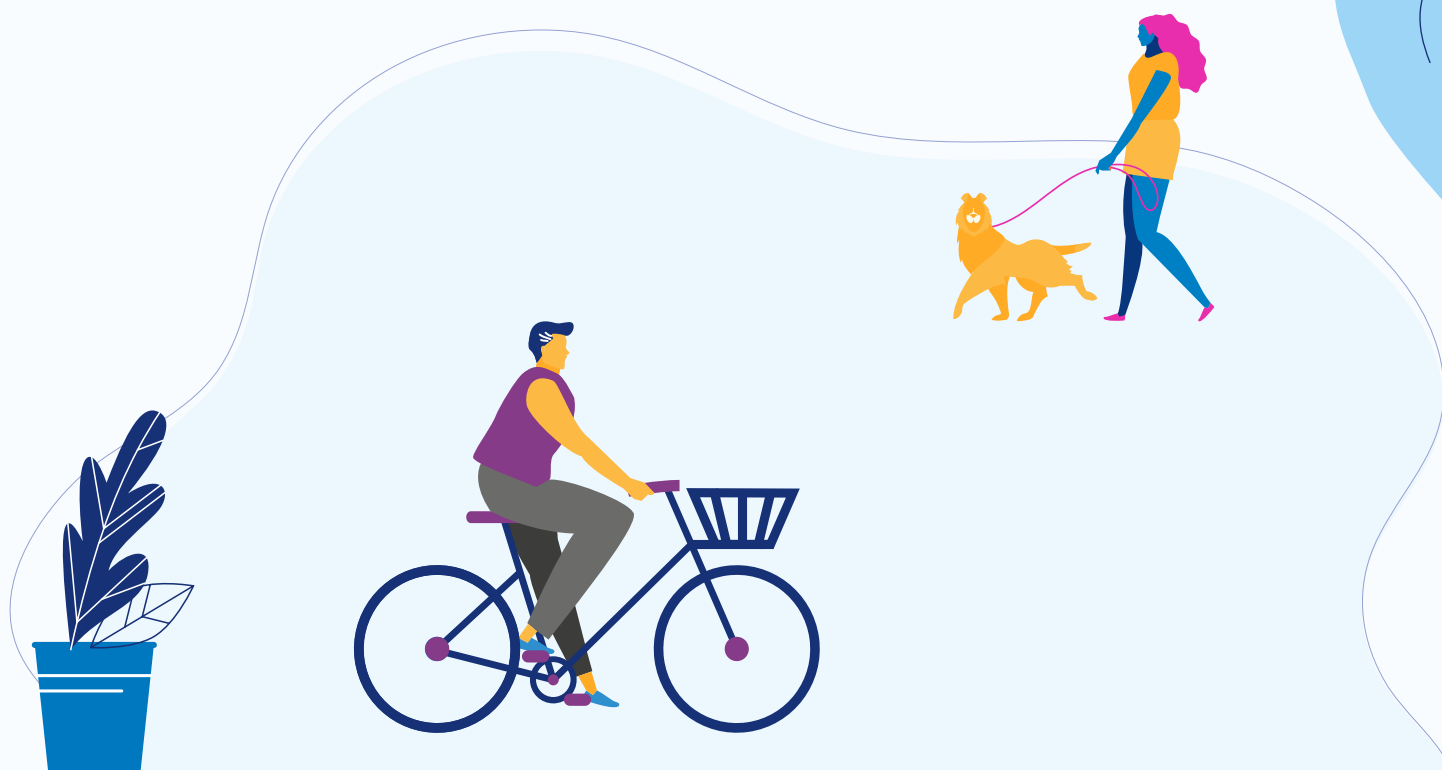


What's inside?

Keep this booklet handy and refer to it between appointments for information about obstructive HCM and mavacamten. Remember, your healthcare team is your best source of information about your diagnosis and treatment.

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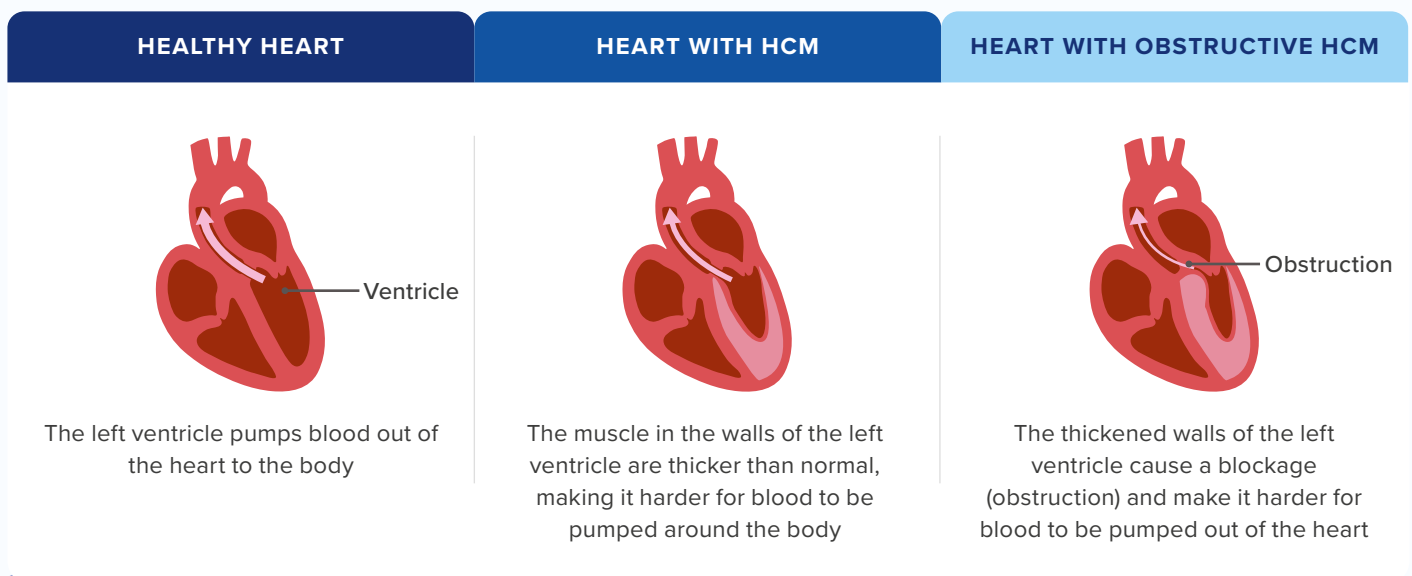
Understanding HCM

What is HCM?^{1,2}

Hypertrophic (hai-per-trow-fik) cardiomyopathy (car-dee-ow-mai-op-athy), or HCM, affects 1 in 500 people. It is a heart condition where the muscle in the walls of the left heart chamber (ventricle) work harder and become thicker than normal.

As the walls thicken, they can sometimes block (obstruct) the passage out of the heart, making it more difficult for blood to be pumped around the body with each heartbeat. This type of HCM is known as obstructive HCM, sometimes referred to as oHCM, HCM with obstruction, or HOCM.

Obstructive HCM makes it difficult for your heart muscle to relax, so your heart must work harder and use more energy to pump blood out of the heart.



HCM can run in families^{3,4}

HCM can sometimes be caused by genetics, which means that one of your relatives could have it as well.

Talk to your doctor if you are worried about anyone in your family having the condition. They may be able to refer you to a counsellor, genetic counsellor, or psychologist in your local area, who can help you to understand your condition and share advice for how to talk to your family about obstructive HCM.



1. Mavacamten Package Leaflet. 2. Cardiomyopathy UK. Hypertrophic Cardiomyopathy. January 2022. Available at https://www.cardiomyopathy.org/sites/default/files/2023-09/Hypertrophic%20Cardiomyopathy_Jan_22.pdf. 3. Cardiomyopathy UK. Emotional wellbeing and mental health. October 2017. Available at <https://www.cardiomyopathy.org/sites/default/files/2021-04/emotional-wellbeing-and-mental-health-october-2017.pdf>. 4. Cardiomyopathy UK. Genetic testing in cardiomyopathy. June 2023. Available at https://www.cardiomyopathy.org/sites/default/files/2023-09/Genetic%20testing%20in%20cardiomyopathy_Jun_23_0.pdf. All URLs accessed March 2026.

Symptoms of obstructive HCM

Obstructive HCM symptoms may include:



shortness of breath
(particularly when exercising
or walking on an incline)



abnormal heart
rhythms



chest pain



dizziness/
feeling lightheaded



fainting



tiredness

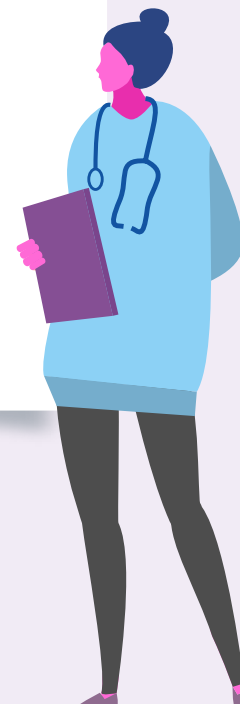
People with obstructive HCM may experience additional symptoms that are not listed here. Please talk to your doctor about any symptoms you are experiencing.

Potential complications of obstructive HCM

Obstructive HCM is a chronic disease that may worsen over time.

As it progresses, it can lead to other health issues, including:

- heart failure (when the heart can't pump blood around the body as well as it should)
- atrial fibrillation (an irregular heartbeat that often causes the heart to beat too quickly)
- stroke
- sudden cardiac death (occurs rarely in under 1% of people with obstructive HCM)



Understanding obstructive HCM language

Learning about a new condition can be confusing, especially if you are faced with lots of words or phrases you have not heard before. In this section, we have explained some of the key words and phrases you may hear, with examples of what they mean.

New York Heart Association (NYHA) classification^{1,2}



Classifying heart conditions by the symptoms someone has can help healthcare providers better understand how to treat people. The NYHA classification describes how your heart condition affects your physical activity:

- **Class I:** no effect on physical activity
- **Class II:** slight effect on physical activity
- **Class III:** obvious effect on physical activity
- **Class IV:** no physical activity possible without discomfort

Your doctor may use this classification to keep track of how your obstructive HCM is affecting your physical activities and to see how well you are doing on your medicine.

Echocardiogram (sometimes called an 'echo')^{2,3}



This scan uses ultrasound waves. A scanner is placed on the outside of your body over your heart to show how blood is moving through and out of your heart.

While you are taking mavacamten, you will need to have regular echocardiograms. Your doctor will use these to check how much the obstruction is affecting your blood flow and how well your heart is working. They may change your mavacamten dose (increase, lower, or temporarily stop) based on the results. It is very important that you attend your echocardiogram appointments.



Left ventricular ejection fraction (LVEF)³



LVEF is a measure of how much of the blood in your heart is pumped out of the left heart chamber (ventricle) with each heartbeat. During an echocardiogram, your doctor will test your LVEF.

The normal range for LVEF is around 50–60%, but it is often higher for people with obstructive HCM. Your doctor will explain your results.

Left ventricular outflow tract (LVOT) gradient²



Your LVOT gradient is the pressure from the blood that is pumped out of your heart compared with the pressure of the blood inside your heart. Your doctor might test your LVOT gradient using an echocardiogram to confirm that you have obstructive HCM. They will also test your LVOT at your visits to see how well your medicine is working and to make sure you are taking the correct amount (dose).

Valsalva manoeuvre³



This is a physical movement that the doctor may ask you to do during an echocardiogram to check your LVOT gradient. Your doctor will talk you through how to do this during your appointment.

Understanding mavacamten

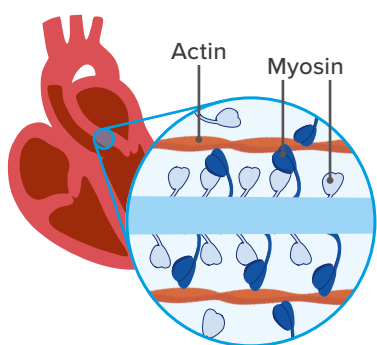
What is mavacamten?¹

Mavacamten is a treatment that targets the underlying cause of obstructive HCM. It comes in the form of a capsule that is taken once a day, by mouth. Always take mavacamten as prescribed by your doctor.

How does it work?^{1,2}

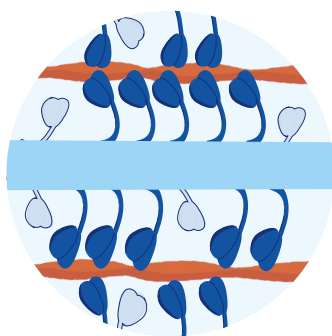
Mavacamten is a cardiac myosin inhibitor, which means that it changes the action of a muscle protein called myosin that is found in heart muscles.

NORMAL HEART



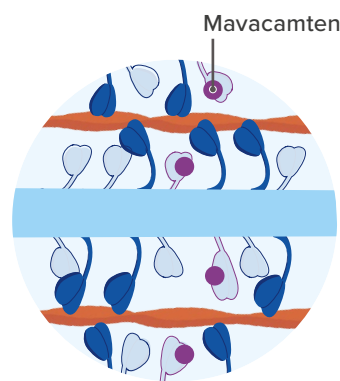
There are 2 proteins in your heart muscles called myosin and actin. They work together to make the muscles contract, allowing the heart to squeeze and pump blood around your body.

HEART WITH OBSTRUCTIVE HCM



In obstructive HCM, there are too many connections between myosin and actin. This means that the muscles contract more than they should, making it hard for the heart to relax.

HOW MAVACAMTEN WORKS



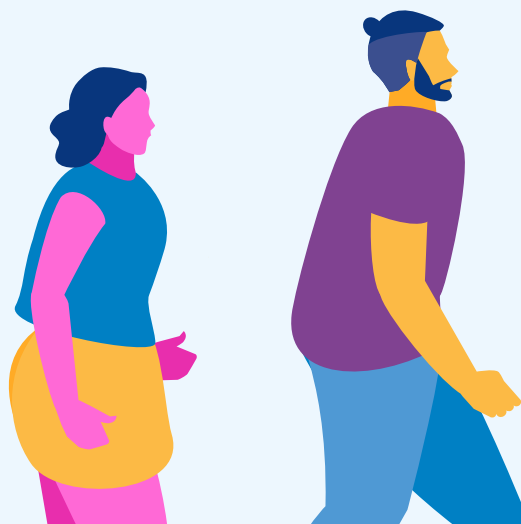
Mavacamten binds to myosin and stops it from attaching to actin. This means there are fewer connections and the heart muscle can relax more. It can help reduce the block (obstruction) of blood flow to the body.

By reducing excess contraction of the heart and the obstruction of blood flow from the heart to the body, mavacamten may improve your symptoms and your ability to be physically active.



For more information, visit the
Mavacamten Patient Website

mavacamtenbms.co.uk

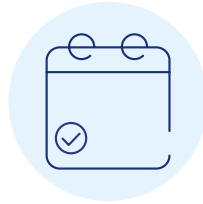


Pregnancy and breastfeeding

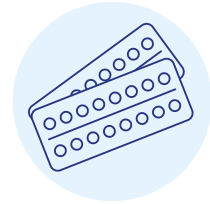
You must tell your doctor and not take mavacamten:



If you are pregnant



For 6 months before getting pregnant



If you could become pregnant and you are not using effective contraception



Mavacamten **may cause harm to your unborn baby**. Your doctor will tell you about this risk and give you a card with more information.



If you are able to get pregnant, **your doctor may ask you to take a pregnancy test** before starting treatment with mavacamten. Your doctor will also speak to you about effective contraception.



It is not known if mavacamten passes through breast milk. **You must not breastfeed** while taking mavacamten.



It is not known if mavacamten can affect someone's ability to conceive a child. **Speak to your doctor if you have any concerns about your fertility.**



How to take mavacamten

Mavacamten is a medicine taken by mouth (oral)



Please refer to the information leaflet that came with your medicine for more information on how to take mavacamten. **Ask your doctor if you have any questions.**



Mavacamten is a capsule that should be taken once a day.

You must only take the dose your doctor has prescribed once a day. This is to make sure that you receive the correct amount of mavacamten.



Swallow the capsule **whole** with a glass of water. You should have the capsule at **about the same time each day.**



You can take mavacamten **with food or between meals.**



If you take **more capsules than you should**, contact your doctor. **If you have taken 3 to 5 times the recommended dose, go to a hospital immediately.** If possible, take the medicine pack and the Package Leaflet with you.



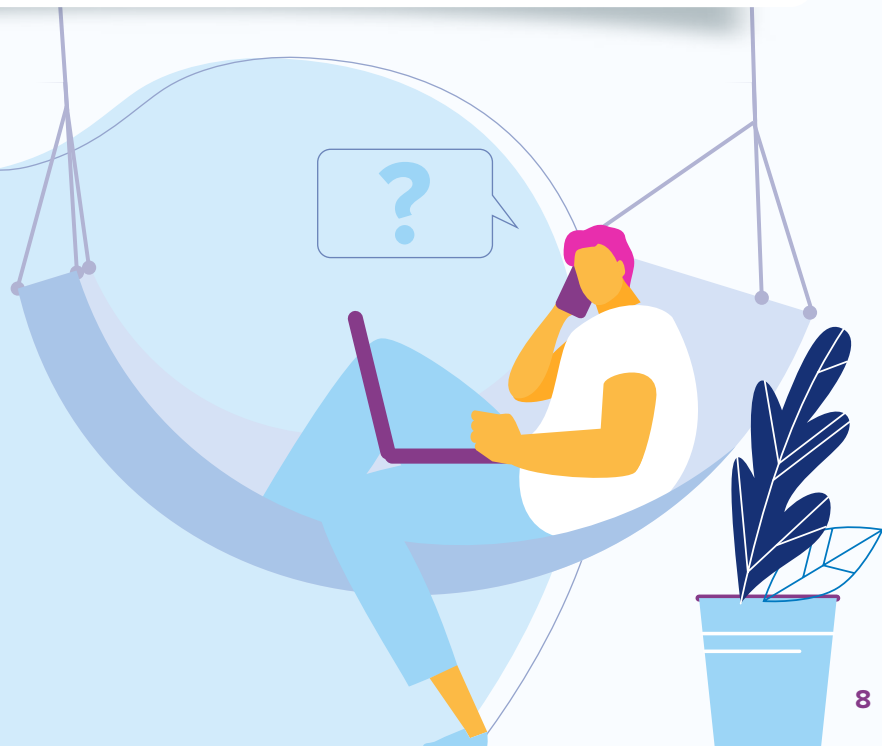
If you forget to take mavacamten at the usual time, take your dose as soon as you remember on the same day. Take your next dose at the usual time the next day. **Do not take a double dose to make up for a forgotten capsule.**



Do not stop taking mavacamten unless your doctor tells you to. If you wish to stop taking mavacamten, talk to your doctor about the best way to do so.

Always take
mavacamten exactly
as your doctor
has told you to

Check with your healthcare team
if you are not sure



Interactions with other medicines and products



Tell your healthcare team if you are taking, have recently taken, or might take any other medicines.

This is because some medicines, including over-the-counter medicines and herbal supplements, can affect the way mavacamten works.

Before stopping or changing the dose of a medicine or starting a new medicine, **tell your healthcare team**.

Some medicines can increase the amount of mavacamten in your body and make it more likely for you to get **side effects** that may be **severe**. Other medicines can reduce the amount of mavacamten in your body and may **reduce its beneficial effects**.

Examples of common medicines and products that may affect mavacamten*

Medicine/product name	What is it used for
Cimetidine, omeprazole, esomeprazole, pantoprazole	Gastric ulcers and acid reflux
Clarithromycin, erythromycin	Bacterial infections
Itraconazole, fluconazole, ketoconazole, posaconazole, voriconazole	Fungal infections
Fluoxetine, fluvoxamine, citalopram	Depression
Verapamil, diltiazem	Heart conditions
Apalutamide, enzalutamide, mitotane, ceritinib, idelalisib, ribociclib, tucatinib	Certain types of cancer
Ritonavir, cobicistat, efavirenz	Human immunodeficiency virus (HIV)
Rifampicin	Bacterial infections like tuberculosis
Carbamazepine and phenytoin, phenobarbital, primidone	Fits (seizures) or epilepsy
Medicines that affect your heart (such as beta blockers and calcium channel blockers, e.g. verapamil and diltiazem)	Not applicable
Medicines that make your heart more resistant to abnormal activity (such as sodium channel blockers, e.g. disopyramide)	Not applicable
Ticlopidine	Prevent heart attack and stroke
Letermovir	Cytomegalovirus infections
Norethindrone	Menstrual problems
Prednisone (steroid)	Not applicable
St John's wort (herbal supplement)	Not applicable
Grapefruit juice	Not applicable

*This is not an exhaustive list

This list is not exhaustive. For further information, please refer to Section 2 of the Package Leaflet, specifically 'Other medicines and mavacamten'.

Potential side effects with mavacamten

Like all medicines, mavacamten may cause side effects, but not everyone will experience the same symptoms

Potential side effects with mavacamten:

Very common

(may affect **more than** 1 in 10 people)



Dizziness*

If you feel dizzy, you should not drive a vehicle, cycle, or use any tools or machinery



Difficulty breathing



Fainting



Systolic dysfunction



Tell your healthcare team if you get any of the following symptoms during treatment with mavacamten: new or worsening shortness of breath, chest pain, tiredness, palpitations (a forceful heartbeat that may be rapid or irregular), or leg swelling. These could be signs and symptoms of systolic dysfunction (a condition where the heart cannot pump with enough force), which **can lead to heart failure and be life-threatening**.

Tell your healthcare team straight away if you develop a serious infection or irregular heart beat (arrhythmia) as this could **increase your risk of developing heart failure**.

These are not all the possible side effects of mavacamten. Please talk to your doctor about any symptoms you are experiencing or if you have any concerns.

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get.

Adverse events should be reported. Reporting forms and information can be found at: www.mhra.gov.uk/yellowcard, or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Bristol-Myers Squibb via medical.information@bms.com or 0800 731 1736.



What to expect during your treatment with mavacamten

Preparing for your appointment¹

Being prepared can help you get the most out of your appointment. You will have some tests before starting and when taking this medicine. These tests make sure the amount (dose) you have is right for you and your heart is working as it should be.

Attending your appointment¹

It is important to go to all your appointments so your doctor can check the effect of your treatment on your heart, make changes to your dose if needed, and check for any potential side effects.

After asking you some questions, your doctor will perform an [echocardiogram](#). They may also take a blood sample for [CYP2C19 testing](#) if they have not done so already and/or may use other tests to monitor your condition.

Your doctor will help you set specific goals for treatment with mavacamten. The treatment will not work for everyone in the exact same way, so your goals will be unique to you and how you respond to treatment.

Treatment stages with mavacamten^{1,2}

1



Initiation 3–6 months

Initiation is when you first start taking mavacamten.

You will have **echocardiogram appointments around once a month for 3 months** after starting treatment. This is to make sure this treatment is right for you, that you are on the correct dose, and to check for potential side effects.

You may also have CYP2C19 testing at this point. See the [CYP testing](#) section on page 12 for more information. It is important to ask your doctor any questions or share any concerns you may have about starting treatment.

2



Maintenance Every 3/6 months

Maintenance is when your doctor will assess how you are doing on your current dose.

Once your doctor has confirmed your current dose is appropriate for you, **you will have an echocardiogram every 3 or 6 months, depending on your results.**

If your doctor changes your dose at any point, **you will have an echocardiogram 1 month later** to make sure the dose is right for you.

3



Interruption When required

Your doctor may **interrupt** your treatment if your **LVEF** gets too low at any point during your treatment. See page 5 for an explanation of LVEF. If this happens, your doctor will tell you to stop taking mavacamten and will ask you to have an echocardiogram appointment a month later to check whether you can restart treatment.

Interruption may be temporary, or your doctor may decide to stop the treatment completely.

Your doctor will discuss the above timeline in more detail with you during your appointment.

Ask your healthcare team

You could write down any questions you want to ask your healthcare team in the notes column of your [Appointment and symptom tracker](#) on page 13. Below are some questions you might want to ask.

- Are there any activities or sports that I should avoid or changes I should make in my everyday life to get the most out of my treatment?
- What potential side effects could I get with this medicine?
- What advice do you have about talking to my family about obstructive HCM?
- Are there any medicines that I should avoid while taking mavacamten?
- Who should I contact if I have questions or concerns between my appointments?



CYP2C19 testing

Before you start taking mavacamten, your healthcare team need to work out what dose you should start on. They will use a type of test called a CYP2C19 test for this.

It is important to speak to your healthcare team if you have any questions about CYP2C19 testing or mavacamten.

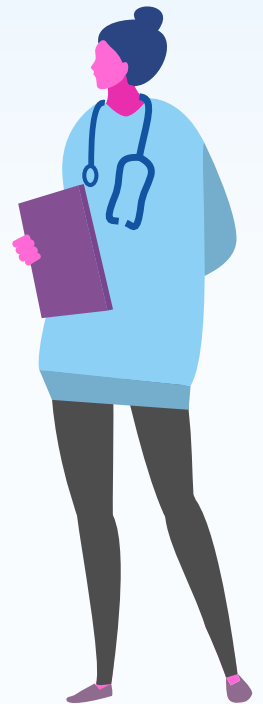
What is the CYP2C19 test?

The CYP2C19 test is a **pharmacogenetic test** that looks at specific genes to see how fast one of your enzymes (CYP2C19) breaks down (metabolises) certain medicines, including mavacamten. For this test, your healthcare team will take a sample of your blood to send to a testing facility.

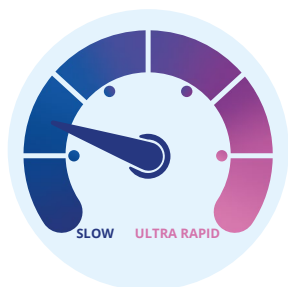
The CYP2C19 test is different from **genetic tests**, which look at many different genes to see what is causing a disease.

Why am I being offered this test?

Your doctor will use this test to see how active your CYP2C19 enzyme is. This activity is known as your 'metaboliser status', which can range from 'slow' to 'ultra rapid' (see below). These results help your doctor decide on the most appropriate mavacamten dose for you.

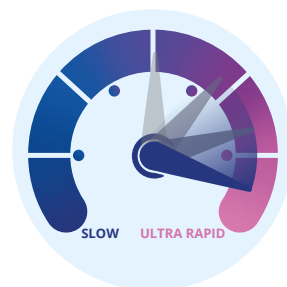


What do the test results mean?



Slow metaboliser

This means that you break down certain medicines slowly. This may affect the dose of mavacamten you are given and what other medicines you can take at the same time.



Intermediate, normal, rapid, or ultra-rapid metaboliser

This means that you break down certain medicines quickly or at a normal pace. Your doctor may be able to increase your dose of mavacamten depending on how well you are doing on your current dose.

Your doctor will explain your results and what this means for your mavacamten treatment.



Appointment and symptom tracker

Use this section to keep track of your appointments, record your mavacamten dose, write down any notes or questions you want to ask your doctor, and keep track of any symptoms you experience (even if you do not think they are related to your treatment). The first row is an example.

Date and time	Dose	Notes	Symptoms (timing, activities, food, duration, anything that made it better)
5th April 10:00	2.5 mg once a day	Maintenance appointment (echo). LVEF more than 50%. Questions for doctor: Do you have any advice for how to tell my family about my condition? Are there any painkillers I should avoid?	12th April: Heart beating forcefully when walking slowly. Sat on bench for 10 mins, then felt normal.
	_____ mg once a day		
	_____ mg once a day		
	_____ mg once a day		
	_____ mg once a day		
	_____ mg once a day		
	_____ mg once a day		
	_____ mg once a day		
	_____ mg once a day		



Tell your healthcare team if you get any of these symptoms during treatment with mavacamten: new or worsening shortness of breath, chest pain, tiredness, palpitations (a forceful heartbeat that may be rapid or irregular), or leg swelling. These could be signs and symptoms of systolic dysfunction (a condition where the heart cannot pump with enough force), which can lead to heart failure and be life-threatening.

Additional support

Being diagnosed with a long-term heart condition can be scary, confusing, and overwhelming at times for you and your loved ones. It is normal to feel this way, and there is support available. Do not be afraid to ask for help. You can ask your doctor any questions you have about your treatment with mavacamten and your diagnosis.

There are other resources available to help support you while you navigate your obstructive HCM diagnosis. You can start by looking at the websites listed below. Note that these websites are not developed, reviewed, or updated by BMS.

Mavacamten Patient Website

mavacamtenbms.co.uk

- Information for patients who have been prescribed mavacamten



British Heart Foundation

<https://www.bhf.org.uk/>

- Information about HCM
- Life with HCM
- Emotional support and well-being

Cardiomyopathy UK

<https://www.cardiomyopathy.org/>

- Information for people who are newly diagnosed with cardiomyopathy
- Specific information about HCM
- Helpline and support groups for people affected by cardiomyopathy
- Advice and support for people living with cardiomyopathy
- Well-being support



Patient.info

<https://patient.info/heart-health/hypertrophic-cardiomyopathy-leaflet>

- HCM leaflet

NHS

<https://www.nhs.uk/conditions/cardiomyopathy/>

- Cardiomyopathy information page



NOTES

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It is important to speak
to your doctor if you have
any questions about your
treatment with mavacamten.