Evaluation of Pharmacist-Led Clinical Interventions for Mavacamten within an Integrated Health System Specialty Pharmacy Care Model

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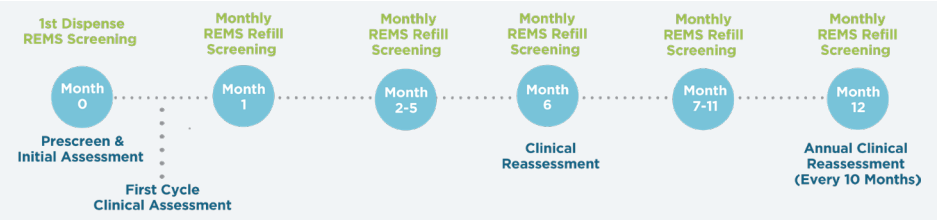
Background

Mavacamten is a first in class myosin inhibitor used in the treatment of obstructive hypertrophic cardiomyopathy (oHCM). While patients may see symptom relief, the medication can cause systolic heart failure and drug interactions can trigger heart failure or reduce effectiveness of the treatment.[1] Pharmacists within an integrated health system specialty pharmacy model (HSSP) work collaboratively with prescribers to mitigate these risks while also promoting therapy adherence. This model integrates REMS requirements in the form of monthly patient assessments (**Figure 1**). During these assessments, the clinical pharmacist performs a review of concurrent medications to identify potential drug interactions as well as screen for heart failure symptoms. EMR access through the HSSP model allows the clinical pharmacist a more complete understanding of patients' health status.

Figure 1: oHCM Specialty Pharmacist Workflow



Methods

Study Design: This was a retrospective, observational evaluation of patients filling mavacamten at two Shields Health Solutions network HSSPs between July 20, 2022 and October 31, 2025.

Inclusion Criteria: Patients enrolled in integrated HSSP services with at least 1 fill of mavacamten during the study period

Primary Outcome: Pharmacist-led intervention types and associated intervention outcomes. Within each intervention reason there are subcategories that further describe the specific intervention.

Patient Identification and Data Analysis: Patients were identified from prescription fill records, and data extracted included demographics, mavacamten fill dates, intervention reasons and subcategories, and intervention outcomes.

Results

Within the study period, there were a total of 540 interventions for 194 unique patients. The top intervention types are listed in **Figure 2**: drug safety (62%), drug therapy adherence (11%), drug therapy appropriateness (9%), and drug therapy effectiveness (8%). Within the category of drug safety interventions, the top reasons included: drug interaction (68%), adverse drug reaction (15%), and side effect management (13%) (**Figure 3**).

Figure 2: Intervention Reasons (N=540)

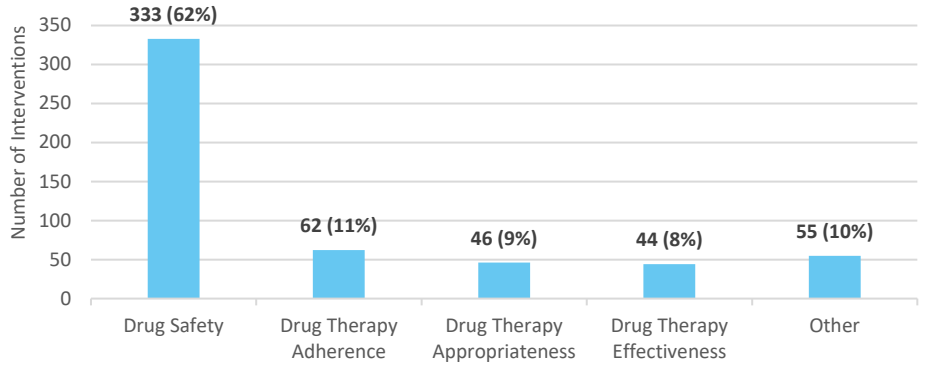


Figure 3: Drug Safety Interventions (n=339)**

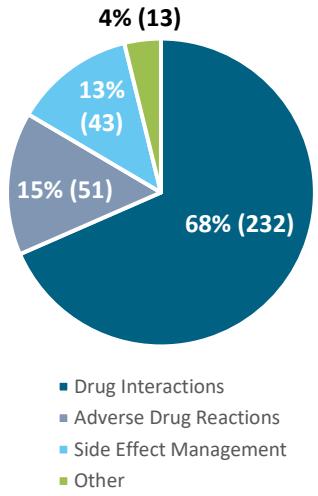
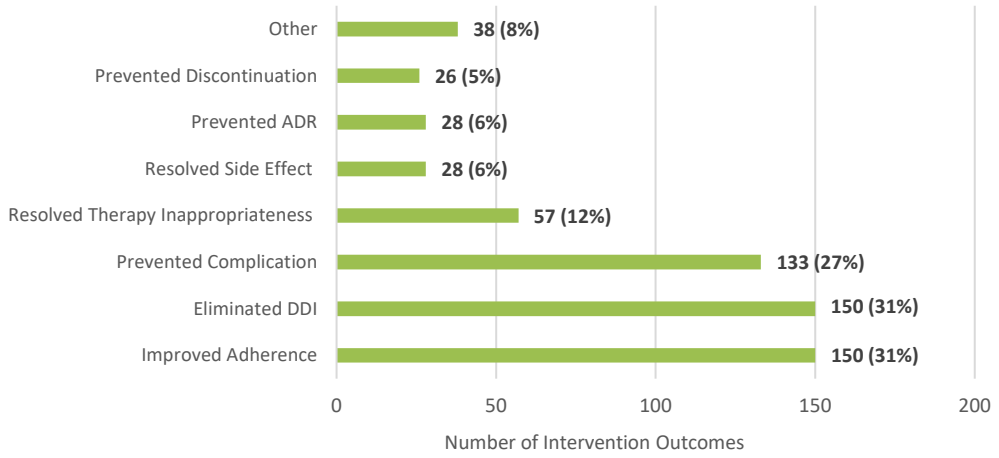


Figure 4: Intervention Outcomes (n=610)**



****Total exceeds number of interventions due to multiple subcategories for a single intervention**

Conclusions

This pharmacist-led mavacamten clinical management program ensures proactive management and identification of clinical and safety issues for patients on this complex therapy, as demonstrated by clinical interventions. Identification of drug interactions as the most common intervention underscores the essential role pharmacists play as medication experts. HSSP pharmacists play a critical role in monitoring and managing patients resulting in improved adherence and safety, which in turn has the potential to positively impact clinical outcomes for complex therapies.

REFERENCES 1. Desai MY, Wolski K, Owens A, et al. Study design and rationale of VALOR-HCM: evaluation of mavacamten in adults with symptomatic obstructive hypertrophic cardiomyopathy who are eligible for septal reduction therapy. Am Heart J. 2021 Sep;239:80-89. doi: 10.1016/j.ahj.2021.05.007. Epub 2021 May 24. PMID: 34038706..