Camzyos

Saudi Arabia · access guide

How to access Camzyos for symptomatic obstructive hypertrophic cardiomyopathy from Saudi Arabia: 2026 pathway via Saudi Arabia cardiology with REMS-mandated TTE monitoring

By Reserve Meds clinical & regulatory team. Last reviewed 2026-05-20.

Saudi Arabia has the deepest cardiology service network in the wider region. King Faisal Specialist Hospital and Research Centre (KFSHRC) Riyadh and Jeddah cardiology, King Abdulaziz Cardiac Center (KACC) Riyadh under the National Guard Health Affairs, King Fahad Medical City (KFMC) Riyadh, King Abdulaziz Medical City (KAMC) Riyadh, Prince Sultan Cardiac Centre (PSCC) Riyadh, King Fahd Hospital of the University (KFHU) Khobar, King Abdulaziz University Hospital (KAUH) Jeddah, KFSH Dammam, and the Dr Sulaiman Al Habib Medical Group and Saudi German Hospitals networks all run cardiology programmes that work up and follow hypertrophic cardiomyopathy through the full management ladder: lifestyle and risk-stratification, beta-blockers and non-dihydropyridine calcium channel blockers, disopyramide, septal reduction (surgical myectomy or alcohol septal ablation), and now first-in-class cardiac myosin inhibition with Camzyos (mavacamten, Bristol Myers Squibb). For a Saudi-resident adult with confirmed symptomatic obstructive hypertrophic cardiomyopathy (oHCM) at NYHA class II or III who has not had adequate response to beta-blocker or calcium channel blocker monotherapy, the operational question is no longer whether the drug is reachable: it is whether the patient meets the strict eligibility criteria, how the prescribing cardiologist runs the REMS-equivalent echocardiography monitoring schedule, what the insurance and out-of-pocket exposure looks like in SAR, and how the family handles a multi-year course built around quarterly transthoracic echocardiograms.

This page explains how the pathway works in 2026 for a Saudi-resident patient: who qualifies, where the prescribing cardiologist conversation happens, how Camzyos is dispensed, what the dose titration and serial echocardiography schedule looks like, what the realistic annual cost band is in SAR, what to monitor (LVEF and Valsalva LVOT gradient on every scheduled TTE), and how the longer-term treatment course fits into a Saudi family's life. It is concierge documentation written for a family already in conversation with a treating cardiologist who wants the operational reality laid out plainly.

Why Camzyos, and why now

Camzyos is mavacamten, the first-in-class selective allosteric cardiac myosin inhibitor. Developed by MyoKardia and acquired by Bristol Myers Squibb. The mechanism is what distinguishes Camzyos from the rest of the HCM medical-therapy ladder: beta-blockers and calcium channel blockers reduce heart rate and contractility globally; disopyramide reduces contractility through sodium channel blockade; Camzyos selectively reduces the number of actin-myosin cross-bridges in the cardiac sarcomere, addressing the hypercontractility that drives left ventricular outflow tract (LVOT) obstruction in oHCM at its molecular root. The pivotal EXPLORER-HCM trial (placebo-controlled at week 30, published in The Lancet 2020) demonstrated meaningful reductions in post-exercise peak LVOT gradient, NYHA class improvement, and improvement in peak oxygen consumption. The longer SEQUOIA-HCM programme and the VALOR-HCM trial extended the evidence base including a reduction in patients meeting septal reduction therapy eligibility.

The FDA approved Camzyos in April 2022 for symptomatic obstructive hypertrophic cardiomyopathy NYHA class II to III. EMA approval followed in June 2023. SFDA registration status is verified at intake; the named-patient or specialty-import pathway covers Saudi dispensing where in-country registration coordination is not yet complete.

For a Saudi patient with confirmed oHCM (echocardiographic LV wall thickness consistent with HCM, peak Valsalva LVOT gradient 50 mmHg or more, NYHA class II or III symptoms, LVEF 55 percent or more at baseline) who is symptomatic despite beta-blocker or calcium channel blocker therapy, Camzyos is the first oral therapy that addresses the molecular driver of the disease rather than the rate-and-contractility axis. The conversation about whether to escalate to Camzyos versus add disopyramide versus consider septal myectomy or alcohol septal ablation is the central clinical decision. This page is the operational layer underneath that conversation.

Reserve Meds does not promote one HCM therapy over another. The page describes the Camzyos pathway because Camzyos is the drug the patient has asked about.

What Camzyos is, in plain language

Camzyos is an oral capsule taken once daily. There is no infusion centre, no inpatient stay, no injection. The starting dose is 5 mg once daily. The dose is titrated up or down within a 2.5 mg to 15 mg daily range based on the REMS-mandated transthoracic echocardiogram (TTE) schedule, which measures left ventricular ejection fraction (LVEF) and peak Valsalva LVOT gradient at baseline, week 4, week 8, week 12, and then every 12 weeks indefinitely. Treatment is paused if LVEF falls below 50 percent or if Valsalva LVOT gradient drops below 30 mmHg; treatment is resumed at a lower dose once those parameters recover.

This is not a short-course therapy. Camzyos is taken for as long as it controls the obstructive pathophysiology and the patient tolerates it. The serial TTE schedule is the central operational element of the treatment plan and is non-negotiable.

Eligibility at a Saudi Arabia cardiologist clinic

For Saudi-resident patients, the cardiology programmes apply the FDA and EMA criteria with local adaptation:

1. Confirmed obstructive hypertrophic cardiomyopathy. Echocardiographic LV wall thickness consistent with HCM (typically 15 mm or more, or 13 mm or more with family history or HCM genetic mutation), peak Valsalva LVOT gradient 50 mmHg or more at rest or with provocation, NYHA class II or III symptoms. 2. Baseline LVEF 55 percent or more on TTE. LVEF below 55 percent excludes Camzyos initiation. 3. Treatment history. Inadequate response to or intolerance of beta-blocker or calcium channel blocker monotherapy at adequate dose. Some patients may be considered after disopyramide trial. 4. Adult (18 years or older). No paediatric label for Camzyos as of 2026. 5. Effective contraception for women of childbearing potential. Camzyos is embryo-fetal toxic; pregnancy is contraindicated. Pregnancy testing before initiation and during treatment as clinically indicated. 6. Drug-drug interaction review. Camzyos is contraindicated with strong CYP2C19 inhibitors and moderate-to-strong CYP3A4 inhibitors and inducers. Avoid grapefruit juice. A full medication review at every visit is the standard of care. 7. REMS-equivalent prescriber and pharmacy enrolment. The treating cardiologist and the dispensing pharmacy operationalise the Camzyos REMS schedule regardless of whether the formal US REMS programme applies; the serial TTE schedule is the central element.

A Saudi patient should arrive at the Camzyos conversation with the most recent cardiology documentation: TTE report with LVEF and peak Valsalva LVOT gradient measurements, cardiac MRI if available, complete treatment history with response durations and reasons for failure, current medication list with attention to CYP2C19 and CYP3A4 substrates, family history of HCM and sudden cardiac death, and the insurance documentation that the prescribing office typically initiates.

The Saudi Arabia prescribing and supply picture, plainly

Camzyos SFDA registration status is verified at intake. BMS's MENA commercial supply runs through regional distributors. Where in-country registration is complete, in-country pharmacy dispensing applies. Where registration coordination is not yet complete, a named-patient European-import or US-import pathway covers the case. The pathway is:

1. **Prescribing physician**: a board-certified cardiologist with HCM programme experience. The major Saudi services include KFSHRC Riyadh and Jeddah cardiology, King Abdulaziz Cardiac Center under NGHA, KFMC Riyadh, KAMC Riyadh, Prince Sultan Cardiac Centre, KFHU Khobar, KAUH Jeddah, KFSH Dammam, and the Dr Sulaiman Al Habib Medical Group and Saudi German Hospitals networks for private-sector pathways. 2. **Pharmacy dispensing**: hospital pharmacy at the prescribing centre. Camzyos is a room-temperature oral capsule; cold-chain handling is not required. Monthly dispensing is the typical pattern. 3. **Insurance pre-authorisation**: government-employee coverage and the major commercial insurers (Bupa Arabia, Tawuniya, MedGulf, Globemed) require documented diagnosis, treatment-history failure, and baseline TTE before approving Camzyos. The prior beta-blocker or calcium channel blocker trial-and-failure documentation is the most common pre-authorisation friction point. 4. **REMS-equivalent monitoring**: the prescribing cardiologist operationalises the TTE schedule (baseline, week 4, week 8, week 12, then every 12 weeks) and the LVEF and Valsalva LVOT gradient checkpoints regardless of regulatory wrapper. This is the operational backbone of Camzyos therapy in Saudi Arabia. 5. **Ongoing follow-up**: cardiology visits coordinated with each scheduled TTE. Medication review at every visit. Pregnancy testing for women of childbearing potential per the prescribing office protocol.

Cost band and insurance positioning

US WAC for Camzyos is approximately USD 7,400 to 10,000 per month at standard maintenance dosing, with an annual cost band of approximately USD 89,000 to 120,000. At 2026 indicative cross rates, the SAR-equivalent annual cost band is approximately SAR 334,000 to 450,000. Insurance pre-authorisation reduces out-of-pocket exposure substantially for covered patients; cash-pay exposure depends on the dispensing pharmacy's regional pricing.

For Saudi nationals with government-sector coverage, the financial pre-authorisation conversation needs to start before the first dispensing, not after. Commercial insurance cover varies; the prescribing cardiologist office is the gating step.

What to expect on Camzyos, week-by-week

Week 0: Baseline TTE confirms LVEF 55 percent or more and peak Valsalva LVOT gradient 50 mmHg or more. Baseline pregnancy test for women of childbearing potential. Full medication review for CYP2C19 and CYP3A4 interactions. Camzyos 5 mg once daily started.

Week 4: TTE at week 4. LVEF and Valsalva LVOT gradient measured. If LVEF less than 50 percent or Valsalva LVOT gradient less than 30 mmHg, pause treatment. Otherwise continue 5 mg or titrate based on the prescribing cardiologist's judgement and the TTE numbers.

Week 8: TTE at week 8. Same checkpoint logic. Many patients are still at 5 mg or 10 mg at this point. Dose titration is gradual.

Week 12: TTE at week 12. Same checkpoint logic. By week 12 most patients have reached their maintenance dose between 5 mg and 15 mg daily.

Week 24, 36, 48 and onwards: TTE every 12 weeks indefinitely. Same checkpoint logic at each visit. Medication review at every visit. Pregnancy testing as clinically indicated for women of childbearing potential.

Ongoing: Maintenance dosing for as long as Camzyos controls the obstructive pathophysiology and the patient tolerates it. Quarterly cardiology follow-up minimum.

When Camzyos is the wrong drug

For a Saudi patient with baseline LVEF less than 55 percent (excludes Camzyos initiation), with planned pregnancy or inability to use effective contraception (embryo-fetal toxicity contraindication), with concurrent strong CYP2C19 inhibitor or moderate-to-strong CYP3A4 inhibitor or inducer therapy that cannot be discontinued (contraindicated combinations), or with severe symptomatic HCM that is better addressed by septal reduction (surgical myectomy or alcohol septal ablation), the operational pathway shifts:

- **Septal myectomy**: surgical removal of the obstructive septal muscle, performed at KFSHRC Riyadh, KACC, KFMC, PSCC, or referral to international high-volume centres. Established gold standard for selected oHCM patients. - **Alcohol septal ablation**: catheter-based alternative to surgical myectomy for selected patients with suitable septal perforator anatomy. Available at KFSHRC, KACC, KFMC, and PSCC interventional cardiology programmes. - **Disopyramide**: oral antiarrhythmic with negative inotropic effect, used as an add-on to beta-blocker for symptom control in oHCM. Class IA antiarrhythmic considerations apply. - **Continued beta-blocker or calcium channel blocker optimisation**: where the prescribing cardiologist judges the trial inadequate or doses suboptimal. - **Aficamten (Cytokinetics, second cardiac myosin inhibitor, post-Phase III)**: not yet commercially available, but in late-stage development. Patients may wish to discuss timing.

Reserve Meds does not promote one HCM therapy over another. If the conversation with the treating cardiologist points toward septal reduction therapy, disopyramide, continued conventional medical therapy, or watchful waiting for aficamten, the operational pathway shifts accordingly.

What Reserve Meds does on this case

We are a US-based concierge coordinator. We are not the prescriber and not the dispensing pharmacy. On a Saudi Camzyos case we build the documentation pack with the treating cardiologist office, confirm SFDA registration status and the appropriate dispensing pathway, run the insurance pre-authorisation conversation alongside the clinical pre-authorisation conversation, coordinate the supply logistics for monthly dispensing, organise scheduling for the baseline, week 4, week 8, week 12, and quarterly TTEs, and stay with the case through the first year of dosing with handoff to the local cardiologist for ongoing surveillance. Clinical decisions remain with your treating cardiologist.

Reserve Meds's role

US-based concierge coordinator for cross-border specialty medicine. We are not the prescriber, not the dispensing pharmacy, and not the manufacturer. All clinical decisions remain with your treating physician.

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