Oscar Clinical Guideline: Cardamyst (etripamil) (PG285, Ver. 1)

Cardamyst (etripamil)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Paroxysmal supraventricular tachycardia (PSVT), is a subset of supraventricular tachycardia (SVT), that causes episodes of a fast heart rate that start and stop abruptly. The three main subtypes of PSVT are atrioventricular nodal reentrant tachycardia (AVNRT), atrioventricular reentrant tachycardia (AVRT), and focal atrial tachycardia (AT). Symptoms of PSVT include palpitations, chest discomfort, shortness of breath, lightheadedness, dizziness, neck pulsations or fullness, and anxiety.

Cardamyst (etripamil) is a calcium channel blocker indicated for the conversion of acute symptomatic episodes of paroxysmal supraventricular tachycardia (PSVT) to sinus rhythm in adults. In clinical trials, a percentage of patients (0.4%) experienced hypotension during test dosing prior to randomization, which precluded further participation in the study. Each nasal spray device delivers two sprays. A dose is administered as one spray into each nostril. If symptoms do not improve within 20 minutes after the second dose, call a healthcare provider or get emergency medical help right away.

Definitions

"No evidence of" indicates that the reviewer has not identified any records of the specified item or condition within the submitted materials or claims history. In the absence of such evidence, the member is considered eligible. If any evidence of the item or condition is present upon review of the request, the member does not qualify.

"[s]" indicates state mandates may apply.

Clinical Indications

Medical Necessity Criteria for Clinical Review

General Medical Necessity Criteria

The Plan considers Cardamyst (etripamil) medically necessary when ALL of the following criteria are met:

1. The medication is prescribed by or in consultation with a cardiologist or electrophysiologist; *AND*
2. The member is 18 years of age or older; *AND*
3. IF the member is currently receiving oral pharmacologic therapy for prevention of paroxysmal supraventricular tachycardia (PSVT) episodes (see Appendix A), Cardamyst (etripamil) will be used concurrently with ongoing oral pharmacologic therapy for prevention*; AND*
4. The member meets ALL of the following:
    a. No evidence of history of severe symptoms of hypotension, especially syncope, during episodes of PSVT; *and*
    b. No evidence of heart failure - New York Heart Association (NYHA) Class II to IV; *and*
    c. No evidence of Wolff-Parkinson-White (WPW); *and*
    d. No evidence of Lown-Ganong-Levine (LGL) syndromes; *and*
    e. No evidence of manifest pre-excitation (delta wave) on a 12-lead electrocardiogram (ECG); *and*

f. No evidence of sick sinus syndrome without a permanent pacemaker; *and*
g. No evidence of second degree atrioventricular (AV) Mobitz 2 block or higher degree of AV block*; AND*

5. Cardamyst (etripamil) is being prescribed at a dose and frequency that is within FDA approved labeling OR is supported by compendia or evidence-based published dosing guidelines for the requested indication*; AND*
   The requested medication is being used within the Plan's Quantity Limit of: 1 carton (2 disposable nasal spray devices) per 30 days.
6. The member meets the applicable Medical Necessity Criteria for Initial Clinical Review or Subsequent Clinical Review listed below.

Medical Necessity Criteria for Initial Clinical Review

Initial Indication-Specific Criteria

Paroxysmal Supraventricular Tachycardia (PSVT)

The Plan considers Cardamyst (etripamil) medically necessary when ALL of the following criteria are met:

1. The member meets the above General Medical Necessity Criteria; *AND*
2. The member has a diagnosis of paroxysmal supraventricular tachycardia (PSVT) supported by test results (e.g. electrocardiogram [ECG] obtained during an episode of PSVT, Holter monitoring, loop recorder)*; AND*
3. The member has a history of sustained episode(s) of PSVT typically lasting 20 minutes or longer*; AND*
4. The member is unable to use, or has tried and failed a "pill-in-the-pocket" approach of single acute dose of ONE of the following[s]:
   a. Beta blocker (i.e., atenolol, metoprolol, nadolol, propranolol)*; or*
   b. Nondihydropyridine calcium channel antagonists (i.e., diltiazem or verapamil.

If the above prior authorization criteria are met, the requested product will be authorized for up to 6-months.[s]

Continued Care

Medical Necessity Criteria for Subsequent Clinical Review

Subsequent Indication-Specific Criteria

Paroxysmal Supraventricular Tachycardia (PSVT)

The Plan considers Cardamyst (etripamil) medically necessary when ALL of the following criteria are met:

1. The member meets the above applicable General Medical Necessity Criteria; *AND*
2. The member has used Cardamyst (etripamil) for a previous episode of PSVT and experienced a positive clinical response defined as ONE of the following:
   a. Successful conversion to sinus rhythm during episode(s)*; or*

b. Reduction in the need for emergency department visits or urgent care interventions for PSVT*; AND*

3. There is no evidence of unacceptable toxicity or adverse reactions to Cardamyst (etripamil).

If the above reauthorization criteria are met, the requested product will be authorized for up to 6-months.[s]

Experimental or Investigational / Not Medically Necessary[s]

Cardamyst (etripamil) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, unproven, or not medically necessary. Non-covered indications include, but are not limited to, the following:

- History of atrial arrhythmia that did not involve the AV node as part of the tachycardia circuit (e.g., atrial fibrillation, atrial flutter, intra-atrial tachycardia).

References

1. Cardamyst (etripamil) [prescribing information]. Charlotte, NC: Milestone Pharmaceuticals USA Inc; December 2025.
2. Clinicaltrial.gov. Efficacy and Safety of Etripamil for the Termination of Spontaneous Paroxysmal Supraventricular Tachycardia (PSVT). (NODE-301). Available at: https://clinicaltrials.gov/study/NCT03464019. Accessed March 2, 2026.
3. Hafeez Y, Quintanilla Rodriguez BS, Ahmed I, et al. Paroxysmal Supraventricular Tachycardia. [Updated 2024 Feb 28]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK507699/.
4. Page RL, Joglar JA, Caldwell MA, Calkins H, Conti JB, Deal BJ, Estes NA 3rd, Field ME, Goldberger ZD, Hammill SC, Indik JH, Lindsay BD, Olshansky B, Russo AM, Shen WK, Tracy CM, Al-Khatib SM; Evidence Review Committee Chair‡. 2015 ACC/AHA/HRS Guideline for the Management of Adult Patients With Supraventricular Tachycardia: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society. Circulation. 2016 Apr 5;133(14):e471-505.

Appendix A

Preventive therapy (chronic suppressive medication) for Paroxysmal Supraventricular Tachycardia (PSVT) include the following:

- beta blocker (e.g., metoprolol, atenolol)
- nondihydropyridine calcium channel blocker (e.g., verapamil, diltiazem)
- class 1c antiarrhythmics (e.g., flecainide, propafenone)
- class III antiarrhythmics (e.g., sotalol, dofetilide, amiodarone)

Clinical Guideline Revision / History Information

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