STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

Carl E. Ayers, MSW
Cabinet Secretary

Christy D. Donohue, CMC
Commissioner

Office of Pharmacy Services
Prior Authorization Criteria
Cardamyst® (etripamil)
Prior Authorization Request Form

CARDAMYST is a calcium channel blocker indicated for the conversion of acute symptomatic episodes of paroxysmal supraventricular tachycardia (PSVT) to sinus rhythm in adults.

CRITERIA FOR APPROVAL:

1. Patient is within the age range as recommended by the Food and Drug Administration (FDA) label; **AND**

2. Patient has history of sustained paroxysmal supraventricular tachycardia (PSVT) (lasting at least 20 minutes); **AND**

3. Patient has experienced at least one episode of PSVT that required medical care in the past 12 months; **AND**

4. Patient is currently receiving oral pharmacologic therapy with either a calcium channel blocker or beta blocker; **AND**

5. Patient does not have New York Heart Association (NYHA) Class II to IV heart failure; **AND**

6. Must be prescribed by or in consultation with an M.D./D.O. with a specialty trained prescriber with a clinical specialty certification/degree in cardiology, electrophysiology or is an emergency room physician.

QUANTITY LIMITS: 2 devices/ 14 days