Etripamil (Cardamyst™) Nasal Spray

Goal(s):

- To ensure appropriate use of etripamil nasal spray that is consistent with medical evidence.

Length of Authorization:

- Up to 12 months

Requires PA:

- Etripamil nasal spray (pharmacy claims)

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is this an FDA-approved indication?	**Yes**: Go to #3	**No:** Pass to RPh. Deny; medical appropriateness
3. Is there a positive history of premature supraventricular tachycardia (PSVT) documented by ECG requiring emergency care in the last 12 months?	**Yes:** Go to #4	**No:** Pass to RPh. Deny; medical appropriateness
4. Is the medication prescribed by or in consultation with a cardiologist?	**Yes:** Go to #5	**No:** Pass to RPh. Deny; medical appropriateness
5. Does the patient have any of the following conditions: • New York Heart Association (NYHA) Class II to IV heart failure or • Wolff-Parkinson-White syndrome or • Lown-Ganong-Levine syndrome or • Sick sinus syndrome without a permanent pacemaker or • Second degree or higher degree of AV block?	**Yes:** Pass to RPh. Deny; medical appropriateness	**No:** Approve requested number of nasal sprays for up to 12 months