



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2026 P 2416-1
Program	Prior Authorization/Medical Necessity
Medication	Cardamyst™ (etripamil)
P&T Approval Date	4/2026
Effective Date	7/1/2026

1. Background:

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

2. Coverage Criteria^a:

A. Initial Authorization

1. **Cardamyst** will be approved based on **ALL** of the following criteria:

a. Diagnosis of paroxysmal supraventricular tachycardia (PSVT)

-AND-

b. Patient has a history of sustained PSVT symptoms lasting at least 20 minutes despite performing vagal maneuver

-AND-

c. Patient has a history of emergency care (e.g. emergency room, urgent care) for PSVT conversion

-AND-

d. **ONE** of the following:

- (1) Patient is not a candidate for ablation
- (2) Ablation is planned
- (3) Patient has a history of prior ablation

-AND-

e. Prescribed by or in consultation with **ONE** of the following:

- (1) cardiologist
- (2) electrophysiologist

(3) emergency medicine physician

Authorization will be issued for 12 months.

B. Reauthorization

1. **Cardamyst** will be approved for continuation of therapy based on the following criterion:

- a. Documentation of a positive clinical response to therapy

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Programs:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits and Prior Authorization/Notification may also be in place.

4. References:

1. Cardamyst [package insert]. Charlotte, NC: Milestone Pharmaceuticals USA, Inc.; December 2025.
2. 2015 ACC/AHA/HRS Guideline for the Management of Adult Patients With Supraventricular Tachycardia: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society. *J Am Coll Cardiol* 2016;67:e27-e115.
3. Brugada, J., Katritsis, D. G., Arbelo, E., Arribas, F., Bax, J. J., Blomström-Lundqvist, C., Calkins, H., Corrado, D., Deftereos, S. G., Diller, G.-P., Gomez-Doblas, J. J., Gorenek, B., Grace, A., Ho, S. Y., Kaski, J.-C., Kuck, K.-H., Lambiase, P. D., Sacher, F., Sarquella-Brugada, G., ... Zaza, A. (2020). 2019 ESC guidelines for the management of patients with supraventricular tachycardia. *European Heart Journal*, 41(5), 655–720.

Program	Prior Authorization/Medical Necessity - Cardamyst
Change Control	
4/2026	New program.