

## PRIOR AUTHORIZATION POLICY

**POLICY:** Cardiology – Cardamyst Prior Authorization Policy

- Cardamyst™ (etripamil nasal spray – Milestone)

**REVIEW DATE:** 12/30/2025; selected revision 01/07/2026

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### OVERVIEW

Cardamyst, a calcium channel blocker (CCB), is indicated for **the conversion of acute symptomatic paroxysmal supraventricular tachycardia (PSVT) to sinus rhythm in adults.**<sup>1</sup>

### Clinical Efficacy

The efficacy of Cardamyst was established in the Phase III, randomized, placebo-controlled, multicenter study (RAPID).<sup>1,2</sup> Eligible patients were  $\geq 18$  years of age with a history of PSVT with sustained, symptomatic episodes ( $\geq 20$  minutes) as documented by electrocardiogram (ECG). Patients with an episode of perceived PSVT were to self-administer Cardamyst or placebo in a medically unsupervised setting and self-administer a second dose if symptoms persisted at 10 minutes after the first dose. If symptoms did not resolve within 30 minutes, patients sought emergent care. The ECG recording was continued for 5 hours regardless of resolution of systems. The primary efficacy endpoint was time to adjudicated conversion of confirmed atrioventricular-nodal-dependent PSVT to sinus rhythm for at least 30 seconds within 30 minutes of Cardamyst administration. The primary efficacy outcome occurred in 63 (64%) of 99 patients in the Cardamyst group and 26 (31%) of patients in the placebo group (hazard ratio 2.62; 95% confidence interval [CI]: 1.66, 4.15;  $P < 0.0001$ ). The median time to conversion was 17.2 minutes for Cardamyst (95% CI: 13.4, 26.5) vs. 53.5 minutes for placebo (95% CI: 38.7, 87.3).

### Guidelines

Cardamyst is not yet addressed in guidelines. The 2015 American College of Cardiology/American Heart Association/Heart Rhythm Society guideline for the management of adult patients with supraventricular tachycardia (SVT) divides treatment into acute treatment and ongoing management. Vagal maneuvers and/or intravenous (IV) administration of adenosine is recommended first-line; if this is not effective or is not feasible, next steps depend on the patient's hemodynamic status. If the patient is not hemodynamically stable, synchronized cardioversion is recommended (Class I recommendation); alternatively, hemodynamically stable patients can have IV beta blockers, IV diltiazem, or IV verapamil (Class IIa recommendation). For ongoing management, electrophysiological studies are recommended with consideration of ablation. If a patient cannot or is unwilling to undergo ablation, they are referred for medical therapy, which includes beta-blockers, diltiazem, verapamil, or anti-arrhythmics (e.g., flecainide, propafenone, amiodarone). Individual patient management depends on the presence of structural or ischemic heart disease, contraindications, and other relevant patient factors. The 2019 European Society Guidelines for the management of patients with SVT make similar recommendations. Of note, European SVT guidelines do not suggest the acute use of oral medications for terminating PSVT, and US guidelines reserve this approach for select patients with infrequent, well-tolerated, AV-nodal reentrant tachycardia.

### POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Cardamyst. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Cardamyst as well as the monitoring required for adverse events and long-term efficacy, approval

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requires Cardamyst to be prescribed by or in consultation with a physician who specializes in the condition being treated.

**Automation:** None.

### RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Cardamyst is recommended in those who meet the following criteria:

#### FDA-Approved Indication

1. **Paroxysmal Supraventricular Tachycardia.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):

A) Patient is  $\geq 18$  years of age; AND

B) Patient has a history of sustained ( $\geq 20$  minutes) paroxysmal supraventricular tachycardia; AND

C) The medication is prescribed by or in consultation with a cardiologist or electrophysiologist.

### CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Cardamyst is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

### REFERENCES

1. Cardamyst™ nasal spray [prescribing information]. Charlotte, NC: Milestone; December 2025.
2. Stambler BS, Camm AJ, Alings M, et al. Self-administered intranasal etripamil using a symptom-prompted, repeat-dose regimen for atrioventricular-nodal-dependent supraventricular tachycardia (RAPID): a multicenter, randomized trial. *Lancet*. 2023;402:118-128.
3. Page RL, Joglar JA, Caldwell MA, et al. 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. *Circulation*. 2015;133(14):e506-574.
4. Brugada J, Katritsis DG, Arbelo E, et al. 2019 ESC guidelines for the management of patients with supraventricular tachycardia. *European Heart Journal*. 2020;41:655-720.

### HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	12/30/2025
Selected Revision	<b>Paroxysmal Supraventricular Tachycardia.</b> The requirement for history of paroxysmal supraventricular tachycardia was clarified to include that this is sustained ( $\geq 20$ minutes).	01/07/2026