MEDICAL MUTUAL®

Drug Policy

Policy:	Cardamyst™ (etripamil nasal spray – Milestone)	Annual Review Date: 06/18/2026 Last Revised Date: 06/18/2026

OVERVIEW

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

POLICY STATEMENT

This policy involves the use of Rhapsido. Prior authorization is recommended for pharmacy benefit coverage of Rhapsido. Approval is recommended for those who meet the conditions of coverage in the **Criteria and Initial/Extended Approval** for the diagnosis provided. **Conditions Not Recommended for Approval** are listed following the recommended authorization criteria. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

Because of the specialized skills required for evaluation and diagnosis of patients treated with Rhapsido as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Rhapsido be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy unless otherwise noted below.

RECOMMENDED AUTHORIZATION CRITERIA

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

1. **Paroxysmal Supraventricular Tachycardia.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient has a history of sustained (≥ 20 minutes) paroxysmal supraventricular tachycardia; AND
   - **C)** The medication is prescribed by or in consultation with a cardiologist or electrophysiologist.

Initial Approval/ Extended Approval.
A) *Initial Approval:* 1 year
B) *Extended Approval:* 1 year

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Rhapsido has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

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

Documentation Requirements:
The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational, or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

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.