

Clinical Pharmacy Program Guidelines for Ranexa

Program	Step Therapy
Medication	Ranexa (ranolazine)
Markets in Scope	Arizona, California, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania- CHIP, South Carolina
Issue Date	9/2010
Pharmacy and Therapeutics Approval Date	8/2020
Effective Date	10/2020

1. Background:

Ranexa is an antianginal indicated for the treatment of chronic angina.

2. Coverage Criteria:

<p>A. <u>Authorization</u></p> <p>1. Ranexa will be approved based on the following criteria:</p> <p style="margin-left: 20px;">a. History of one of the following standard anti-anginal treatments:</p> <p style="margin-left: 40px;">(1) One beta-blocker [eg, Lopressor (metoprolol), Inderal (propranolol)]</p> <p style="margin-left: 40px;">(2) One calcium channel blocker [eg, Procardia XL (nifedipine ER), Cardizem LA/Cardizem CD (diltiazem ER)]</p> <p style="margin-left: 40px;">(3) One long-acting nitrate therapy [eg, Imdur (isosorbide mononitrate), Isordil (isosorbide dinitrate), Nitro-Time/Nitro-Dur/Nitro-Bid (nitroglycerin ER)]</p> <p style="text-align: center;">Authorization will be issued for 12 months.</p>
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3. Additional Clinical Rules:

- 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 may be in place.

4. References:

1. Ranexa [package insert]. Foster City, CA: Gilead Sciences Inc.; October 2019.
2. Kannam JP, Aroesty JM, Gersh BJ. Chronic coronary syndrome: Overview of care. In: UpToDate, CP Cannon (Ed). UpToDate, Waltham, MA, 2020. <http://www.uptodate.com> (Accessed on July 14, 2020).

Program	Step Therapy –Ranexa (ranolazine)
Change Control	
Date	Change
9/2010	New policy
6/2013	Revision
12/2016	Annual review, updated policy template and added standard authorization duration of 12 months
11/2017	Annual review. References updated. No change to clinical criteria.
8/2018	Annual review. References updated. No change to clinical criteria.
8/2019	Annual review. Updated background and references.
7/2020	Annual review. Added Additional Clinical Rules and updated references.