STEP THERAPY CRITERIA

BRAND NAME
(generic)

RANEXA
(ranolazine extended-release)

Status: CVS Caremark Criteria
Type: Initial Step Therapy; Post Step Therapy Prior Authorization

POLICY

FDA-APPROVED INDICATIONS
Ranexa is indicated for the treatment of chronic angina.

Ranexa may be used with beta-blockers, nitrates, calcium channel blockers, anti-platelet therapy, lipid-lowering therapy, ACE inhibitors, and angiotensin receptor blockers.

INITIAL STEP THERAPY
If the patient has filled a prescription for at least a 30 day supply of a beta blocker in combination with either a calcium channel blocker or long-acting nitrate within the past 365 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit. If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

COVERAGE CRITERIA
The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the treatment of chronic angina

AND

- The patient has experienced an inadequate treatment response, intolerance, or has a contraindication to a beta blocker used in combination with either a calcium channel blocker or long-acting nitrate

REFERENCES

1. Ranexa [package insert]. Foster City, CA: Gilead Sciences, Inc.; October 2019.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2022; Accessed March 22, 2022.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: https://www.micromedexsolutions.com. Accessed March 22, 2022.
4. Fihn SD, Gardin J, Abrams J, et al. American College of Cardiology Foundation/American Heart Association Task Force. 2012 ACCF/AHA/ACP/AATS/PCNA/SCAI/STS Guideline for the Diagnosis and Management of Patients with Stable Ischemic Heart Disease. *J Am Coll Cardiol*. 2012;60(24):e44-e164.