

Policies Repository



Policy Title Ranolazine (Ranexa®)

Policy Number FS.CLIN.37

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This Pharmacy Policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this Policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Policy **Ranolazine (Ranexa®)** is indicated for the treatment of chronic angina. Ranolazine (Ranexa®) can be used with beta-blockers, nitrates, calcium channel blockers, antiplatelet therapy, lipid-lowering therapy, angiotensin-converting enzyme (ACE) inhibitors, and angiotensin-receptor blockers.

The use of ranolazine (Ranexa®) requires prior authorization (ie, clinical pharmacy and/or Medical Director review).

Policy Description **Ranolazine (Ranexa®)** is a partial fatty-acid oxidation inhibitor that produces anti-ischemic effects without significantly affecting heart rate or blood pressure, although the exact mechanism of action is not known.

Policy Guideline Inclusion **Ranolazine (Ranexa®)** is approved when **all** of the following inclusion criteria are met:

- Documentation of a diagnosis of chronic angina
- Documentation of trial and failure with at least **one** medication from **any** of the following drugs
 - Long-acting nitrates: Isosorbide dinitrate, Isosorbide mononitrate, Nitroglycerin patches
 - Beta-blockers: Atenolol, Acebutolol, Carvedilol, Penbutolol, Labetalol, Pindolol, Metoprolol, Nadolol, Betaxolol, Bisoprolol, Timolol, or Propranolol
 - Calcium channel blockers: Nifedipine, Felodipine, Amlodipine, Diltiazem, or Verapamil

Policy Guideline Exclusion **Ranolazine (Ranexa®)** is denied when **any** of the following exclusion criteria are found:

- No documentation of a diagnosis of chronic angina
- No documentation of trial and failure with at least **one** medication from **any** of the following drugs

- Long-acting nitrates: Isosorbide dinitrate, Isosorbide mononitrate, Nitroglycerin patches
- Beta-blockers: Atenolol, Acebutolol, Carvedilol, Penbutolol, Labetalol, Pindolol, Metoprolol, Nadolol, Betaxolol, Bisoprolol, Timolol, or Propranolol
- Calcium channel blockers: Nifedipine, Felodipine, Amlodipine, Diltiazem, or Verapamil

Policy List of Applicable Drugs

Brand Name	Generic Name
Ranexa	ranolazine

Dosing and Administration

Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.

Policy References

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Stone PH, Gratsiansky NA, Blokhin A, et al. on behalf of the ERICA Investigators. Anti-anginal efficacy of ranolazine when added to maximal therapy with conventional therapy: The efficacy of ranolazine in chronic angina trial. Presented at the American Heart Association Scientific Sessions. Dallas, Texas; November 16, 2005. Available at: <http://www.abstractsonline.com/arch/RecordView.aspx?LookupKey=12345&recordID=17840>. Accessed August 21, 2006.

Policy Link to Related Policies

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