Reference number(s)
658- D

Initial Step Therapy; Post Step Therapy Prior Authorization
Ranexa

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Ranexa	ranolazine extended-release

Indications

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 any two of the following: beta blocker, calcium channel blocker, 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.

Reference number(s)
658- D

Coverage Criteria

Chronic Angina

Authorization may be granted when the requested drug is being prescribed for the treatment of chronic angina when ONE of the following criteria is met:

- The patient has experienced an inadequate treatment response to a combination of TWO of the following: beta blocker, calcium channel blocker, long-acting nitrate.
- The patient has experienced an intolerance to a combination of TWO of the following: beta blocker, calcium channel blocker, long-acting nitrate.
- The patient has a contraindication to a combination of TWO of the following: beta blocker, calcium channel blocker, long-acting nitrate.

Continuation of Therapy

Chronic Angina

Authorization may be granted when the requested drug is being prescribed for the treatment of chronic angina when the following criteria is met:

- The patient has achieved or maintained a positive clinical response to treatment from baseline.

Duration of Approval (DOA)

- 658-D: Initial therapy DOA: 12 months; Continuation of therapy DOA: 36 months

References

1. Ranexa [package insert]. Foster City, CA: Gilead Sciences, Inc.; October 2019.
2. Ranolazine [package insert]. East Brunswick, NJ: Unichem Pharmaceuticals (USA), Inc.; October 2023.
3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2025 https://online.lexi.com. Accessed April 2, 2025.
4. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 04/02/2025).
5. Virani SS, Newby LK, Arnold SV, et al. 2023 AHA/ACC/ACCP/ASPC/NLA/PCNA Guideline for the Management of Patients With Chronic Coronary Disease: A Report of the American Heart

Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines. Circulation. 2023;148(9):e9-e119.