

# 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 request is NOT for continuation of therapy

**AND**

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

**OR**

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

**OR**

- The patient has a contraindication to a beta blocker used in combination with either a calcium channel blocker or long-acting nitrate

**OR**

- The request is for continuation of therapy

**AND**

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

Duration of Approval (DOA):

- 873-A: Initial therapy DOA: 12 months; Continuation of therapy DOA: 36 months

Ranexa ST, Post PA Policy 658-D UDR 05-2023

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## **REFERENCES**

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