

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

1. Ranexa [package insert]. Foster City, CA: Gilead Sciences, Inc.; October 2019.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed March 30, 2023.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 03/30/2023).
4. 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:e00-00 (e-publication ahead of print).

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