



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Ranexa (ranolazine extended-release) Page: 1 of 1

Effective Date: 5/27/2024 Last Review Date: 5/2024

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> Texas

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Ranexa (ranolazine extended-release) under the patient's prescription drug benefit.

Description:

Ranexa (ranolazine extended-release) is indicated for the treatment of chronic angina.

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

Applicable Drug List:

Ranolazine extended-release

Policy/Guideline:

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

Approval Duration and Quantity Restrictions:

Approval: 12 months

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.