

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Ranexa (ranolazine)

Override(s)	Approval Duration
Prior Authorization	1 Year

Medications	Quantity Limit
Ranexa (ranolazine) 500mg, 1000mg tablets	N/A

APPROVAL CRITERIA

Requests for Ranexa (ranolazine) may be approved when the following criteria are met:

- I. Individual has been on Ranexa (ranolazine) in the past 180 days (medication samples/ coupons/ discount cards are excluded from consideration as a trial);

OR

- II. Individual has been diagnosed with chronic angina; **AND**
- III. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to one of the following (ACCF 2012):
 - a. Beta-blocker; **OR**
 - b. Calcium-channel blocker; **OR**
 - c. Long-acting nitrate.

Requests for Ranexa (ranolazine) may not be approved in individuals with the following:

- I. Liver cirrhosis.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2016. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2016; Updated periodically.

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