### Executive Summary

**Purpose:** Ensure appropriate utilization and control of Ranexa® (ranolazine)

**Why Issue Selected:** Ranexa® (ranolazine) was initially FDA approved in 2006. Ranexa is indicated for the treatment of chronic angina. According to the 2012 American College of Cardiology Foundation/American Heart Association guidelines for patients with stable ischemic heart disease, Ranexa may be useful when prescribed as a substitute for beta-blockers for relief of symptoms if initial treatment with beta-blockers leads to unacceptable side effects, is less effective, or if initial treatment with beta-blockers is contraindicated. The guidelines also state Ranexa may be used in combination with beta-blockers for relief of symptoms when initial treatment with beta-blockers is not successful. The mechanism of action of Ranexa’s antianginal effects has not been determined. First line therapies for chronic angina include nitrates, beta-blockers, and calcium channel blockers; therapy with Ranexa should be reserved as a second line therapy.

### Program-Specific Information

<table>
<thead>
<tr>
<th>Date Range FFS 7-1-2020 to 6-30-2021</th>
<th>Drug</th>
<th>Claims</th>
<th>Spend</th>
<th>Avg spend per claim</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>RANEXA ER 500 MG TABLET</td>
<td>3,986</td>
<td>$86,348.75</td>
<td>$21.24</td>
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<td></td>
<td>RANEXA ER 1,000 MG TABLET</td>
<td>1,886</td>
<td>$57,941.48</td>
<td>$30.72</td>
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</table>

**Type of Criteria:** ☒ Increased risk of ADE  ☑ Appropriate Indications  ☑ Clinical Edit  ☐ Preferred Drug List

**Data Sources:** ☑ Databases + Prescriber-Supplied  ☐ Only Administrative Databases

### Setting & Population

- Drug class for review: Ranexa® (ranolazine)
- Age range: All appropriate MO HealthNet participants aged 18 years and older

### Approval Criteria

- Participant aged 18 years or older AND
• Documented compliance to previous ranolazine therapy (defined as 90 days in the past 120 days) 
  OR
• Documented trial of a nitrate, beta-blocker, or calcium channel blocker (defined as 30 days in the past year)

**Denial Criteria**

• Therapy will be denied if all approval criteria are not met
• Documented history of significant hepatic impairment

**Required Documentation**

<table>
<thead>
<tr>
<th>Laboratory Results:</th>
<th>Progress Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
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</table>

<table>
<thead>
<tr>
<th>MedWatch Form:</th>
<th>Other:</th>
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</table>

**Disposition of Edit**

Denial: Exception code “0682” (Clinical Edit)
Rule Type: CE

**Default Approval Period**

1 year

**References**