



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Ranolazine Extended-Release

Page: 1 of 2

Effective Date: 5/1/2025

Last Review Date: 3/2025

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" 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 Ranolazine Extended-Release) under the patient's prescription drug benefit.

Description:

Ranolazine Extended-Release is indicated for the treatment of chronic angina.

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:

Initial Criteria

Chronic Angina

Authorization may be granted when the requested drug is being prescribed for the treatment of chronic angina when ONE of the following criteria are met:

- The patient has experienced an inadequate treatment response to a combination of TWO of the following: beta blocker, calcium channel blocker, long-acting nitrate
- The patient has experienced an intolerance to a combination of TWO of the following: beta blocker, calcium channel blocker, long-acting nitrate
- The patient has a contraindication to a combination of TWO of the following: beta blocker, calcium channel blocker, long-acting nitrate

Continuation of Therapy

Chronic Angina

Authorization may be granted when the requested drug is being prescribed for the treatment of chronic angina when the following criteria is met:

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

Approval Duration and Quantity Restrictions:

Approval: 12 months



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References:

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<https://online.lexi.com>. Accessed April 4, 2024.
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<https://www.micromedexsolutions.com/> (cited: 04/04/2024).
5. 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(9):e9-e119.