

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

1. Requirements for Prior Authorization of Ranexa (ranolazine)

A. Prescriptions That Require Prior Authorization

All prescriptions for Ranexa (ranolazine) must be prior authorized.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a Ranexa (ranolazine), the determination of whether the requested prescription is medically necessary will take into account whether the recipient:

1. Has a documented diagnosis of chronic angina

AND

2. Does not have a contraindication to Ranexa (ranolazine)

AND

3. Has a documented baseline EKG

AND

4. Has a documented therapeutic failure of one of the following:

- a. Beta blocker
- b. Calcium channel blocker
- c. Long acting nitrate

OR

5. Has a documented contraindication or intolerance to all of the following:

- a. Beta blocker
- b. Calcium channel blocker
- c. Long acting nitrate

OR

6. Does not meet the clinical review guidelines listed above, but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.

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7. In addition, if a prescription for Ranexa (ranolazine) is in a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in the Quantity Limits Chapter.

FOR RENEWALS OF PRESCRIPTIONS FOR RANEXA (ranolazine):
Requests for prior authorization of renewals of prescriptions for Ranexa (ranolazine) that were previously approved will take into account whether the recipient:

1. Has a documented improvement of chronic angina symptoms

AND

2. Does not have a contraindication to Ranexa (ranolazine)

AND

3. Has documented EKG monitoring

OR

4. Does not meet the clinical review guidelines listed above, but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.

5. In addition, if a prescription for Ranexa (ranolazine) is in a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in the Quantity Limits Chapter.

C . Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above, to assess the medical necessity of the request for a prescription for Ranexa (ranolazine). If the guidelines in Section B are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.

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D. References

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ACCF/AHA/ACP/AATS/PCNA/SCAI/STS Guideline for the
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Heart Disease. A Report of the American College of Cardiology
Foundation/American Heart Association Task Force on Practice
Guidelines, and the American College of Physicians, American
Association for Thoracic Surgery, Preventive Cardiovascular
Nurses Association, Society for Cardiovascular Angiography
and Interventions, and Society of Thoracic Surgeons.
Circulation 2012; 126: e3354-e471
3. Overview of the care of patients with stable ischemic heart
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4. New Drug: Ranexa (Ranolazine). *The Pharmacists Letter*,
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