Ranolazine (Ranexa) PA criteria

1. Is the request for a member have a funded diagnosis of chronic angina?
   a. Yes- Go to question 2
   b. No – Deny Cat 1 for diagnosis not funded on OHP prioritized list
      Cat 3 if prescribed for non FDA approved use

2. Is the member under the care of a cardiologist?
   a. Yes – Go to question 3
   b. No – Deny cat 5 -*Members with this level of angina should be under care of or in consultation with a cardiology specialist.*

3. Has the member failed to respond to, or is intolerant of, all preferred, formulary antianginal medications used on a regular basis for an adequate trial period?
   - Beta blockers
   - Calcium channel blockers
   - Nitrates

a. Yes- Go to question 4
b. No – Deny Cat 15 – *Member has not demonstrated an inadequate response or intolerance to preferred formulary medications.*

4. Does the member have any contraindications to the use of this medication?
   - Pre-existing QT prolongation- *Has been shown to prolong QTc interval in a dose/plasma concentration-related manner*
   - Acute Coronary Syndrome- *Ranolazine will not relieve acute angina episode and has not demonstrated benefit in acute coronary syndrome*
   - Significant hepatic impairment- *Ranolazine plasma levels increase by 80% in patients with moderate hepatic impairment, contraindicated in cirrhosis*
   - Concurrent use of medication that produces QT prolongation
   - Concurrent use of medication that induces or inhibits CYP3A

   a. Yes – Pharmacist or Medical Director to evaluate for clinical appropriateness
   b. No – Go to question 5

5. Is the dosing within FDA approved dosing?

Initial: 500 mg twice daily; may increase to 1,000 mg twice daily -maximum dose: 1,000 mg twice daily

Approved for use in adults only

a. Yes – May approve for 12 week trial
b. No – Deny Cat 3- *Prescribed dosing is outside FDA approved use of this medication*

Nebivolol (Bystolic) PA criteria

1. Is Bystolic being prescribed for the treatment of hypertension?
   a. Yes- Go to question 2
   b. No – Deny Cat 3 – *medication is being used outside of FDA approved indication*

2. Has member had an inadequate response or contraindication to at least 2 formulary beta-blockers, including a trial of formulary vasodilating beta blocker carvedilol, consisting of a minimum 4 week trial of each in the last 180 days?
   a. Yes – May approve up to 1 year
   b. No – Deny Cat 15- *member has not exhausted formulary alternatives*