Non-formulary ranolazine (RANEXA®) will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of stable chronic angina or stable ischemic heart disease.
  - AND -

- Documented treatment failure, intolerance, or contraindication to a:
  1. beta-blocker or calcium channel blocker
    - AND -
  2. long-acting nitrate

Avoid use in patients:
* Receiving strong CYP3A4 inhibitors including ketoconazole, Itraconazole, clarithromycin, nefazodone, nelfinavir, ritonavir, indinavir or saquinavir.
* Receiving strong CYP3A4 inducers including rifampin, rifabutin, phenobarbital, phenytoin, carbamazepine, or St. John’s Wort.
* With severe hepatic impairment.

Dose modification:
* Limit dose to 500 mg BID in patients on verapamil and diltiazem.
* Down-titrate ranolazine based on response in patients on P-glycoprotein inhibitors, such as cyclosporine.