

## Texas Prior Authorization Program Clinical Criteria

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### Drug/Drug Class

# Ranexa

### Clinical Criteria Information Included in this Document

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section.

### Revision Notes

Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).) on each 'Drug Requiring PA' table

**Ranexa****Drugs Requiring Prior Authorization**

*The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).*

<b>Drugs Requiring Prior Authorization</b>	
<b>Label Name</b>	<b>GCN</b>
RANEXA ER 500 MG TABLET	26459
RANEXA ER 1,000 MG TABLET	98733

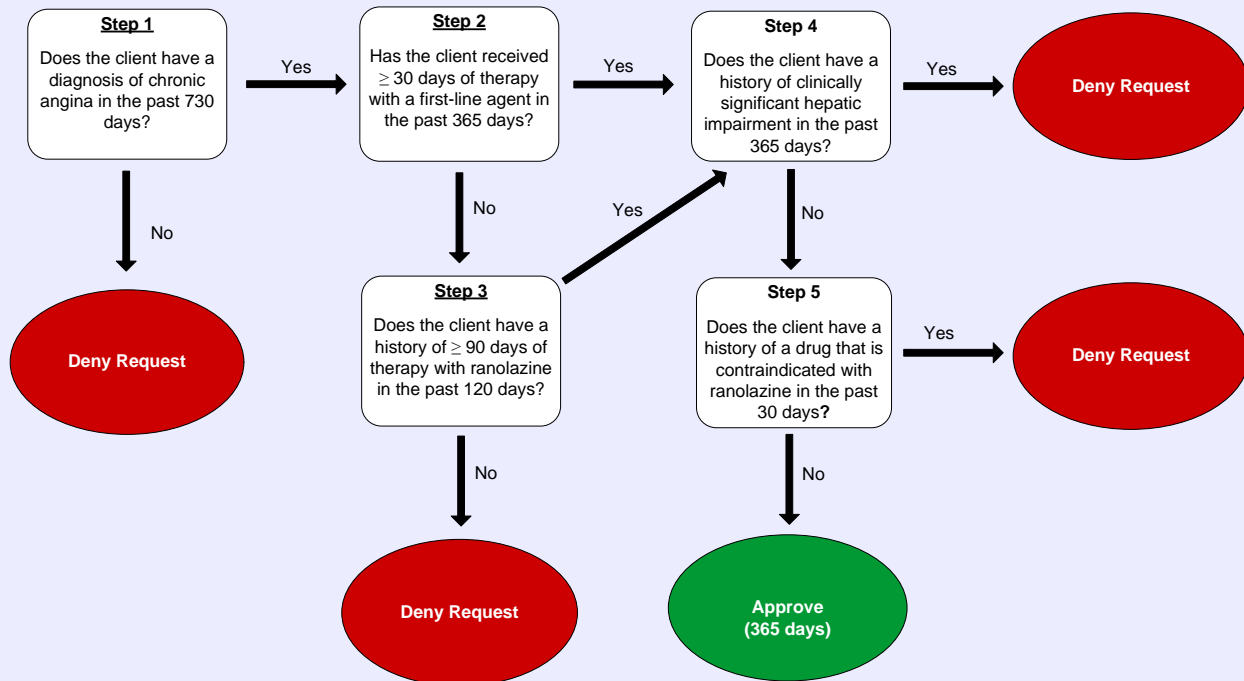
**Ranexa****Clinical Criteria Logic**

1. Does the client have a diagnosis of chronic angina in the past 730 days?  
 Yes (Go to #2)  
 No (Deny)
  
2. Has the client received greater than or equal to ( $\geq$ ) 30 days of therapy with a first-line agent in the past 365 days?  
 Yes (Go to #4)  
 No (Go to #3)
  
3. Does the client have a history of greater than or equal to ( $\geq$ ) 90 days of therapy with ranolazine in the past 120 days?  
 Yes (Go to #4)  
 No (Deny)
  
4. Does the client have a diagnosis of clinically-significant hepatic impairment in the past 365 days?  
 Yes (Deny)  
 No (Go to step #5)
  
5. Does the client have a history of a drug that is contraindicated with ranolazine in the past 30 days?  
 Yes (Deny)  
 No (Approve – 365 days)



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Clinical Criteria Logic Diagram





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## Clinical Criteria Supporting Tables

<b>Step 1 (diagnosis of chronic angina)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
I201	ANGINA PECTORIS WITH DOCUMENTED SPASM
I208	OTHER FORMS OF ANGINA PECTORIS
I209	ANGINA PECTORIS, UNSPECIFIED
I25111	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH ANGINA PECTORIS WITH DOCUMENTED SPASM
I25118	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH OTHER FORMS OF ANGINA PECTORIS
I25119	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSPECIFIED ANGINA PECTORIS
I25701	ATHEROSCLEROSIS OF CORONARY ARTERY BYPASS GRAFT(S), UNSPECIFIED, WITH ANGINA PECTORIS WITH DOCUMENTED SPASM
I25708	ATHEROSCLEROSIS OF CORONARY ARTERY BYPASS GRAFT(S), UNSPECIFIED, WITH OTHER FORMS OF ANGINA PECTORIS
I25709	ATHEROSCLEROSIS OF CORONARY ARTERY BYPASS GRAFT(S), UNSPECIFIED, WITH UNSPECIFIED ANGINA PECTORIS
I25711	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN CORONARY ARTERY BYPASS GRAFT(S) WITH ANGINA PECTORIS WITH DOCUMENTED SPASM
I25718	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN CORONARY ARTERY BYPASS GRAFT(S) WITH OTHER FORMS OF ANGINA PECTORIS
I25719	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN CORONARY ARTERY BYPASS GRAFT(S) WITH UNSPECIFIED ANGINA PECTORIS
I25721	ATHEROSCLEROSIS OF AUTOLOGOUS ARTERY CORONARY ARTERY BYPASS GRAFT(S) WITH ANGINA PECTORIS WITH DOCUMENTED SPASM
I25728	ATHEROSCLEROSIS OF AUTOLOGOUS ARTERY CORONARY ARTERY BYPASS GRAFT(S) WITH OTHER FORMS OF ANGINA PECTORIS
I25729	ATHEROSCLEROSIS OF AUTOLOGOUS ARTERY CORONARY ARTERY BYPASS GRAFT(S) WITH UNSPECIFIED ANGINA PECTORIS
I25731	ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL CORONARY ARTERY BYPASS GRAFT(S) WITH ANGINA PECTORIS WITH DOCUMENTED SPASM
I25738	ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL CORONARY ARTERY BYPASS GRAFT(S) WITH OTHER FORMS OF ANGINA PECTORIS
I25739	ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL CORONARY ARTERY BYPASS GRAFT(S) WITH UNSPECIFIED ANGINA PECTORIS
I25751	ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY OF TRANSPLANTED HEART WITH ANGINA PECTORIS WITH DOCUMENTED SPASM

<b>Step 1 (diagnosis of chronic angina)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
I25758	ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY OF TRANSPLANTED HEART WITH OTHER FORMS OF ANGINA PECTORIS
I25759	ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY OF TRANSPLANTED HEART WITH UNSPECIFIED ANGINA PECTORIS
I25761	ATHEROSCLEROSIS OF BYPASS GRAFT OF CORONARY ARTERY OF TRANSPLANTED HEART WITH ANGINA PECTORIS WITH DOCUMENTED SPASM
I25768	ATHEROSCLEROSIS OF BYPASS GRAFT OF CORONARY ARTERY OF TRANSPLANTED HEART WITH OTHER FORMS OF ANGINA PECTORIS
I25769	ATHEROSCLEROSIS OF BYPASS GRAFT OF CORONARY ARTERY OF TRANSPLANTED HEART WITH UNSPECIFIED ANGINA PECTORIS
I25791	ATHEROSCLEROSIS OF OTHER CORONARY ARTERY BYPASS GRAFT(S) WITH ANGINA PECTORIS WITH DOCUMENTED SPASM
I25798	ATHEROSCLEROSIS OF OTHER CORONARY ARTERY BYPASS GRAFT(S) WITH OTHER FORMS OF ANGINA PECTORIS
I25799	ATHEROSCLEROSIS OF OTHER CORONARY ARTERY BYPASS GRAFT(S) WITH UNSPECIFIED ANGINA PECTORIS

<b>Step 2 (≥ 30 days of therapy with first-line agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Description</b>	<b>GCN</b>
ADALAT CC 30 MG TABLET	02226
ADALAT CC 60 MG TABLET	02227
ADALAT CC 90 MG TABLET	02228
AFEDITAB CR 30 MG TABLET	02226
AFEDITAB CR 60 MG TABLET	02227
AMLODIPINE BESYLATE 10 MG TAB	02682
AMLODIPINE BESYLATE 2.5 MG TAB	02681
AMLODIPINE BESYLATE 5 MG TAB	02683
AMLODIPINE-ATORVAST 10-10 MG	21395
AMLODIPINE-ATORVAST 10-20 MG	21396
AMLODIPINE-ATORVAST 10-40 MG	21397
AMLODIPINE-ATORVAST 10-80 MG	21398
AMLODIPINE-ATORVAST 2.5-10 MG	23866
AMLODIPINE-ATORVAST 2.5-20 MG	23867
AMLODIPINE-ATORVAST 2.5-40 MG	23868
AMLODIPINE-ATORVAST 5-10 MG	21391

<b>Step 2 (≥ 30 days of therapy with first-line agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Description</b>	<b>GCN</b>
AMLODIPINE-ATORVAST 5-20 MG	21392
AMLODIPINE-ATORVAST 5-40 MG	21393
AMLODIPINE-ATORVAST 5-80 MG	21394
ATENOLOL 100 MG TABLET	20660
ATENOLOL 25 MG TABLET	20662
ATENOLOL 50 MG TABLET	20661
ATENOLOL-CHLORTHAL 50-25 TB	66990
ATENOLOL-CHLORTHALIDONE 100-25	66991
CADUET 10 MG-10 MG TABLET	21395
CADUET 10 MG-20 MG TABLET	21396
CADUET 10 MG-40 MG TABLET	21397
CADUET 10 MG-80 MG TABLET	21398
CADUET 5 MG-10 MG TABLET	21391
CADUET 5 MG-20 MG TABLET	21392
CADUET 5 MG-40 MG TABLET	21393
CADUET 5 MG-80 MG TABLET	21394
CALAN 120 MG TABLET	02341
CALAN 80 MG TABLET	02342
CALAN SR 120 MG CAPLET	32472
CALAN SR 180 MG CAPLET	32471
CALAN SR 240 MG CAPLET	32470
CARDIZEM 120 MG TABLET	2363
CARDIZEM 30 MG TABLET	2360
CARDIZEM 60 MG TABLET	2361
CARDIZEM CD 120 MG CAPSULE	2326
CARDIZEM CD 180 MG CAPSULE	2323
CARDIZEM CD 240 MG CAPSULE	2324
CARDIZEM CD 300 MG CAPSULE	2325
CARDIZEM CD 360 MG CAPSULE	7460
CARDIZEM LA 180 MG TABLET	19183
CARDIZEM LA 360 MG TABLET	19186
CARTIA XT 120 MG CAPSULE	2326
CARTIA XT 180 MG CAPSULE	2323
CARTIA XT 240 MG CAPSULE	2324
CARTIA XT 300 MG CAPSULE	2325

<b>Step 2 (≥ 30 days of therapy with first-line agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Description</b>	<b>GCN</b>
CORGARD 20 MG TABLET	20654
CORGARD 40 MG TABLET	20652
CORGARD 80 MG TABLET	20653
CORZIDE 40-5 TABLET	52060
CORZIDE 80-5 TABLET	52061
DILATRATE-SR 40 MG CAPSULE	01910
DILT XR 120 MG CAPSULE	07463
DILT XR 180 MG CAPSULE	07461
DILT XR 240 MG CAPSULE	07462
DILTIAZEM 120 MG TABLET	02363
DILTIAZEM 12HR ER 120 MG CAP	02321
DILTIAZEM 12HR ER 60 MG CAP	02322
DILTIAZEM 12HR ER 90 MG CAP	02320
DILTIAZEM 24HR ER 120 MG CAP	02326
DILTIAZEM 24HR ER 180 MG CAP	02323
DILTIAZEM 24HR ER 240 MG CAP	02324
DILTIAZEM 24HR ER 300 MG CAP	02325
DILTIAZEM 24HR ER 360 MG CAP	07460
DILTIAZEM 30 MG TABLET	02360
DILTIAZEM 60 MG TABLET	02361
DILTIAZEM 90 MG TABLET	02362
DILTIAZEM ER 120 MG CAPSULE	02330
DILTIAZEM ER 120 MG CAPSULE	07463
DILTIAZEM ER 180 MG CAPSULE	02329
DILTIAZEM ER 180 MG CAPSULE	07461
DILTIAZEM ER 240 MG CAPSULE	07462
DILTIAZEM HCL ER 240 MG CAP	02332
DILTIAZEM HCL ER 300 MG CAP	02333
DILTIAZEM HCL ER 360 MG CAP	02328
DILTIAZEM HCL ER 420 MG CAP	94691
HEMANGEOL 4.28 MG/ML ORAL SOLN	36526
INDERAL LA 120 MG CAPSULE	03231
INDERAL LA 160 MG CAPSULE	03232
INDERAL LA 60 MG CAPSULE	03233
INDERAL LA 80 MG CAPSULE	03230



<b>Step 2 (≥ 30 days of therapy with first-line agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Description</b>	<b>GCN</b>
INNOPRAN XL 120 MG CAPSULE	19359
INNOPRAN XL 80 MG CAPSULE	20621
ISOSORBIDE DN 10 MG TABLET	01942
ISOSORBIDE DN 20 MG TABLET	01944
ISOSORBIDE DN 30 MG TABLET	01945
ISOSORBIDE DN 5 MG TABLET	01947
ISOSORBIDE DN ER 40 MG TABLET	01960
ISOSORBIDE MN 10 MG TABLET	01932
ISOSORBIDE MN 20 MG TABLET	01931
ISOSORBIDE MN ER 120 MG TAB	48103
ISOSORBIDE MN ER 30 MG TABLET	48104
ISOSORBIDE MN ER 60 MG TABLET	48102
MATZIM LA 180 MG TABLET	19183
MATZIM LA 240 MG TABLET	19184
MATZIM LA 300 MG TABLET	19185
MATZIM LA 360 MG TABLET	19186
MATZIM LA 420 MG TABLET	19187
METOPROLOL SUCC ER 100 MG TAB	20742
METOPROLOL SUCC ER 200 MG TAB	20743
METOPROLOL SUCC ER 25 MG TAB	12947
METOPROLOL SUCC ER 50 MG TAB	20741
METOPROLOL TARTRATE 100 MG TAB	20641
METOPROLOL TARTRATE 25 MG TAB	17734
METOPROLOL TARTRATE 50 MG TAB	20642
METOPROLOL-HCTZ 100-25 MG TAB	51551
METOPROLOL-HCTZ 100-50 MG TAB	51552
METOPROLOL-HCTZ 50-25 MG TAB	51550
NADOLOL 20 MG TABLET	20654
NADOLOL 40 MG TABLET	20652
NADOLOL 80 MG TABLET	20653
NADOLOL-BENDROFLU 40-5 MG TAB	52060
NADOLOL-BENDROFLU 80-5 MG TAB	52061
NICARDIPINE 20 MG CAPSULE	02390
NICARDIPINE 30 MG CAPSULE	02391
NIFEDICAL XL 30 MG TABLET	02221

<b>Step 2 (≥ 30 days of therapy with first-line agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Description</b>	<b>GCN</b>
NIFEDICAL XL 60 MG TABLET	02222
NIFEDIPINE 10 MG CAPSULE	02350
NIFEDIPINE 20 MG CAPSULE	02351
NIFEDIPINE ER 30 MG TABLET	02221
NIFEDIPINE ER 30 MG TABLET	02226
NIFEDIPINE ER 60 MG TABLET	02222
NIFEDIPINE ER 60 MG TABLET	02227
NIFEDIPINE ER 90 MG TABLET	02223
NIFEDIPINE ER 90 MG TABLET	02228
NITRO-BID 2% OINTMENT	01720
NITRO-DUR 0.1 MG/HR PATCH	01741
NITRO-DUR 0.2 MG/HR PATCH	01742
NITRO-DUR 0.3 MG/HR PATCH	01743
NITRO-DUR 0.4 MG/HR PATCH	01740
NITRO-DUR 0.6 MG/HR PATCH	01744
NITRO-DUR 0.8 MG/HR PATCH	01746
NITROGLYCERIN 0.1 MG/HR PATCH	01741
NITROGLYCERIN 0.2 MG/HR PATCH	01742
NITROGLYCERIN 0.4 MG/HR PATCH	01740
NITROGLYCERIN 0.6 MG/HR PATCH	01744
NITROGLYCERIN ER 2.5 MG CAP	01681
NITROGLYCERIN LINGUAL 0.4 MG	92257
NITROLINGUAL 0.4 MG SPRAY	92257
NITROMIST 400 MCG SPRAY	03380
NITROSTAT 0.3 MG TABLET SL	01771
NITROSTAT 0.4 MG TABLET SL	01772
NITROSTAT 0.6 MG TABLET SL	01773
NORVASC 10 MG TABLET	02682
NORVASC 2.5 MG TABLET	02681
NORVASC 5 MG TABLET	02683
NYMALIZE 60 MG/20 ML SOLUTION	34794
PROCARDIA 10 MG CAPSULE	02350
PROCARDIA XL 30 MG TABLET	02221
PROCARDIA XL 60 MG TABLET	02222
PROCARDIA XL 90 MG TABLET	02223

<b>Step 2 (≥ 30 days of therapy with first-line agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Description</b>	<b>GCN</b>
PROPRANOLOL 10 MG TABLET	20630
PROPRANOLOL 20 MG TABLET	20631
PROPRANOLOL 20 MG/5 ML SOLN	45260
PROPRANOLOL 40 MG TABLET	20632
PROPRANOLOL 40 MG/5 ML SOLN	45261
PROPRANOLOL 60 MG TABLET	20633
PROPRANOLOL 80 MG TABLET	20634
PROPRANOLOL ER 120 MG CAPSULE	03231
PROPRANOLOL ER 160 MG CAPSULE	03232
PROPRANOLOL ER 60 MG CAPSULE	03233
PROPRANOLOL ER 80 MG CAPSULE	03230
PROPRANOLOL-HCTZ 40-25 MG TAB	52030
PROPRANOLOL-HCTZ 80-25 MG TAB	52031
TAZTIA XT 120 MG CAPSULE	02330
TAZTIA XT 180 MG CAPSULE	02329
TAZTIA XT 240 MG CAPSULE	02332
TAZTIA XT 300 MG CAPSULE	02333
TAZTIA XT 360 MG CAPSULE	02328
TENORETIC 100 TABLET	66991
TENORETIC 50 TABLET	66990
TENORMIN 100 MG TABLET	20660
TENORMIN 25 MG TABLET	20662
TENORMIN 50 MG TABLET	20661
TIAZAC ER 120 MG CAPSULE	02330
TIAZAC ER 180 MG CAPSULE	02329
TIAZAC ER 240 MG CAPSULE	02332
TIAZAC ER 300 MG CAPSULE	02333
TIAZAC ER 360 MG CAPSULE	02328
TIAZAC ER 420 MG CAPSULE	94691
TOPROL XL 100 MG TABLET	20742
TOPROL XL 200 MG TABLET	20743
TOPROL XL 25 MG TABLET	12947
TOPROL XL 50 MG TABLET	20741
VERAPAMIL 120 MG TABLET	02341
VERAPAMIL 360 MG CAP PELLETT	03004

<b>Step 2 (<math>\geq</math> 30 days of therapy with first-line agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Description</b>	<b>GCN</b>
VERAPAMIL 40 MG TABLET	47110
VERAPAMIL 80 MG TABLET	02342
VERAPAMIL ER 120 MG CAPSULE	03003
VERAPAMIL ER 120 MG TABLET	32472
VERAPAMIL ER 180 MG CAPSULE	03001
VERAPAMIL ER 180 MG TABLET	32471
VERAPAMIL ER 240 MG CAPSULE	03002
VERAPAMIL ER 240 MG TABLET	32470
VERAPAMIL ER PM 100 MG CAPSULE	94122
VERAPAMIL ER PM 200 MG CAPSULE	94123
VERAPAMIL ER PM 300 MG CAPSULE	94124
VERELAN 120 MG CAP PELLETT	03003
VERELAN 180 MG CAP PELLETT	03001
VERELAN 240 MG CAP PELLETT	03002
VERELAN 360 MG CAP PELLETT	03004
VERELAN PM 100 MG CAP PELLETT	94122
VERELAN PM 200 MG CAP PELLETT	94123
VERELAN PM 300 MG CAP PELLETT	94124

<b>Step 3 (history of greater than or equal to (<math>\geq</math>) 90 days of therapy with ranolazine)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 120 days</b>	

For the list of drug names and GCNs that pertain to this step, see the [Drugs Requiring Prior Authorization](#) table in the "Supporting Tables" section.

**Note:** Click the hyperlink to navigate directly to the table.

<b>Step 4 (diagnosis of clinically-significant hepatic impairment)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
B150	HEPATITIS A WITH HEPATIC COMA
B159	HEPATITIS A WITHOUT HEPATIC COMA
B160	ACUTE HEPATITIS B WITH DELTA-AGENT WITH HEPATIC COMA

<b>Step 4 (diagnosis of clinically-significant hepatic impairment)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
B161	ACUTE HEPATITIS B WITH DELTA-AGENT WITHOUT HEPATIC COMA
B162	ACUTE HEPATITIS B WITHOUT DELTA-AGENT WITH HEPATIC COMA
B169	ACUTE HEPATITIS B WITHOUT DELTA-AGENT AND WITHOUT HEPATIC COMA
B170	ACUTE DELTA-(SUPER) INFECTION OF HEPATITIS B CARRIER
B1710	ACUTE HEPATITIS C WITHOUT HEPATIC COMA
B1711	ACUTE HEPATITIS C WITH HEPATIC COMA
B172	ACUTE HEPATITIS E
B178	OTHER SPECIFIED ACUTE VIRAL HEPATITIS
B179	ACUTE VIRAL HEPATITIS, UNSPECIFIED
B180	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B181	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B182	CHRONIC VIRAL HEPATITIS C
B188	OTHER CHRONIC VIRAL HEPATITIS
B189	CHRONIC VIRAL HEPATITIS, UNSPECIFIED
B190	UNSPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA
B1910	UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA
B1911	UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA
B1920	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA
B1921	UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA
B199	UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA
B251	CYTOMEGALOVIRAL HEPATITIS
K700	ALCOHOLIC FATTY LIVER
K7010	ALCOHOLIC HEPATITIS WITHOUT ASCITES
K7011	ALCOHOLIC HEPATITIS WITH ASCITES
K702	ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K7040	ALCOHOLIC HEPATIC FAILURE WITHOUT COMA
K7041	ALCOHOLIC HEPATIC FAILURE WITH COMA
K709	ALCOHOLIC LIVER DISEASE, UNSPECIFIED
K710	TOXIC LIVER DISEASE WITH CHOLESTASIS
K7110	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS, WITHOUT COMA
K7111	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS, WITH COMA
K712	TOXIC LIVER DISEASE WITH ACUTE HEPATITIS
K713	TOXIC LIVER DISEASE WITH CHRONIC PERSISTENT HEPATITIS

<b>Step 4 (diagnosis of clinically-significant hepatic impairment)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
K714	TOXIC LIVER DISEASE WITH CHRONIC LOBULAR HEPATITIS
K7150	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITHOUT ASCITES
K7151	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITH ASCITES
K716	TOXIC LIVER DISEASE WITH HEPATITIS, NOT ELSEWHERE CLASSIFIED
K717	TOXIC LIVER DISEASE WITH FIBROSIS AND CIRRHOSIS OF LIVER
K718	TOXIC LIVER DISEASE WITH OTHER DISORDERS OF LIVER
K719	TOXIC LIVER DISEASE, UNSPECIFIED
K7201	ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA
K7210	CHRONIC HEPATIC FAILURE WITHOUT COMA
K7211	CHRONIC HEPATIC FAILURE WITH COMA
K7290	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA
K7291	HEPATIC FAILURE, UNSPECIFIED WITH COMA
K730	CHRONIC PERSISTENT HEPATITIS, NOT ELSEWHERE CLASSIFIED
K731	CHRONIC LOBULAR HEPATITIS, NOT ELSEWHERE CLASSIFIED
K732	CHRONIC ACTIVE HEPATITIS, NOT ELSEWHERE CLASSIFIED
K738	OTHER CHRONIC HEPATITIS, NOT ELSEWHERE CLASSIFIED
K739	CHRONIC HEPATITIS, UNSPECIFIED
K740	HEPATIC FIBROSIS
K741	HEPATIC SCLEROSIS
K742	HEPATIC FIBROSIS WITH HEPATIC SCLEROSIS
K743	PRIMARY BILIARY CIRRHOSIS
K744	SECONDARY BILIARY CIRRHOSIS
K745	BILIARY CIRRHOSIS, UNSPECIFIED
K7460	UNSPECIFIED CIRRHOSIS OF LIVER
K7469	OTHER CIRRHOSIS OF LIVER
K750	ABSCESS OF LIVER
K751	PHLEBITIS OF PORTAL VEIN
K752	NONSPECIFIC REACTIVE HEPATITIS
K753	GRANULOMATOUS HEPATITIS, NOT ELSEWHERE CLASSIFIED
K7581	NONALCOHOLIC STEATOHEPATITIS (NASH)
K7589	OTHER SPECIFIED INFLAMMATORY LIVER DISEASES
K759	INFLAMMATORY LIVER DISEASE, UNSPECIFIED
K760	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED
K761	CHRONIC PASSIVE CONGESTION OF LIVER

<b>Step 4 (diagnosis of clinically-significant hepatic impairment)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
K763	INFARCTION OF LIVER
K764	PELIOSIS HEPATIS
K765	HEPATIC VENO-OCCLUSIVE DISEASE
K766	PORTAL HYPERTENSION
K767	HEPATORENAL SYNDROME
K7689	OTHER SPECIFIED DISEASES OF LIVER
K769	LIVER DISEASE, UNSPECIFIED
K77	LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE

<b>Step 5 (history of a drug that is contraindicated with ranolazine)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Description</b>	<b>GCN</b>
BIAXIN 250 MG TABLET	48852
BIAXIN 250 MG/5 ML SUSPENSION	11671
BIAXIN 500 MG TABLET	48851
BUNAVAIL 2.1-0.3 MG FILM	36677
BUNAVAIL 4.2-0.7 MG FILM	36678
BUNAVAIL 6.3-1 MG FILM	36679
CALAN 120 MG TABLET	02341
CALAN 80 MG TABLET	02342
CALAN SR 120 MG CAPLET	32472
CALAN SR 180 MG CAPLET	32471
CALAN SR 240 MG CAPLET	32470
CARDIZEM 120 MG TABLET	02363
CARDIZEM 30 MG TABLET	02360
CARDIZEM 60 MG TABLET	02361
CARDIZEM CD 120 MG CAPSULE	02326
CARDIZEM CD 180 MG CAPSULE	02323
CARDIZEM CD 240 MG CAPSULE	02324
CARDIZEM CD 300 MG CAPSULE	02325
CARDIZEM CD 360 MG CAPSULE	07460
CARDIZEM LA 120 MG TABLET	19180
CARDIZEM LA 180 MG TABLET	19183
CARDIZEM LA 360 MG TABLET	19186
CARDIZEM LA 420 MG TABLET	19187

<b>Step 5 (history of a drug that is contraindicated with ranolazine)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Description</b>	<b>GCN</b>
CARBAMAZEPINE 100 MG TAB CHEW	17460
CARBAMAZEPINE 100 MG/5 ML SUSP	47500
CARBAMAZEPINE 200 MG TABLET	17450
CARBAMAZEPINE ER 100 MG CAP	23934
CARBAMAZEPINE ER 200 MG CAP	23932
CARBAMAZEPINE ER 200 MG TABLET	27821
CARBAMAZEPINE ER 300 MG CAP	23933
CARBAMAZEPINE ER 400 MG TABLET	27822
CARBATROL ER 100 MG CAPSULE	23934
CARBATROL ER 200 MG CAPSULE	23932
CARBATROL ER 300 MG CAPSULE	23933
CARTIA XT 120MG CAPSULE	02326
CARTIA XT 180MG CAPSULE	02323
CARTIA XT 240MG CAPSULE	02324
CARTIA XT 300MG CAPSULE	02325
CLARITHROMYCIN 125 MG/5 ML SUS	11670
CLARITHROMYCIN 250 MG TABLET	48852
CLARITHROMYCIN 250 MG/5 ML SUS	11671
CLARITHROMYCIN 500 MG TABLET	48851
CLARITHROMYCIN ER 500 MG TAB	48850
CRIXIVAN 200 MG CAPSULE	26820
CRIXIVAN 400 MG CAPSULE	26822
DIFLUCAN 10 MG/ML SUSPENSION	60822
DIFLUCAN 100 MG TABLET	42190
DIFLUCAN 150 MG TABLET	42193
DIFLUCAN 200 MG TABLET	42191
DIFLUCAN 40 MG/ML SUSPENSION	60821
DIFLUCAN 50 MG TABLET	42192
DILANTIN 100 MG CAPSULE	17700
DILANTIN 125 MG/5 ML SUSP	17241
DILANTIN 30 MG CAPSULE	17701
DILANTIN 50 MG INFATAB	17250
DILTIAZEM 120 MG TABLET	02363
DILTIAZEM 12HR ER 120 MG CAP	02321
DILTIAZEM 12HR ER 60 MG CAP	02322
DILTIAZEM 12HR ER 90 MG CAP	02320
DILTIAZEM 24HR ER 120 MG CAP	02326



<b>Step 5 (history of a drug that is contraindicated with ranolazine)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Description</b>	<b>GCN</b>
DILTIAZEM 24HR ER 180 MG CAP	02323
DILTIAZEM 24HR ER 240 MG CAP	02324
DILTIAZEM 24HR ER 300 MG CAP	02325
DILTIAZEM 24HR ER 360 MG CAP	07460
DILTIAZEM 30 MG TABLET	02360
DILTIAZEM 60 MG TABLET	02361
DILTIAZEM 90 MG TABLET	02362
DILTIAZEM ER 120 MG CAPSULE	02330
DILTIAZEM ER 120 MG CAPSULE	07463
DILTIAZEM ER 180 MG CAPSULE	02329
DILTIAZEM ER 180 MG CAPSULE	07461
DILTIAZEM ER 240 MG CAPSULE	07462
DILTIAZEM HCL ER 240 MG CAP	02332
DILTIAZEM HCL ER 300 MG CAP	02333
DILTIAZEM HCL ER 360 MG CAP	02328
DILTIAZEM HCL ER 420 MG CAP	94691
E.E.S. 200 MG/5 ML GRANULES	40523
E.E.S. 400 FILMTAB	40560
EMEND 125MG CAPSULE	19366
EMEND 40MG CAPSULE	27278
EMEND 80MG CAPSULE	19365
EMEND TRIPACK	19367
EPITOL 200 MG TABLET	17450
EQUETRO 100 MG CAPSULE	13781
EQUETRO 200 MG CAPSULE	13805
EQUETRO 300 MG CAPSULE	13818
ERYPED 200 MG/5 ML SUSPENSION	40523
ERYPED 400 MG/5 ML SUSPENSION	40524
ERY-TAB EC 250 MG TABLET	40730
ERY-TAB EC 333 MG TABLET	40731
ERY-TAB EC 500 MG TABLET	40732
ERYTHROCIN 250 MG FILMTAB	40642
ERYTHROCIN 500 MG ADDVNT VL	25529
ERYTHROCIN 500 MG VIAL	40601
ERYTHROMYCIN 250 MG FILMTAB	40720
ERYTHROMYCIN 500 MG FILMTAB	40721
ERYTHROMYCIN EC 250 MG CAP	40660

<b>Step 5 (history of a drug that is contraindicated with ranolazine)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Description</b>	<b>GCN</b>
ERYTHROMYCIN ES 400 MG TAB	40560
EVOTAZ 300-150MG TABLET	37797
FLUCONAZOLE 10 MG/ML SUSP	60822
FLUCONAZOLE 100 MG TABLET	42190
FLUCONAZOLE 150 MG TABLET	42193
FLUCONAZOLE 200 MG TABLET	42191
FLUCONAZOLE 40 MG/ML SUSP	60821
FLUCONAZOLE 50 MG TABLET	42192
FLUCONAZOLE-DEXT 200 MG/100 ML	55590
FLUCONAZOLE-NACL 200 MG/100 ML	69790
FLUCONAZOLE-NACL 400 MG/200 ML	69791
FLUCONAZOLE-NS 200 MG/100 ML	25303
GLEEVEC 100MG TABLET	19908
GLEEVEC 400MG TABLET	19907
INVIRASE 200 MG CAPSULE	26760
INVIRASE 500 MG TABLET	23952
ITRACONAZOLE 100 MG CAPSULE	49101
KALETRA 100-25 MG TABLET	99101
KALETRA 200-50 MG TABLET	25919
KALETRA 400-100/5 ML ORAL SOLU	31782
KETEK 300 MG TABLET	25905
KETEK 400 MG TABLET	15175
KETOCONAZOLE 200 MG TABLET	42590
LANSOPRAZOL-AMOXICIL-CLARITHRO	64269
LEXIVA 50MG/ML SUSPENSION	23783
LEXIVA 700MG TABLET	20553
MATZIM LA 180MG TABLET	19183
MATZIM LA 240MG TABLET	19184
MATZIM LA 300MG TABLET	19185
MATZIM LA 360MG TABLET	19186
MATZIM LA 420MG TABLET	19187
MYCOBUTIN 150MG CAPSULE	29810
NEFAZODONE 100MG TABLET	16406
NEFAZODONE 150MG TABLET	16407
NEFAZODONE 200MG TABLET	16408
NEFAZODONE 250MG TABLET	16409
NEFAZODONE 50MG TABLET	16404

<b>Step 5 (history of a drug that is contraindicated with ranolazine)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Description</b>	<b>GCN</b>
NORVIR 100 MG SOFTGEL CAP	26812
NORVIR 100 MG TABLET	28224
NORVIR 80 MG/ML SOLUTION	26810
NOXAFIL 40 MG/ML SUSPENSION	26502
NOXAFIL DR 100 MG TABLET	35649
PCE 333 MG TABLET	40741
PCE 500 MG TABLET	40742
PHENOBARBITAL 100 MG TABLET	12975
PHENOBARBITAL 130 MG/ML VIAL	12892
PHENOBARBITAL 15 MG TABLET	12971
PHENOBARBITAL 16.2 MG TABLET	97706
PHENOBARBITAL 20 MG/5 ML ELIX	12956
PHENOBARBITAL 30 MG TABLET	12973
PHENOBARBITAL 32.4 MG TABLET	97965
PHENOBARBITAL 60 MG TABLET	12972
PHENOBARBITAL 64.8 MG TABLET	97966
PHENOBARBITAL 65 MG/ML VIAL	12894
PHENOBARBITAL 97.2 MG TABLET	97967
PHENYTEK 200 MG CAPSULE	15038
PHENYTEK 300 MG CAPSULE	15037
PHENYTOIN 125 MG/5 ML SUSP	17241
PHENYTOIN 50 MG TABLET CHEW	17250
PHENYTOIN 50 MG/ML VIAL	17200
PHENYTOIN SOD EXT 100 MG CAP	17700
PHENYTOIN SOD EXT 200 MG CAP	15038
PHENYTOIN SOD EXT 300 MG CAP	15037
PREVPAC PATIENT PACK	64269
PREZCOBIX 800-150MG TABLET	37367
PREZISTA 100MG/ML SUSPENSION	31201
PREZISTA 150MG TABLET	23489
PREZISTA 600MG TABLET	99434
PREZISTA 75MG TABLET	16759
PREZISTA 800MG TABLET	33723
PRIFTIN 150MG TABLET	45911
REYATAZ 150MG CAPSULE	19952
REYATAZ 200MG CAPSULE	19953
REYATAZ 300MG CAPSULE	97430

<b>Step 5 (history of a drug that is contraindicated with ranolazine)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Description</b>	<b>GCN</b>
REYATAZ 50MG POWDER PACK	36647
RIFABUTIN 150MG CAPSULE	29810
RIFADIN 150MG CAPSULE	41260
RIFADIN 300MG CAPSULE	41261
RIFAMATE CAPSULE	89800
RIFAMPIN 150MG CAPSULE	41260
RIFAMPIN 300MG CAPSULE	41261
RIFATER TABLET	14142
SPORANOX 10 MG/ML SOLUTION	49100
SPORANOX 100 MG CAPSULE	49101
SUBOXONE 12 MG-3 MG SL FILM	33744
SUBOXONE 2 MG-0.5 MG SL FILM	28958
SUBOXONE 4 MG-1 MG SL FILM	33741
SUBOXONE 8 MG-2 MG SL FILM	28959
TAZTIA XT 120MG CAPSULE	02330
TAZTIA XT 180MG CAPSULE	02329
TAZTIA XT 240MG CAPSULE	02332
TAZTIA XT 300MG CAPSULE	02333
TAZTIA XT 360MG CAPSULE	02328
TEGRETOL 100 MG/5 ML SUSP	47500
TEGRETOL 200 MG TABLET	17450
TEGRETOL XR 100 MG TABLET	27820
TEGRETOL XR 200 MG TABLET	27821
TEGRETOL XR 400 MG TABLET	27822
TIAZAC ER 120MG CAPSULE	02330
TIAZAC ER 180MG CAPSULE	02329
TIAZAC ER 240MG CAPSULE	02332
TIAZAC ER 300MG CAPSULE	02333
TIAZAC ER 360MG CAPSULE	02328
TIAZAC ER 420MG CAPSULE	94961
TRANDOLAPR-VERAPAM ER 1-240 MG	32112
TRANDOLAPR-VERAPAM ER 2-180 MG	32111
TRANDOLAPR-VERAPAM ER 2-240 MG	32113
TRANDOLAPR-VERAPAM ER 4-240 MG	32114
VERAPAMIL 120 MG TABLET	02341
VERAPAMIL 360 MG CAP PELLETT	03004
VERAPAMIL 40 MG TABLET	47110

<b>Step 5 (history of a drug that is contraindicated with ranolazine)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Description</b>	<b>GCN</b>
VERAPAMIL 80 MG TABLET	02342
VERAPAMIL ER 120 MG CAPSULE	03003
VERAPAMIL ER 120 MG TABLET	32472
VERAPAMIL ER 180 MG CAPSULE	03001
VERAPAMIL ER 180 MG TABLET	32471
VERAPAMIL ER 240 MG CAPSULE	03002
VERAPAMIL ER 240 MG TABLET	32470
VERAPAMIL ER PM 100 MG CAPSULE	94122
VERAPAMIL ER PM 200 MG CAPSULE	94123
VERAPAMIL ER PM 300 MG CAPSULE	94124
VERELAN 120 MG CAP PELLETT	03003
VERELAN 180 MG CAP PELLETT	03001
VERELAN 240 MG CAP PELLETT	03002
VERELAN 360 MG CAP PELLETT	03004
VERELAN PM 100 MG CAP PELLETT	94122
VERELAN PM 200 MG CAP PELLETT	94123
VERELAN PM 300 MG CAP PELLETT	94124
VFEND 200 MG TABLET	17498
VFEND 40 MG/ML SUSPENSION	21513
VFEND 50 MG TABLET	17497
VFEND IV 200 MG VIAL	17499
VICTRELIS 200 MG CAPSULE	29941
VIEKIRA PAK	37614
VIRACEPT 250 MG TABLET	40312
VIRACEPT 625 MG TABLET	19717
VORICONAZOLE 200 MG TABLET	17498
VORICONAZOLE 200 MG VIAL	17499
VORICONAZOLE 40 MG/ML SUSP	21513
VORICONAZOLE 50 MG TABLET	17497

**Ranexa****Clinical Criteria References**

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## Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
04/03/2012	Initial publication and posting to website
04/03/2015	Updated to include ICD-10s
02/26/2016	Review and update CYP inducer/inhibitor tables
11/20/2017	Annual review by staff Updated Table 2, page 6 Updated Table 5, page 16 Updated references, pages 24-25
03/29/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a> .) on each 'Drug Requiring PA' table