



Ranexa
(ranolazine)

Express Scripts
Prior Authorization
Phone 800-417-8164
Fax 877-837-5922

Please have the information below ready when calling in the authorization.

Member's Last Name	Member's First Name
SCAN ID number	Date of Birth
Prescriber's Name	Contact Person
Office phone	Office Fax

Medication:	Diagnosis:
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1. **Is the indication for the treatment of chronic angina?**
2. **Will Ranexa be used in combination with other antianginal drugs (isosorbide or nitroglycerin products), Norvasc (amlodipine), or beta-blockers (propranolol, nadolol, atenolol, labetalol, metoprolol, bisoprolol, or Coreg (carvedilol))? If yes, please specify which medication(s).**
3. **Is the patient currently taking drugs that prolong the QTc interval (includes quinidine, procainamide, disopyramide, amiodarone, sotalol, dofetilide (Tikosyn®) or antipsychotics, e.g., thioridazine and ziprasidone (Geodon®))? If yes, please specify which medication(s).**
4. **Is the patient currently taking diltiazem or verapamil?**
5. **Are there any other comments, diagnoses, symptoms, relevant lab values, and/or additional pertinent information that you feel is important to this review?**

Notice: **Failure to provide**
determination for insurance
View our formulary and