

ranolazine ER granules (ASPRUZYO SPRINKLE)

Diagnosis Considered for Coverage:

- Chronic angina

Coverage Criteria:

For diagnosis listed above:

- Patient is unable to use ranolazine ER tablet (500 mg, 1000 mg), **and**
- Dose does not exceed 2000 mg daily.

Coverage Duration: one year

Effective Date: 09/27/2023