

# Clinical trials of ranolazine

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## 1 stable angina

| Trial   | Treatments   | Patients  | Trials design and methods  |
|---|--|---|--|
| <b>ranolazine 1000mg vs placebo</b>                                     |  |   |  |
| <b>MARIZA , 2004</b><br>n=191/191<br>follow-up: 1 week                  | ranolazine 500 mg twice daily<br>(sustained-release ranolazine 500, 1,000,<br>or 1,500 mg)<br>versus<br>placebo  | Patients with angina-limited exercise   | Cross over<br>double blind<br>US, Czech Republic, Poland, Canada |
| <b>RAN080 , 2005</b><br>n=158/158<br>follow-up: 1 week                  | ranolazine IR 400mg TID<br>versus<br>placebo   | patients who had symptom-limited<br>exercise  | Cross over<br>double blind<br>Europe, canada                     |
| <b>ranolazine 1000mg vs placebo (on top standard treatment)</b>         |  |   |  |
| <b>CARISA 1000mg , 2004</b><br>n=261/258<br>follow-up: 12 weeks         | ranolazine 1000mg (in combination with<br>beta-blockers or calcium antagonists)<br>versus<br>placebo             | patients with severe chronic angina who<br>have symptoms of chronic angina and<br>who experience angina and ischemia at<br>low workloads despite taking standard<br>doses of atenolol, amlodipine, or diltiazem | Parallel groups<br>double blind                                  |
| <b>ranolazine 1000mg + amlodipine vs placebo + amlodipine</b>           |  |   |  |
| <b>ERICA , 2006</b><br>[NCT00091429]<br>n=281/284<br>follow-up: 6 weeks | ranolazine 1000 mg twice a day for 6<br>weeks + amlodipine (10 mg/d)<br>versus<br>placebo + amlodipine (10 mg/d) | patients with stable chronic angina<br>already treated with the maximal dose of<br>amlodipine (10mg/d)  | Parallel groups<br>double blind<br>Europe, USA, Canada           |

More details and results :

- anti-anginal drugs for stable angina in all type of patients at <http://www.trialresultscenter.org/go-Q263>

## References

### MARIZA, 2004:

Chaitman BR, Skettino SL, Parker JO, Hanley P, Meluzin J, Kuch J, Pepine CJ, Wang W, Nelson JJ, Hebert DA, Wolff AA Anti-ischemic effects and long-term survival during ranolazine monotherapy in patients with chronic severe angina. J Am Coll Cardiol 2004;43:1375-82 [[15093870](#)]

### RAN080, 2005:

Rousseau MF, Pouleur H, Cocco G, Wolff AA Comparative efficacy of ranolazine versus atenolol for chronic angina pectoris. Am J Cardiol 2005;95:311-6 [15670536]  
**CARISA 1000mg, 2004:**

Chaitman BR, Pepine CJ, Parker JO, Skopal J, Chumakova G, Kuch J, Wang W, Skettino SL, Wolff AA Effects of ranolazine with atenolol, amlodipine, or diltiazem on exercise tolerance and angina frequency in patients with severe chronic angina: a randomized controlled trial. JAMA 2004 Jan 21;291:309-16 [14734593]

**ERICA, 2006:**

Stone PH, Gratsiansky NA, Blokhin A, Huang IZ, Meng L Antianginal efficacy of ranolazine when added to treatment with amlodipine: the ERICA (Efficacy of Ranolazine in Chronic Angina) trial. J Am Coll Cardiol 2006 Aug 1;48:566-75 [16875985]

## 2 acute coronary syndrome

| Trial  | Treatments   | Patients  | Trials design and methods                       |
|--|--|---|---|
| <b>ranolazine vs placebo</b>   |  |   |   |
| MERLIN TIMI 36 , 2007<br>[NCT00099788]<br>n=3279/3281<br>follow-up: median 11.4 months | ranolazine 1000 mg twice daily for the duration of the trial (intitally 200 mg intravenously for 1 hour, followed by an 80 mg/h intravenous infusion) versus placebo | Hospitalized with NSTEMI-ACS; ischemic symptoms at rest within 48 hours; and at least one indicator of moderate to high risk, defined as elevated troponin or creatine kinase-myocardial band, ST-depression >0.1 mV, diabetes, or TIMI risk score for unstable angina/NSTEMI >=3 | Parallel groups<br>Double blind<br>17 countries |

More details and results :

- anti-anginal drugs for acute coronary syndrome in all type of patients at <http://www.trialresultscenter.org/go-Q264>

## References

**MERLIN TIMI 36, 2007:**

Morrow D Evaluation of a novel anti-ischemic agent in acute coronary syndromes: the primary results of the metabolic efficiency with ranolazine for less ischemia in non-ST elevation acute coronary syndrome (MERLIN)-TIMI 26 trial American College of Cardiology Annual Scientific Session, New Orleans, LA, March 2007

Morrow DA, Scirica BM, Karwatowska-Prokopczuk E, Murphy SA, Budaj A, Varshavsky S, Wolff AA, Skene A, McCabe CH, Braunwald E Effects of ranolazine on recurrent cardiovascular events in patients with non-ST-elevation acute coronary syndromes: the MERLIN-TIMI 36 randomized trial. JAMA 2007 Apr 25;297:1775-83 [17456819]

## 3 coronary artery disease

| <b>Trial</b>  | <b>Treatments</b>  | <b>Patients</b>   | <b>Trials design and methods</b>                                 |
|---|--|---|--|
| <b>ranolazine 1000mg vs placebo</b>                                     |  |   |  |
| <b>MARIZA , 2004</b><br>n=191/191<br>follow-up: 1 week                  | ranolazine 500 mg twice daily<br>(sustained-release ranolazine 500, 1,000,<br>or 1,500 mg)<br>versus<br>placebo  | Patients with angina-limited exercise   | Cross over<br>double blind<br>US, Czech Republic, Poland, Canada |
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| <b>ranolazine 1000mg + amlodipine vs placebo + amlodipine</b>           |  |   |  |
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More details and results :

- anti-anginal drugs for coronary artery disease in all type of patients at <http://www.trialresultscenter.org/go-Q351>

## References

### **MARIZA, 2004:**

Chaitman BR, Skettino SL, Parker JO, Hanley P, Meluzin J, Kuch J, Pepine CJ, Wang W, Nelson JJ, Hebert DA, Wolff AA Anti-ischemic effects and long-term survival during ranolazine monotherapy in patients with chronic severe angina. J Am Coll Cardiol 2004;43:1375-82 [[15093870](#)]

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