

Clinical Pharmacy Program Guidelines for Rectiv

Program	Prior Authorization
Medication	Rectiv (nitroglycerin) ointment 0.4%
Markets in Scope	Arizona, California, Colorado, Hawaii, Maryland, New Jersey, Nevada, New York, New York EPP, Pennsylvania- CHIP, Rhode Island, South Carolina
Issue Date	12/2012
Pharmacy and Therapeutics Approval Date	11/2020
Effective Date	1/2021

1. Background:

Rectiv (nitroglycerin) ointment 0.4% is a nitrate vasodilator indicated for the treatment of moderate to severe pain associated with chronic anal fissures. Treatment may be continued for up to three weeks.

2. Coverage Criteria:

<p>A. <u>Pain Associated with Chronic Anal Fissure</u></p> <p>1. Rectiv will be approved based on the following criterion:</p> <p style="padding-left: 40px;">a. Diagnosis of moderate to severe pain associated with chronic anal fissures</p> <p style="text-align: center;">Authorization of therapy will be issued for 12 months.</p>
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3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Rectiv [package insert]. Irvine, CA: Allergan USA, Inc.; November 2016.

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Change Control	
Date	Change
12/2012	New clinical policy
12/2015	Annual Review
9/2016	Updated policy template
8/2017	Annual review. Removed “severe” from header. Updated references.
9/2017	Updated authorization duration to 12 months to allow for Dx to Rx implementation
10/2018	Annual review. Updated references.
11/2019	Annual review, updated background. Minor language updates with no change to clinical intent.
11/2020	Annual review, updated references and added additional clinical rules section.