



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

Rectiv Ointment® (nitroglycerin 0.4%)
[Prior Authorization Request Form](#)

Prior authorization requests for Rectiv will be approved if the following criteria are met:

- 1) Diagnosis of an anal fissure; **AND**
- 2) Documentation of prior treatment with a topical analgesic for at least fourteen (14) days.

*PL Detail-Document, Rectiv (Nitroglycerin 0.4% Ointment) for Anal Fissure.
Pharmacist's Letter/Prescriber's Letter. January 2012*

*Review and Approved
DUR Board 02/15/2012*

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