



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Nitroglycerin 0.4% ointment	Page:	1 of 2
Effective Date:	2/11/2026	Last Review Date:	1/2026
Applies to:	<input checked="" type="checkbox"/> Illinois <input checked="" type="checkbox"/> New Jersey <input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Florida <input checked="" type="checkbox"/> Maryland <input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> Michigan <input checked="" type="checkbox"/> Florida Kids <input type="checkbox"/> Texas

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for nitroglycerin 0.4% ointment under the patient's prescription drug benefit.

Description:

Nitroglycerin 0.4% ointment is indicated for the treatment of moderate to severe pain associated with chronic anal fissure.

Applicable Drug List:

nitroglycerin 0.4% ointment

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the treatment of moderate to severe pain associated with chronic anal fissure
 - AND**
 - The request is NOT for continuation of therapy
 - OR**
 - The request is for continuation of therapy
 - AND**
 - The patient has achieved or maintained a positive clinical response to the requested drug

Approval Duration and Quantity Restrictions:

Initial and Renewal Approval: 12 months

References:

1. Rectiv [package insert]. North Chicago, IL: AbbVie Inc.; July 2024.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2025. <https://online.lexi.com>. Accessed August 11, 2025.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 08/11/2025).



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