

**HARVARD PILGRIM HEALTH CARE
RECOMMENDED MEDICATION REQUEST GUIDELINES**

NITROGLYCERIN (MINITRAN)

Generic	Brand	HICL	GCN	Exception/Other
NITROGLYCERIN	MINITRAN		1740, 1741, 1742, 1744	BRAND = MINITRAN

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Has the patient tried and failed two non-oral alternative nitroglycerin products, of which at least one was a transdermal formulation (i.e., generic nitroglycerin products, Nitro-Dur)?

If yes, **approve for 24 months by GPID**. Please use status code #057 and the approval text provided.

APPROVAL TEXT: Your request for Minitran has been approved for a 24 month period.

If no, do not approve. Please use status code #238 and the denial language text provided.

DENIAL TEXT: Per your health plan's Minitran (nitroglycerin) guideline, this medication is only covered for members who have tried and failed two non-oral alternative nitroglycerin products, of which at least one was a transdermal formulation. Your provider did not indicate that you have tried and failed two alternative non-oral nitroglycerin products and therefore your request was not approved.

RENEWAL CRITERIA

1. Is the patient stable or shown improvement with Minitran?

If yes, **approve for 24 months by GPID**. Please use status code #057 and the approval text provided.

APPROVAL TEXT: Your request for Minitran has been approved for a 24 month period.

If no, do not approve. Please use status code #238 and the denial text provided.

DENIAL TEXT: Per your health plan's Minitran (nitroglycerin) renewal guideline, authorization for renewal requires documentation that you are stable or have shown improvement with Minitran. Your provider did not indicate that you are stable or have shown improvement with Minitran and therefore your request was not approved.

RATIONALE

To ensure appropriate use of Minitran transdermal as third line therapy after trial and failure of alternative transdermal nitroglycerin products.

FDA APPROVED INDICATIONS

Minitran is a transdermal delivery system indicated for prevention of chronic, stable angina pectoris due to coronary artery disease.

REFERENCES

- Valeant Pharmaceuticals North America LLC. Minitran package insert. Northbridge, CA,. Dec 2014.

Created: 10/16

Effective: 10/01/18

Client Approval: 07/18/18

P&T Approval: 09/27/18

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