Overview
Metformin is an antihyperglycemic agent which improves glucose tolerance in patients with type 2 diabetes mellitus, lowering both basal and postprandial plasma glucose. Metformin decreases hepatic glucose production, decreases intestinal absorption of glucose, and improves insulin sensitivity by increasing peripheral glucose uptake and utilization. With metformin therapy, insulin secretion remains unchanged while fasting insulin levels and day-long plasma insulin response may decrease.

Coverage Guidelines

Fortamet and Glumetza
Authorization may be reviewed on a case by case basis for members new to AllWays Health Partners who are currently receiving treatment with Fortamet or Glumetza, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs

OR

Authorization may be granted if the member meets ALL following criteria and documentation has been submitted:

1. The member has a diagnosis of Type 2 Diabetes Mellitus
2. Medical records documenting an inadequate response or adverse reaction to generic extended-release metformin (must be generic Glucophage XR 500mg or Glucophage XR 750mg) at the requested dose for at least 90 days.
3. For metformin extended release (Glumetza®): clinical rationale for the use of this product instead of other available metformin formulations
4. If request is for BRAND NAME Fortamet® or Glumetza®, the member must meet the above criteria and the prescriber must provide medical records documenting an inadequate response or adverse reaction to generic metformin extended release

**Riomet and Riomet ER Solution**

Authorization may be reviewed on a case by case basis for members new to AllWays Health Partners who are currently receiving treatment with Riomet or Riomet ER solution excluding when the product is obtained as samples or via manufacturer’s patient assistance programs

OR

Authorization may be granted if the member meets all following criteria and documentation has been submitted:

1. Member has a diagnosis of type 2 Diabetes Mellitus
2. Member meets ONE of the following:
   a. Medical necessity for a liquid formulation (inability to swallow oral medications)
   b. Medical records documenting an inadequate response despite 90 days of therapy with the metformin tablet formulation, or an allergic reaction or adverse reaction to the metformin tablet formulation that is not class specific (i.e. nausea, diarrhea)
3. If the request is for Riomet ER®, medical records documenting an inadequate response despite 90 days of therapy with the immediate release metformin solution formulation

**Continuation of Therapy**

Reauthorization requires physician attestation of continuation of therapy.

**Limitations**

Initial approvals and reauthorizations will be granted for 12 months

**§Brand preferred over generic equivalent:**

A trial of the preferred drug or clinical rationale for prescribing the non-preferred drug generic equivalent.

- Riomet solution

**References**

2. Glumetza (metformin) [prescribing information]. Bridgewater, NJ: Salix Pharmaceuticals; October 2019.
3. Glumetza (metformin) [product monograph]. Montreal, Quebec, Canada: Valeant Canada; June 2012.
5. Riomet (metformin) [prescribing information]. Cranbury, NJ: Sun Pharmaceuticals; November 2018.

**Review History**

07/01/2017 – Effective
04/24/2018 – Reviewed
04/17/2019 – Reviewed in P&T Meeting
05/20/2020 – Added Riomet ER solution formulation. Effective 7/1/2020
11/05/2020 – Updated; Changed criteria name to Biguanide and combination products; Updated criteria to be in compliance with MassHealth partial unified formulary requirements for implementation on 1/1/2021

**Disclaimer**

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