



**Fortamet, Glumetza, Riomet, & Riomet ER Solution (metformin)**  
**Effective 07/01/2020**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**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 granted for members 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. Patient has tried generic extended-release metformin (must be generic Glucophage XR 500mg or Glucophage XR 750mg) at the requested dose for at least 90 days **AND** had a documented inadequate response **OR**
2. A documented side effect, allergy or contraindication.

**Riomet and Riomet ER Solution**

Authorization may be granted for members 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 is 10 years of age or older
3. Patient has a medical necessity for a liquid formulation
4. Patient has inadequate response to generic metformin tablets **OR**
5. A documented side effect, allergy or contraindication to a generic metformin

## **Continuation of Therapy**

Reauthorization may be granted for members who have met the initial criteria and documentation of clinical response has been submitted (e.g. reduction of symptoms).

## **Limitations**

1. Approvals will be granted for 36 months

## **References**

1. Fortamet (metformin) [prescribing information]. Florham Park, NJ: Shionogi; November 2018.
2. Glumetza (metformin) [prescribing information]. Bridgewater, NJ: Salix Pharmaceuticals; October 2019.
3. Glumetza (metformin) [product monograph]. Montreal, Quebec, Canada: Valeant Canada; June 2012.
4. Riomet ER (metformin) suspension [prescribing information]. Cranbury, NJ: Sun Pharmaceuticals; September 2019.
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

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