



Fortamet, Glumetza, & Riomet Solution
Effective 04/17/19

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	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
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

N/A

Coverage Guidelines

Fortamet and Glumetza

Authorization may be granted for members when the following criteria is met:

- 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**
- A documented side effect, allergy or contraindication.

Riomet Solution

Authorization may be granted for members when the following are met:

1. Patient has a medical necessity for a liquid formulation, **AND**
2. Patient has tried generic metformin tablets **AND** had a documented inadequate response **OR**
3. A documented side effect, allergy or contraindication.

Limitations

1. Approvals will be granted for 36 months

References

N/A



Review History

07/01/17 – Effective

04/24/18 – Reviewed

04/17/19 – Reviewed in P&T Meeting

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.