

## NON-PREFERRED METFORMIN AGENTS

### Applies To:

metformin 625 mg tablet  
metformin ER (FORTAMET)  
metformin ER (GLUMETZA)  
metformin oral suspension (RIOMET)  
metformin extended release oral suspension (RIOMET ER)

### Diagnosis Considered for Coverage:

- Diabetes mellitus type-2 (DM-2)
- Polycystic Ovarian Syndrome (PCOS)

### Coverage Criteria:

#### 1. For metformin er tablet (Fortamet, Glumetza) request:

- Intolerance or side effect with the preferred extended-release metformin (Glucophage XR) not expected with the non-preferred extended-release metformin (Fortamet, Glumetza), **and**
- Dose does not exceed FDA label maximum [Fortamet: 2500 mg per day, Glumetza: 2000 mg per day]

#### 2. For metformin 500 mg/5 mL (Riomet), Riomet, or Riomet ER request:

- Patient is unable to take the preferred metformin tablet, **and**
- Dose does not exceed 2000 mg per day

#### 3. For metformin 625 mg tablet request:

- Inadequate response with metformin 500 mg, **and**
- Intolerable side effect with metformin 850 mg and 1000 mg tablets not expected with metformin 625 mg, **and**
- Dose does not exceed 2500 mg per day

### Coverage Duration: one year

Effective Date: 11/29/2023