

METFORMIN ER (FORTAMET & GENERIC FORTAMET)

Generic	Brand	HICL	GCN	Exception/Other
METFORMIN ER	FORTAMET		21831, 21832	

GUIDELINES FOR USE

1 Does the patient have a diagnosis of type 2 diabetes mellitus?

If yes, continue to #2.

If no, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

2 Has the patient tried and failed therapy with, or does the patient have a contraindication to **ALL** of the following other metformin products (including each separate supplier)?

- a. Immediate release Metformin
- b. Glucophage (brand)
- c. Metformin (generic Glucophage) manufactured by Amneal, Aurobindo, Heritage Pharma, Major, Mylan, Solco, Sun, Zydus
- d. Riomet (brand solution)
- e. Extended release Metformin
- f. Glucophage XR (brand)
- g. Metformin ER (generic Glucophage XR) manufactured by Actavis, Amneal, Apotex, Major, Sun, Tagi, Teva

If yes, **approve for 12 months by GCN with a quantity limit of #60 tablets per 30 days.**

If no, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

DENIAL TEXT: Our guideline for **Fortamet and its generic** requires a diagnosis of type 2 diabetes mellitus **AND** a trial showing intolerance to every other metformin product marketed in the United States (except for Glumetza and its generic).

RATIONALE

To prevent inappropriate utilization of Fortamet and its generic due to its exorbitant cost without any shown therapeutic benefit. A usual course of Fortamet costs around \$24,000 per year, while generic Glucophage XR (metformin ER) costs around \$100 per year.

FDA APPROVED INDICATIONS

Fortamet is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

REFERENCES

- Shionogi Inc. Fortamet package insert. Florham Park, NJ. 2013.

Created: 04/17

Effective: 06/01/17

Client Approval: 04/19/17

P&T Approval: N/A