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)?

   **Immediate release Metformin**
   Glucophage (brand)
   Metformin (generic Glucophage) manufactured by Amneal, Aurobindo, Heritage Pharma, Major, Mylan, Solco, Sun, Zydus
   Riomet (brand solution)

   **Extended release Metformin**
   Glucophage XR (brand)
   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).

**CONTINUED ON NEXT PAGE**
METFORMIN ER (FORTAMET & GENERIC FORTAMET)

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