

metformin extended-release tablet (Fortamet, Glumetza)

FORTAMET (metformin extended-release tablet)

GLUMETZA (metformin extended-release tablet)

RIOMET (metformin, solution)

RIOMET ER (metformin extended-release, solution)

Diagnosis Considered for Coverage:

- Type 2 diabetes mellitus

Coverage Criteria:

For diagnosis listed above:

metformin extended-release tablet (Fortamet, Glumetza) FORTAMET GLUMETZA	Intolerance or side effect with the preferred extended-release metformin (Glucophage XR) not expected with the non-preferred extended-release metformin (Fortamet Glumetza, Riomet ER).
RIOMET RIOMET ER	Patient has a physical or neurological limitation which prevents swallowing preferred metformin tablet

For brand-name Fortamet, Glumetza:

- Meets coverage criteria for generic below, **and**
- Allergic or intolerable side effect to the generic formulation.

Coverage Duration: Length of benefit

.Effective: 6/02/2021