

## PRIOR AUTHORIZATION CRITERIA

**BRAND NAME**  
(generic)

**FORTAMET**  
(metformin extended-release)

**GLUMETZA**  
(metformin extended-release)

**Status:** CVS Caremark Criteria  
**Type:** Initial Prior Authorization

### POLICY

#### FDA-APPROVED INDICATIONS

##### **Fortamet**

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

##### **Glumetza**

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

##### Important Limitations of Use

Glumetza should not be used in patients with type 1 diabetes or for the treatment of diabetic ketoacidosis, as it would not be effective in these settings.

### COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has experienced an intolerance to generic Glucophage XR

### REFERENCES

1. Fortamet [package insert]. Florham Park, NJ: Shionogi, Inc.; April 2012.
2. Glumetza [package insert]. Bridgewater, NJ: Salix Pharmaceuticals; April 2017.
3. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; [http://online.lexi.com/lco/action/index/dataset/complete\\_ashp](http://online.lexi.com/lco/action/index/dataset/complete_ashp) [available with subscription]. Accessed July 2017.
4. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. [www.micromedexsolutions.com](http://www.micromedexsolutions.com) [available with subscription]. Accessed July 2017.

Fortamet,Glumetza Policy 1517-A07-2017

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