



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: metformin, extended release

Brand Name: Fortamet

Medication Class: oral antihyperglycemic

FDA Approved Uses: type 2 diabetes mellitus, monotherapy or combination therapy

Available Dosage Forms: 500mg and 1000mg tablet

Usual Dose: 1000mg once daily with evening meal, may increase by 500mg weekly to a maximum of 2500mg once daily

Duration of Therapy: indefinite

Approximate monthly cost (based on AWP 2008): 1000mg, 30 tablets \$121.75

Criteria for Use: *(bullet points below are all inclusive unless otherwise noted)*

- Clinically diagnosed type 2 diabetes
- Must be 17 years of age or older
- Tried and failed or intolerant to an FCHP formulary extended release (once daily) metformin product (Metformin XR, Glucophage XR or Glumetza)

Cautions:

- Lactic acidosis
- Radiologic studies with intravascular iodinated contrast materials: Fortamet should be discontinued on or before the test and withheld for 48 hours after procedure until renal function is re-evaluated and found to be normal.
- Fortamet should be discontinued in hypoxic states (including cardiovascular collapse, acute CHF, acute MI); temporarily suspended for surgical procedures (except minor procedures not involving food/fluid restrictions).
- Excessive alcohol intake
- Fortamet should be avoided in patients with hepatic disease

Monitoring:

- Renal function
- B12 levels
- Ketoacidosis and lactic acidosis
- Hyperglycemia and hypoglycemia



Contraindications:

- Renal disease or renal dysfunction
- Hypersensitivity to metformin
- Acute or chronic metabolic acidosis (including diabetic ketoacidosis)

Not Approved if:

- Patient has any contraindications to the use of metformin

Step Therapy Requirements:

- Metformin XR or Glucophage XR or Glumetza

P&T Approval: _____ Date: _____