



## Uniform Formulary Medical Necessity Criteria for Fortamet and Glumetza

**Drug Class** - Metformin extended release tablets (Fortamet and Glumetza) are used alone or with other medications, including insulin, to treat type 2 diabetes. Metformin extended release tablets is in a class of medications called biguanides.

**Background** – The DoD P&T Committee reviewed the non-insulin oral antiabetic agents, which includes the biguanide subclass, at the November 2011 meeting. The DoD P&T Committee recommended that Fortamet and Glumetza be designated as non-formulary. This recommendation has been approved by the Director, TMA.

**Effective Date:** 13 April 2011

### Uniform Formulary Status, Cost Shares, and Therapeutic Alternatives for Fortamet and Glumetza<sup>1,2</sup>

Uniform Formulary Status	Medication	MTF (up to a 90 day supply)	TMOP (up to a 90 day supply)	Retail (up to a 30-day supply)
Non-Formulary (Tier 3)	Fortamet and Glumetza (metformin extended release tablets)	Not available <sup>2</sup>	Non-Formulary cost share applies	Non-Formulary cost share applies
Formulary: Brand Name (Tier 2)	Riomet (metformin oral solution)	\$0	Formulary (Brand) cost share applies	Formulary (Brand) cost share applies
Formulary: Generic (Tier 1)	Metformin immediate- and extended-release tablets (generics)	\$0	Generic cost share applies	Generic cost share applies

1. Active duty cost share is always \$0 in all points of service for all three tiers; TRICARE does not cover non-formulary medications for active duty service members unless they are determined to be medically necessary.
2. MTFs will be able to fill non-formulary medications only if both of the following conditions are met: 1) the prescription must be written by an MTF provider; MTFs may (but are not required to) fill a prescription for a non-formulary medication written by a non-MTF provider to whom the patient was referred AND 2) MN is established.

### Medical Necessity Criteria For Fortamet and Glumetza

Fortamet and Glumetza - the non-formulary cost share for Fortamet and Glumetza may be reduced to the formulary cost share if the patient meets any of the following criteria:

1. Use of the formulary medication is contraindicated (e.g. due to hypersensitivity).
2. The patient has experienced or is likely to experience significant adverse effects from the formulary medication.

Criteria recommended by the DoD Pharmacy & Therapeutics Committee at the November 2011 meeting, and approved by the Director, TMA. For more information, please see the November, 2011 [DoD P&T Committee minutes](#).

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