Pharmacy

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 antidiabetic agents, which includes the biguanide subclass, at the November 2010 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

Patients currently using Fortamet and Glumetza may wish to ask their doctor to consider a formulary alternative.

Special Notes:

1. Active duty cost share always $0 in all points of service for all three tiers; Active duty cost share 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 requests for non-formulary medications only if both of the following conditions are met: 1) a MTF provider writes the prescription, and 2) medical necessity is established for the non-formulary medication. 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, as long as medical necessity has been established.

Medical Necessity Criteria for Fortamet and Glumetza

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

1. Use of the formulary alternatives is contraindicated (e.g., due to hypersensitivity).

2. The patient has experienced or is likely to experience significant adverse effects from the formulary alternatives.

Criteria approved through the DoD P&T Committee process November, 2010

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US Family Health Plan Pharmacy Program Medical Necessity Form for Fortamet and Glumetza (metformin extended-release)

5629

This form applies to the US Family Health Plan Mail Order Pharmacy and the US Family Health Plan Retail Pharmacy programs. This form must be completed and signed by the prescriber.

- **Metformin immediate- and extended-release tablets and Riomet (metformin oral solution) are the metformin products on the DoD Uniform Formulary.** Fortamet and Glumetza (metformin extended-release tablets) are non-formulary, but available to most beneficiaries at the non-formulary cost share.
- You do NOT need to complete this form in order for non-Active duty beneficiaries (spouses, dependents, and retirees) to obtain non-formulary medications at the non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of a non-formulary medication is medically necessary. If a non-formulary medication is determined to be medically necessary, non-Active duty beneficiaries may obtain it at the formulary cost share.

MAIL ORDER and RETAIL	• The provider may **call**: **1-877-880-7007** or the completed form may be **faxed** to:**1-617-562-5296** • The patient may attach the completed form to the prescription and mail it to: ATTN: Pharmacy, 77 Warren St, Brighton, MA 02135

Step 1 **Please complete patient and physician information** (please print):

Patient Name: _____ Physician Name: _____

Address: _____ Address: _____

_____ _____

Sponsor ID # _____ Phone #: _____

Date of Birth: Secure Fax #:

Step 2 **Please explain why the patient cannot be treated with the formulary medication.**

Please explain why the patient cannot be treated with the formulary medications. Circle a reason code if applicable. You MUST supply a specific written clinical explanation as to why each of the formulary medications would be unacceptable.

Formulary Medication	Reason	Clinical Explanation
Metformin extended-release tablet	1 2	

Acceptable clinical reasons for not using the formulary medication are:

1. Use of the formulary medication is contraindicated.
2. The patient has experienced or is likely to experience significant adverse effects from the formulary medication.

Step 3 **I certify the above is true to the best of my knowledge.** Please sign and date:

_____ _____

Prescriber Signature Date

Latest revision: September 28, 2011