

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Metformin ER (Glumetza, Fortamet)

Initiation (new start) criteria: Non-formulary **Metformin ER (Glumetza, Fortamet)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has documented allergic reaction to an inactive ingredient in all available Glucophage XR generics (including brand Glucophage XR)

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All plans offered and underwritten by
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