



Commercial/Healthcare Exchange PA Criteria

Effective: September 2008

Prior Authorization: Metformin (Liquids)

Products Affected: metformin hydrochloride oral solution, Riomet (metformin hydrochloride) oral solution, Riomet ER (metformin hydrochloride) oral suspension

Covered Uses: Adjunct to diet and exercise to improve glycemic control in adults and pediatric patients 10 years of age and older with type 2 diabetes mellitus.

Exclusion Criteria:

1. Known hypersensitivity to metformin
2. Severe renal impairment (eGFR below 30 mL/min/1.73 m²)
3. Patient with acute or chronic metabolic acidosis, including diabetic ketoacidosis, with or without coma

Required Medical Information:

1. Diagnosis
2. Previous therapies tried/failed

Age Restrictions: 10 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

- A. Patient has a diagnosis of type 2 diabetes mellitus; AND
- B. Patient is unable to ingest metformin oral tablets due to one of the following:
 - i. Oral/motor difficulties; OR
 - ii. Dysphagia

References:

1. Product Information: GLUCOPHAGE(R), GLUCOPHAGE(R)XR oral tablets, extended-release oral tablets, metformin hydrochloride oral tablets, extended-release oral tablets. Bristol-Myers Squibb Company, Princeton, NJ, 2009.
2. Product Information: RIOMET(R) oral solution, metformin HCl oral solution. Ranbaxy Laboratories Inc (per FDA), Jacksonville, FL, 2017.
3. Product Information: RIOMET ER(TM) oral extended-release suspension, metformin HCl oral extended-release suspension. Sun Pharmaceutical Industries Inc (per FDA), Cranbury, NJ, 2019.

Last Rev. February 2020



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Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	9/2008
2	Update	Moved to updated template	All	2/20/2020

