



STEP THERAPY POLICY

- POLICY:** Diabetes – Metformin Step Therapy Policy
- Immediate-release products
- metformin tablets (generic only)
 - metformin 625 mg tablets (branded generic)
 - metformin 750 mg tablets (branded generic)
 - metformin 750 mg tablets (generic)
 - Riomet® (metformin oral solution – Sun Pharmaceuticals, generic)
- Extended-release products
- metformin extended-release tablets (generic to obsolete brand Fortamet – generic only)
 - Glumetza® (metformin extended-release tablets – Salix [obsolete 12/30/2024], generic)
 - metformin extended-release tablets (generic to obsolete brand Glucophage XR – generic only)

REVIEW DATE: 10/15/2025

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

The extended-release metformin products, generic metformin extended-release tablets (generic to the obsolete brand Glucophage XR and generic to the obsolete

brand Fortamet XR), and Glumetza (generic) are indicated as adjuncts to diet and exercise to improve glycemic control in adults with **type 2 diabetes mellitus**.¹⁻³

The immediate-release metformin products, metformin tablets and Riomet oral solution (generic), are indicated for the **treatment of type 2 diabetes mellitus** in conjunction with diet and exercise in patients ≥ 10 years of age.^{4,5} Generic metformin immediate-release tablets are available in strengths of 500 mg, 850 mg, and 1,000 mg, metformin 625 mg and 750 mg tablets available as branded generics, and metformin 750 mg is available as a generic product. In the prescribing information for immediate-release metformin, it is noted that the recommended starting dose is 500 mg twice daily or 850 mg once daily.⁵ Increase the dose in increments of 500 mg weekly or 850 mg once every 2 weeks on the basis of glycemic control and tolerability, up to a maximum dose of 2,550 mg per day, given in divided doses.

POLICY STATEMENT

This program has been developed to encourage the use of a Step 1 Product prior to the use of a Step 2 Product (or the use of a Step 1 and a Step 2 Product prior to the use of a Step 3 Product, where applicable). If the Step Therapy rule is not met for the Step 2 or Step 3 Product at the point of service, coverage will be determined by Step Therapy criteria below. All approvals are provided for 1 year in duration.

Immediate-Release Products:

Step 1: generic metformin immediate-release tablets (500 mg, 850 mg, and 1,000 mg strengths)

Step 2: Riomet (brand and generic), metformin 625 mg tablets, metformin 750 mg tablets (branded generic and generic)

Extended-Release Products:

Step 1: metformin extended-release tablets (generic to obsolete brand Glucophage XR only)

Step 2: metformin extended-release tablets (generic to obsolete brand Fortamet only)

Step 3: Glumetza (brand and generic)

***Diabetes – Metformin Step Therapy Policy* product(s) is(are) covered as medically necessary when the following step therapy criteria is(are) met. Any other exception is considered not medically necessary.**

CRITERIA

Immediate-Release Products

1. If the patient has tried one Step 1 immediate-release product, approve a Step 2 immediate-release product.
2. If the patient is unable to swallow or has difficulty swallowing tablets containing metformin, approve metformin oral solution (Riomet, generic).

Extended-Release Products

1. If the patient has tried one Step 1 extended-release product, approve a Step 2 extended-release product.
2. If the patient has tried one Step 1 extended-release product AND one Step 2 extended-release product, approve a Step 3 extended-release product.

REFERENCES

1. Metformin ER 500 and 750 mg tablet [prescribing information]. Hyderabad, India: Granules India Limited; November 2022.
2. Glumetza® extended-release tablets [prescribing information]. Bridgewater, NJ: Salix/Valeant; February 2024.
3. Fortamet® extended-release tablets [prescribing information]. Florham Park, NJ: Shionogi; November 2018.
4. Riomet® oral solution [prescribing information]. Jacksonville, FL: Sun Pharmaceuticals; November 2018.
5. metformin tablets [prescribing information]. Madisonville, LA: Solubiomix; January 2025.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	Extended-Release Products Riomet ER: This product was removed from Step 2 of the extended-release products step (inactive/discontinued). The criterion allowing for approval of Riomet ER in patients unable to swallow or with difficulty swallowing tablets containing metformin, was removed.	10/18/2023
Annual Revision	Immediate-Release Products Metformin 625 mg tablets: The term "generic" was removed from this Step 2 immediate-release product. Metformin 625 mg tablet is coded as a brand. Extended-Release Products Fortamet (brand): This product was removed from Step 2 of the extended-release products step (obsolete > 3 years). The generic to Fortamet remains in Step 2 of the extended-release products step.	10/09/2024
Selected Revision	Immediate-Release Products	01/29/2025

	Metformin 750 mg tablets (branded generic): This product was added to the policy and to Step 2 of the immediate-release products step.	
Selected Revision	Immediate-Release Products Metformin 750 mg tablets (generic): This product was added to the policy and to Step 2 of the immediate-release products step.	03/12/2025
Annual Revision	No criteria changes.	10/15/2025

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