



## Drug recall notice for Metformin Extended-Release Products

As you may know, The U.S. Food and Drug Administration (FDA) has told some companies that make Metformin extended-release products, a drug prescribed to improve blood sugar control in people with type 2 diabetes mellitus, to voluntarily recall the medicine.

The FDA made this decision because the affected medicines were found to contain N-Nitrosodimethylamine (NDMA), a substance that could cause cancer, in amounts above acceptable levels.<sup>1</sup> The FDA is continuing to work closely with manufacturers to ensure appropriate testing for NDMA and could add more manufacturers to the recall.

### What this means for you

- It is important that you do not abruptly stop taking your medication. Talk to your doctor or healthcare provider about switching to another medicine or obtaining the same medicine that is not part of the recall.
- To determine if a specific product has been recalled, you should look at the drug name and company name on the label of your prescription. If the information is not on the bottle, you should contact the pharmacy that dispensed the medicine.
- Please refer to the FDA website for the most current updates to this drug recall <https://www.fda.gov/drugs/drug-safety-and-availability/search-list-recalled-metformin-products>

Adverse reactions or quality problems experienced with the use of this product may be reported to the FDA's MedWatch Adverse Event Reporting program either online, by regular mail or by fax.

- **Online:** Complete and submit the report: [www.accessdata.fda.gov/scripts/medwatch](http://www.accessdata.fda.gov/scripts/medwatch)
  - Select Consumer/Patient (FDA Form 3500B)
- **Regular mail or fax:** Download form at <https://www.fda.gov/node/360547>
  - Select Form FDA 3500B - Voluntary Reporting for Consumers

**Note:** A reporting form also may be requested by calling 1-800-332-1088. Complete and return to the address on the pre-addressed form, or submit by fax to 1-800-FDA-0178.

If you have questions about this medicine or the recall, please talk to your doctor or pharmacist. You may also call the number on the back of your Humana member ID card. Our automated phone system may answer your call on Saturdays, Sundays and some public holidays. Please leave your name and telephone number and we will call you back by the end of the next business day.

For 24-hour service, you can sign in to MyHumana, your personal, secure online account on **Humana.com**, to search for other medicines that your plan covers.

As your partner in health, we want to make sure that you are informed about issues that may affect your health and overall well-being.



# IMPORTANT!

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## At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**.

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

## Auxiliary aids and services, free of charge, are available to you.

**1-877-320-1235 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

## Language assistance services, free of charge, are available to you.

**1-877-320-1235 (TTY: 711)**

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevereservizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

**Bizaad Diné:** ڊیریگ س امان قونڊهرام شل ډا ناگرا ترومڊن لږ تا ای هس نډا لږد یار.

**ĖNavajo:** W0dah7b44sh bee hani7bee wolta7g77bich9’ h0d77nih 47bee t’11 jiik’eh saad bee 1k1’1n7da’1wo’d66 nik1’adoowo[.

**(Arabic)** قيب رعلا

الرجاء الاتصال بالرقم الذي نأغلقه للوصول على خدمات مجلة لأمساعة بائنة