

IODINATED IV CONTRAST USE IN PATIENTS TAKING METFORMIN

- Metformin use is only a consideration in patients receiving IV iodinated contrast. Metformin use is not a concern in patients receiving oral contrast or IV gadolinium contrast.
- Metformin itself is not nephrotoxic. The concern is if a patient taking metformin were to experience contrast-induced acute kidney injury (CI-AKI) after receiving IV iodinated contrast, lactic acid (a byproduct of metformin) could build up in the patient and result in harm.
- All patients who take a metformin-containing medication require a GFR level within 30 days (outpatients) or 24 hours (inpatients and ER patients) prior to receiving IV iodinated contrast.
 - Patients receiving IV iodinated contrast with a GFR <30 mL/min and all patients receiving iodinated intra-arterial contrast (regardless of GFR) will be instructed to discontinue metformin-containing medication for 48 hours after receiving contrast. The patient will be given an instruction handout stating the same.
 - Patients receiving IV iodinated contrast with a GFR ≥ 30 mL/mins do not need to hold metformin.
- Some medications containing metformin include metformin, Glucophage, Glumetza, Riomet, Fortamet, Glucovance, Metaglip, Synjardy, Xigduo, Invokamet, Janumet, Kanzano, Jentadueto, Kombiglyze, ACTOplus Met, Prandimet and Avandamet.