

Pharmacy Policy Bulletin

Title: Oral Diabetic Agents

Policy #: FS.CLIN.7

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This pharmacy policy will be reviewed regularly and updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent

Metformin extended-release (ER) (Glumetza™) is indicated for the treatment of type 2 diabetes mellitus.

The use of metformin ER (Glumetza™), requires prior authorization (i.e. clinical pharmacy and/or Medical Director review).

Description:

Metformin extended-release (ER) (Glumetza™) is an oral antihyperglycemic drug used in the management of type 2 diabetes mellitus. Its pharmacologic mechanism of action is similar to the mechanism of action of other formulations of metformin: it decreases hepatic glucose production, decreases intestinal absorption of glucose, and improves insulin sensitivity by increasing peripheral glucose uptake and utilization.

Policy

METFORMIN ER (GLUMETZA™)

Metformin ER (Glumetza™) is approved when **all** of the following inclusion criteria are met:

- Documentation of type 2 diabetes mellitus
- Documentation of the trial and failure of or intolerance/allergy/contraindication to either metformin IR- or metformin ER-containing products

Guidelines

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any products that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References

Glumetza™ (metformin hydrochloride extended release tablets) [package insert]. Menlo Park, CA: Depomed, Inc.; 2008. Also available online at: http://www.glumetzaxr.com/pdf/current_PI_PW2.pdf. Accessed October 27, 2011.

Micromedex. Glumetza™ (metformin extended release tablets). [Micromedex Web site]. Available at: <http://www.micromedex.com> [via subscription only]. Accessed October 27, 2011.

Nathan DM, Buse JB, Davidson MB, et al. Medical Management of hyperglycemia in type 2 diabetes: a consensus algorithm for the initiation and adjustment of therapy. *Diabetes Care* 2008 (Dec);31:1-11.

Applicable Drugs

i Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Drug Name	Strength and/or formulation
Metformin extended-release (Glumetza)	All

Cross References

Policy version number: 3.00
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