

## Policies Repository



**Policy Title** Oral Diabetic Agents

**Policy Number** 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 edits. 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. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. 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.*

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

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

**Policy 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 Guideline Inclusion

### 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

---

## Policy Guideline Exclusion

### METFORMIN ER (GLUMETZA™)

**Metformin ER (Glumetza™)** is denied when **any** of the following exclusion criteria are present:

- No documentation of type 2 diabetes mellitus
- No documentation of the trial and failure of or intolerance/allergy/contraindication to either metformin IR- or metformin ER-containing products

---

## Policy List of Applicable Drugs

Brand Name	Generic Name
Glumetza	Metformin ER

---

## Dosing and Administration

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

---

## Policy References

Glumetza™ (metformin hydrochloride extended release tablets) [package insert]. Menlo Park, CA: Depomed, Inc.; 2007. Also available online at: [http://www.glumetzaxr.com/pdf/current\\_PI\\_PW2.pdf](http://www.glumetzaxr.com/pdf/current_PI_PW2.pdf). Accessed October 14, 2010.

Micromedex. Glumetza™ (metformin extended release tablets). [Micromedex Web site]. Available at: <http://www.micromedex.com> [via subscription only]. Accessed October 14, 2010.

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.

---

## Policy Link to Related Policies

---

Printed

11/15/2010 09:23:52

---

The Policy Bulletins on this web site were developed to assist Independence Blue Cross and its subsidiaries ("IBC") in administering the provisions of the respective benefit programs, and do not constitute a contract. If you are an IBC member, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. IBC does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of IBC. If you have a specific medical condition, please consult with your doctor. IBC reserves the right at any time to change or update its Policy Bulletins. © 2008 Independence Blue Cross. All Rights Reserved. Current Procedural Terminology © 2008 American Medical Association. All Rights Reserved.

|