

## AVANDIA (rosiglitazone)

<b>Diagnosis Considered for Coverage:</b>
<ul style="list-style-type: none"><li>Type 2 diabetes</li></ul>
<b>Coverage Criteria:</b>
<b>For diagnosis listed above:</b> <ul style="list-style-type: none"><li>Inadequate response or intolerable side effect to pioglitazone (Actos), <b>and</b></li><li>Dose does not exceed 8 mg per day</li></ul>
<b>Coverage Duration:</b> Length of benefit






Effective: 4/10/2014