

pioglitazone/glimepiride (DUETACT)

Diagnosis Considered for Coverage:

- Diabetes Mellitus type 2 (DM-2)

Coverage Criteria:

For diagnosis listed above:

- Inadequate response with either glimepiride (Amaryl) or Actos (pioglitazone), **and**
- Dose does not exceed 30 mg pioglitazone along with 4 mg glimepiride per day.

Coverage Duration: 1 year

Effective Date: 09/27/2023