

**pioglitazone/metformin (ACTOPLUS MET),  
ACTOPLUS MET XR (pioglitazone/metformin extended-release)**

**Diagnosis Considered for Coverage:**

- Type 2 Diabetes Mellitus (DM-2)

**Coverage Criteria:**

**For generic pioglitazone/metformin:**

- For diagnosis listed above, **and**
- Dose does not exceed 45 mg pioglitazone/2550 mg metformin per day, **and**
- One of the following:
  - Patient is currently on metformin or pioglitazone (Actos) monotherapy and request is for combination use, **or**
  - Patient is currently on both pioglitazone (Actos) and metformin as separate pills and request is to reduce the pill burden.

**For brand-name Actoplus Met:**

- Meets above criteria for generic, **and**
- Allergic or experienced intolerable side effect to the generic formulation.

**For Actoplus Met XR:**

- For diagnosis listed above, **and**
- Dose does not exceed 45 mg pioglitazone/2000 mg metformin per day, **and**
- One of the following:
  - Patient is currently on metformin or pioglitazone (Actos) monotherapy and request is for combination use, **or**
  - Patient is currently on both pioglitazone (Actos) and metformin as separate pills and request is to reduce the pill burden.

**Coverage Duration:** Length of benefit

Effective: 1/01/2019GF