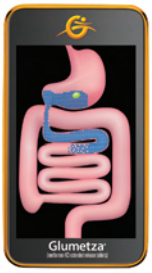
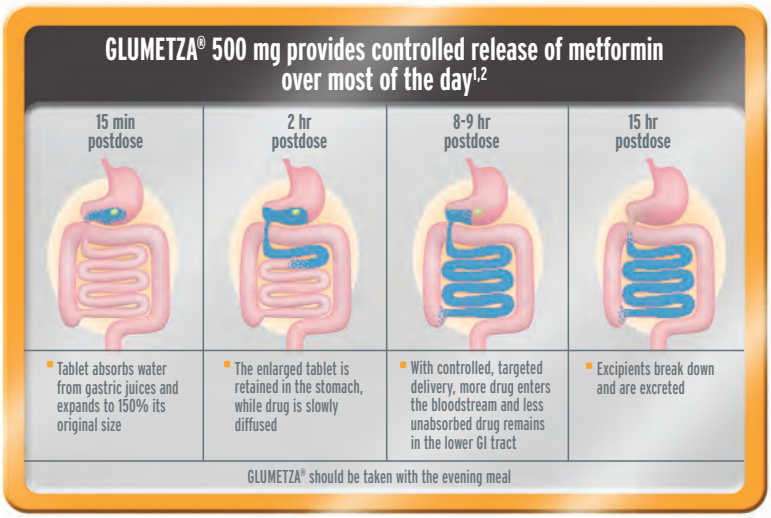



# Controlled metformin delivery may help reduce GI adverse events... And get more patients to $HbA_{1C}$ goal

## GLUMETZA®: Advanced polymer technology* may help reduce GI adverse events




- GLUMETZA® 500 mg targets the upper GI tract for slow delivery over 8-9 hours,[1] providing consistent 24-hour control
- Well tolerated by patients, with no significant increase in adverse events at higher doses[3]

## Brought more patients to $HbA_{1C}$ goal

- In the pivotal study, 60.4% of patients taking GLUMETZA® 2000 mg QD reached ADA goal ($HbA_{1C}$ <7) vs 47.6% for Glucophage® (metformin hydrochloride tablets) 1500 mg/day BID (*P*=.02)[1,3†]

Contact your wholesaler to order
**GLUMETZA® 500 mg and 1000 mg**

## Has no AB-rated equivalents (FDA Orange Book)[4]

| Strength | NDC Code | Package Size |
|---|---|---|
| GLUMETZA® 500 mg | 13913-002-13 | Bottles of 100 |

| Strength | NDC Code | Package Size |
|---|---|---|
| GLUMETZA® 1000 mg | 13913-003-16 | Bottles of 90 |

In clinical trials, the most common side effects with GLUMETZA® monotherapy were diarrhea, dyspepsia, and upper abdominal pain. In a clinical trial of GLUMETZA® combined with a sulfonylurea, the most common side effects included hypoglycemia, diarrhea, and nausea.

*GLUMETZA® 500 mg utilizes patented AcuForm® gastric retention technology.[5]
GLUMETZA® 1000 mg utilizes proprietary Smartcoat™ gastric retention technology.[5]

**Please see back for Important Safety Information. As with all metformin products, GLUMETZA® has a black box warning for lactic acidosis.**

Glumetza®
(metformin HCl extended release tablets)

**Technology, Tolerability, and $A_{1C}$ Control**

**Please see accompanying full Prescribing Information.**

## Helps patients achieve the target dose


**GLUMETZA® should be taken with the evening meal**

**GLUMETZA® 1000 mg tablet**
adds convenience by minimizing pill burden

### Important Safety Information

- **As with all metformin products, lactic acidosis due to metformin accumulation during treatment with GLUMETZA® is a rare but potentially fatal occurrence**
  - **—May also occur in association with a number of pathophysiologic conditions**
- **The risk of lactic acidosis increases with the degree of renal dysfunction and the patient's age, especially patients ≥80 years of age, and in those patients with congestive heart failure requiring pharmacologic management**
- **The risk of lactic acidosis while on GLUMETZA® therapy may be significantly decreased by initial and regular monitoring of renal and liver function; using the minimum effective dose; withholding in the presence of any condition associated with hypoxemia, dehydration, or sepsis; avoidance in patients with hepatic disease; cautioning patients against excessive alcohol intake; temporarily discontinuing prior to any intravascular radiocontrast study or surgical procedure**
- **Lactic acidosis is a medical emergency requiring immediate discontinuation of GLUMETZA®**
  - **—General supportive measures and prompt hemodialysis are recommended to correct the acidosis and remove the accumulated metformin**

GLUMETZA® is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

GLUMETZA® is contraindicated in patients with renal dysfunction, known hypersensitivity to metformin HCl or metabolic acidosis, including diabetic ketoacidosis. Use of concomitant medications that affect renal function or hemodynamic change may interfere with the disposition of metformin and should be used with caution.

Hypoglycemia does not occur in patients receiving GLUMETZA® alone but could occur with deficient caloric intake or during concomitant use with other glucose-lowering agents or ethanol. Loss of glycemic control may occur when a stabilized patient is exposed to stress.

**Please see accompanying full Prescribing Information.**

†Findings from a supplementary analysis of a 24-week, noninferiority clinical trial comparing different GLUMETZA® dosing regimens vs Glucophage®. GLUMETZA® patients were initiated with 1000 mg (2 X 500 mg QD) for 1 week, then titrated to their randomly assigned dose over 2-3 weeks, and remained on this dose for the remainder of the study unless discontinuation was warranted.

**References: 1.** Foster RH, Keam SJ. Metformin extended release. *Am J Drug Deliv.* 2006;4:1-11. **2.** Glumetza [package insert]. Menlo Park, CA: Depomed, Inc; 2008. **3.** Schwartz S, Fonseca V, Berner B, Cramer M, Chiang Y-K, Lewin A. Efficacy, tolerability, and safety of a novel once-daily extended-release metformin in patients with type 2 diabetes. *Diabetes Care.* 2006;29:759-764. **4.** US Food and Drug Administration. Electronic Orange Book: approved drug products with therapeutic equivalence evaluations. Center for Drug Evaluation and Research, Office of Pharmaceutical Science, Office of Generic Drugs. http://www.fda.gov/cder/ob. Accessed July 13, 2009. **5.** Data on file. Depomed, Inc: Menlo Park, CA.



SANTARUS, INC.®

Depomed™

 1-GLM09350/GLU-103-P.1 08/2009

Glumetza®
(metformin HCl extended release tablets)