Non-formulary sitagliptin and metformin (Janumet®) will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of Diabetes Mellitus (DM) on Problem List - AND –
- Prior adequate trial and failure of NPH/ R/ or 70-30 Insulin – AND -
- On maximum dose for at least 3 months of 1 of the following 2 drug combinations:
  1. Metformin (2000-2550 mg/day) and sulfonylurea (glipizide 20-40 mg/day or equivalent)
  - OR -
  2. Metformin (2000-2550 mg/day) and pioglitazone (45 mg/day)
  - OR -
- Dose change only: Patient previously met criteria and is already taking the drug.