

**Applies To:**

sitagliptin (JANUVIA)

sitagliptin-metformin (JANUMET)

sitagliptin-extended release metformin (JANUMET XR)

**Diagnosis Considered for Coverage:**

- Management of Diabetes Mellitus – Type 2 (DM-2)

**Coverage Criteria:**

**For diagnosis listed above:**

- Inadequate response or intolerable side effect to metformin, **and**
- Dose does not exceed FDA labeled maximum.

**Coverage Duration:** one year

Effective Date: 11/29/2023