



**Byetta**  
(Exenatide)

**Express Scripts**  
**Prior Authorization**  
**Phone (800) 417-8164**  
**Fax 877-837-5922**

**Please have the information below ready when calling in the authorization.**

Member's Last Name	Member's First Name
SCAN ID number	Date of Birth
Prescriber's Name	Contact Person
Office phone	Office Fax

Medication:	Diagnosis:
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<p><b>1. Is this medication indicated as an adjunctive therapy to improve glycemic control in patients with type 2 diabetes mellitus who are taking metformin, a sulfonylurea, a thiazolidinedione, a combination of metformin and a sulfonylurea, or a combination of metformin and a thiazolidinedione, but have not achieved adequate glycemic control?</b></p>
<p><b>2. Does the patient have an acute pancreatitis or the history of pancreatitis?</b></p>
<p><b>3. Are there any other comments, diagnoses, symptoms, and/or any other information the caller feels is important to this review?</b></p>

Notice: **Failure to provide all information requested on this form may result in delayed processing or an adverse determination for insufficient information.** Our response time for prescription drug coverage requests is 72 hours. View our formulary and Prior Authorization forms online at <http://www.scanhealthplan.com>.