



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>1. Is this medication indicated as an adjunctive therapy to diet and exercise to improve glycemic control in patients with type 2 diabetes mellitus?</p>
<p>2. Is this patient 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?</p>
<p>3. Does the patient have an acute pancreatitis or the history of pancreatitis?</p>
<p>4. Are there any other comments, diagnoses, symptoms, and/or any other information the caller feels is important to this review?</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>.