



**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
VH ID number	Date of Birth
Prescriber's Name	Contact Person
Office phone	Office Fax

Medication:	Diagnosis:
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<b>1. Is the diagnosis or indication for the treatment of type 2 diabetes mellitus?</b>
<b>2. Does the patient have a functioning transplanted kidney?</b>
<b>3. Is the prescription initially recommended or written by an endocrinologist?</b>
<b>4. Is the patient's Hgb A1C <math>\geq 8</math> after being on metformin and/or sulfonylurea for at least 6 months?</b>
<b>5. Is Byetta being used in a combination with metformin, a sulfonylurea, or both?</b>
<b>6. Does the patient have a diagnosis of end-stage renal disease or <math>ClCr &lt; 30</math> ml/min?</b>
<b>7. Does the patient have a diagnosis of gastroparesis?</b>
<b>8. Are there any other comments, diagnoses, symptoms, and/or any other information the caller feels is important to this review?</b>

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>.