



Bydureon

Express Scripts  
Prior Authorization  
Phone 1-844-424-8886  
Fax 1-877-251-5896

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: [medicarepartdparequests@express-scripts.com](mailto:medicarepartdparequests@express-scripts.com)

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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**SECTION A** Please answer the following questions

1.  Yes  No Is the requested medication being used for treatment of type 2 diabetes mellitus?
2. If **No** above, what is the diagnosis or indication? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3.  Yes  No Will Bydureon be used in patients with personal or family history of medullary thyroid carcinoma or in patients with multiple endocrine neoplasia syndrome type 2?
4.  Yes  No Does the member have acute pancreatitis or a history of pancreatitis?
5.  Yes  No Does the member have end stage renal disease?
6.  Yes  No Is the member's creatinine clearance (or eGFR) equal to or greater than 30ml/min?

7.  Yes  No Has the member used for at least three months any of the following: metformin, or a sulfonylurea, or pioglitazone, or a combination of metformin and a sulfonylurea, or a combination of metformin and pioglitazone, or a combination of glimepiride and pioglitazone? *Please document any medications the patient has taken for at least 3 months below:*

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8.  Yes  No If **No** to **question 7**, has the member been taking Bydureon (e.g., the member is new to the plan and received this medication through the previous plan)?

***Please document the symptoms and/or any other information important to this review:***

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**SECTION B** Physician Signature

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PHYSICIAN SIGNATURE

\_\_\_\_\_  
DATE

**FAX COMPLETED FORM TO: 1-877-251-5896**

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.scanhealthplan.com>