Byetta

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

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:

SECTION A Please answer the following questions

1. θ Yes θ 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. θ Yes θ No Has the patient 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:*

_____
_____
_____
_____
_____

4. θ Yes θ No If **No** to **question 3**, has the member been taking Byetta (e.g., the member is new to the plan and received this medication through the previous plan)?

5. θ Yes θ No Does the patient have an acute pancreatitis or a history of pancreatitis?

6. θ Yes θ No Does the patient have End-Stage Renal Disease?

7. θ Yes θ No Is the patient's creatinine clearance (or eGFR) greater than 30ml/min?

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

SECTION B Physician Signature

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