



Byetta® (exenatide) Fax Request Form

Patient Information	Medication and Dose Information
Date of request: _____	Name of drug: _____
Name: _____	Dose and frequency : _____
Date of birth: _____	Duration: _____
MRN: _____	Diagnosis/ICD-9Code: _____

Byetta® (exenatide, Amylin) is FDA-approved to improve glycemic control in patients with type 2 diabetes mellitus who have not achieved adequate glycemic control. Byetta is NOT indicated or FDA-approved to be used with insulin therapy.

Medical Information (Required for New Starts and Continuation of Therapy)

Please provide the following information:

- 1) Is this a new start or continuation of therapy? New Start Continuation
- 2) Is Byetta® being used as adjunctive therapy? Yes No
- 3) Is Byetta® being used concomitantly with metformin? Yes No
- 4) Is Byetta® being used concomitantly with a sulfonylurea? Yes No
- 5) Is Byetta® being used concomitantly with a thiazolidinedione (TZD)? Yes No
- 6) Is Byetta® being used concomitantly with insulin therapy? Yes No
- 7) Is the patient's most recent HbA1c level at least 7.0%? Yes No

HbA1c: _____% Date: ____/____/____

Complete for Continuation of Therapy Only

- 8) When did the patient initiate Byetta® therapy? Date: ____/____/____
- 9) What was the patient's HbA1c when Byetta® was initiated? HbA1c: _____% Date: ____/____/____

**** Please provide print documentation of patient HbA1c values****

Physician Information

Name: _____ Phone: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____

Physician signature (required): _____

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to the SWHP medical director at 1-888-316-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.

Please fax, where applicable, the additional requested information for review for coverage determination to (254) 774-1623.

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