



Byetta® (exenatide) Prior Authorization Request Form

Please fax the completed request form to Mercy Health Plans' Pharmacy Department at 314-214-8201 or 800-466-9854. For additional information call 314-214-8282 or 800-647-2240.

Patient Name: Today's Date:
Patient Pharmacy ID: Date of Birth:
Requesting Physician: Specialty:
Office Contact Person: Phone #:
Office Address:
Medication/dose Requested: Fax #:
Expected Duration of Therapy: ICD-9

1. Does patient have diagnosis of diabetes mellitus Type 2? Yes No
2. Is the patient's hemoglobin A1c between 7.0 and 9.0 mg/dl? Yes No
3. Have failed to achieve adequate glycemic control on combination therapy? Yes No
4. Does patient have a contraindication to metformin? Yes No
5. Does patient have a contraindication to a sulfonylurea? Yes No
6. Is patient currently being treated with any of the following diabetic medications? Yes No

Physician's Signature: Date:

For Mercy Health Plans use only: Approved Length of Approval
Denied Reason for Denial
Reviewer's Signature: Date Reviewed:
Override Entered in Caremark CCMS for - by
Office Notified on ; at am/pm; by spoke to