

Date of Request _____

Byetta **Byetta (Exenatide) is an incretin mimetic agent use to treat Type II Diabetes Mellitus.**

Patient must have suboptimal glycemic control with metformin, sulfonylurea, or both.
 Patient must be instructed on subcutaneous injection administration and twice daily dosing.

Member Information

Name _____

Enrollment / Cardholder ID _____

Group / Plan _____

Birth date _____

Address: _____

City State Zip _____

Relationship (Circle)

Subscriber Spouse Dependent

Gender (Circle)

Male Female

AGE: _____ Weight (kg): _____

Practitioner Information

Name _____

Agent / Contact Name _____

Specialty _____

Office / Clinic Name _____

Address _____

City State Zip _____

Phone () - _____

Fax () - _____

ID Number _____

Email _____ @ _____

Metformin use? _____

Sulfonylurea use? _____

Requested Drug / Pharmaceutical

Byetta (Exenatide)

Strength / Dose

Therapy Start Date

Condition / Diagnosis Related - Reason for Request

Duration of Therapy (Expected)

Type of Request (Circle)

One-Time On-Going

Clinical Drug / Lab History Pertinent to Request

Labs: Baseline / Ongoing

Formulary Alternative(s) Attempted YES NO (Circle)

Please List:

Contact Pharmacy? Y N

Pharmacy Phone Number

Practitioner Signature

Date Received:
 Reviewed By:
 Forwarded To:

FAX Form to:
877-800-5633

HT Clinical Services Phone
866-805-1690