

Ticket #: _____ Request Date: _____ Request Time: _____

PHYSICIAN CERTIFICATION PRIOR AUTHORIZATION FORM

A request for the patient identified below has been made for the dispensing of **Byetta®** exenatide/**Victoza®** liraglutide. Based on recent clinical information, we require more information before this prescription can be paid by the patient's health benefit plan. Please fill out the following information and return to us as indicated below:

| A. Member Information | | | |
|--|--------------------|------------------------|--------------------------|
| Patient Name: | | Plan Name/Plan ID: | |
| Patient ID: | | Patient Date of Birth: | Patient Contact Phone #: |
| B. Physician Information | | | |
| Physician Name: | | Physician Address: | |
| Physician DEA #: | Physician Phone #: | Physician Fax #: | |
| Drug Name and Strength: | Direction (SIG): | QTY and Days Supply: | NDC #: |
| C. Pharmacy Information | | | |
| Pharmacy Name: | NABP #: | Pharmacy Phone #: | Pharmacy Fax #: |
| D. Clinical Information (Please fill out the following information: circle all that apply) | | | |
| 1. Does patient have a diagnosis for Type 2 Diabetes Mellitus? | | YES | NO |
| 2. Is the hemoglobin A1C level greater than 7%? | | YES | NO |
| 3. Is the patient currently on any combination of the following medications? (circle all that apply) | | | |
| <input type="checkbox"/> Metformin <input type="checkbox"/> Sulfonylurea <input type="checkbox"/> Actos or Avandia | | | |
| 4. Has glycemic control been attained with the use of a combination of the above medications? | | YES | NO |
| Authorized Medical Signature: | | | |
| Telephone: | | Date: | |

When Completed Return To:

ProCare PBM Clinical Division, 1267 Professional Parkway, Gainesville, GA 30507
1-866-965-Drug (3784) / Fax # 866-999-7736