

Byetta ®(exenatide)
Step Therapy

Requests for prior authorization of Byetta will be approved if the following criteria are met:

1. Patient has current history of a sulfonylurea, thiazolidinedione (TZD), and/or metformin
2. Patient has no gaps of therapy greater than 30 days in the past 180 days.

8/6/2007 vmc