### Indications for Use

1. **Patient has had a trial with ANY metformin OR inadequate control with ANY metformin OR is currently taking metformin:**
   - **a)** If No: Please explain why?

   ![Explanation](#)

   ![Box](#)

2. **If No Metformin trial due to contraindication:**

   - **eGFR level:**

   ![Box](#)
3) Patient has had a trial and failed Byetta, Bydureon, Ozempic or Victoza (Preferred)?  
   a) If No, please explain why?

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   PREScriber SIGNATURE ___________________________  DATE ___________

By signing above, the prescriber confirms all information provided is accurate and verifiable via member records.