



Antidiabetics – GLP-1 Agonists

Please provide the information below, please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible.

Please FAX responses to: (800) 869-7791. Phone: (855) 322-4082

Date of request:			
Patient	Date of birth	Molina ID	
Pharmacy name	Pharmacy NPI	Telephone number	Fax number
Prescriber	Prescriber NPI	Telephone number	Fax number
Medication and strength		Directions for use	Qty/Days supply

- Is this request for a continuation of existing therapy? ☐ Yes ☐ No
If yes, is there documentation showing hemoglobin A1c (HbA1c) is ≤ 7 or has improved from baseline (prior to beginning on GLP-1 treatment)? ☐ Yes ☐ No
- Provide patient's HbA1c for the following:
Baseline: _____ Date taken: _____
Current (within last 12 mos.): _____ Date taken: _____
- Will the requested product be used in combination with another GLP-1 agonist or DPP4 inhibitor?
☐ Yes ☐ No
- Does patient have a history of failure, defined as inability to achieve HbA1c of less than ($<$) 7%, using any of the following for a minimum of 90 continuous days unless not tolerated, contraindicated, or clinically inappropriate? (check all that apply)
☐ Metformin at maximum or highest tolerated dose
☐ Liraglutide at maximum or highest tolerated dose
- Indicate patient's diagnosis and answer the associated questions as indicated:
☐ Type 2 diabetes (T2DM) or an HbA1c ≥ 6.5 with any of the following: (check all that apply)
☐ Chronic kidney disease (questions 6-7)
☐ Established cardiovascular disease or at risk for major adverse cardiovascular events (questions 8-9)
☐ Moderate to severe metabolic dysfunction-associated steatohepatitis (MASH) (questions 10-11)
☐ Moderate to severe obstructive sleep apnea (OSA) (questions 12-14)
☐ None of the above
☐ Other. Specify: _____

For diagnosis of type 2 diabetes (T2DM) with chronic kidney disease:

6. Provide the following for patient:
- Estimated glomerular filtration rate (eGFR): _____ mL/minute Date taken: _____
 - Urinary albumin-to-creatinine ratio (uACR): _____ mg/g Date taken: _____
7. Is patient taking an angiotensin converting enzyme (ACE) inhibitor or an angiotensin II receptor blocker (ARB) at a maximum tolerated dose, unless contraindicated or not tolerated? ☐ Yes
☐ No

For diagnosis of type 2 diabetes (T2DM) with established cardiovascular disease or is at risk for major adverse cardiovascular events (MACE):

8. Indicate the following for patient. Check all that apply:
- ☐ Prior stroke
- ☐ Prior myocardial infarction
- ☐ Symptomatic carotid artery disease confirmed by any of the following. Check all that apply:
- ☐ Moderate to severe carotid artery stenosis (occlusion > 50%)
 - ☐ Revascularization of the internal carotid artery
 - ☐ One or more transient ischemic attacks with focal neurological dysfunction or transient monocular blindness
- ☐ Symptomatic coronary artery disease (e.g. angina) confirmed by any of the following. Check all that apply:
- ☐ Coronary stenosis $\geq 50\%$
 - ☐ Symptomatic Angina Pectoris
 - ☐ Prior coronary revascularization
- ☐ Symptomatic peripheral arterial disease (PAD) confirmed by any of the following. Check all that apply:
- ☐ Intermittent claudication with ankle-brachial index < 0.85 at rest
 - ☐ Peripheral arterial revascularization procedure
 - ☐ Amputation due to atherosclerotic disease
9. Provide patient's BMI: _____ kg/m²

For diagnosis of type 2 diabetes (T2DM) with moderate to severe metabolic dysfunction associated steatohepatitis (MASH):

10. Does patient have moderate to severe MASH ((Fibrosis state F2 or F3)?
- ☐ Yes, confirmed by the following. Check all that apply:
- ☐ Biopsy
 - ☐ Fib-4 score 1.3 to 3.48
 - ☐ Fibroscan score 8.5 – 13.5 kPA
 - ☐ APRI 1.0 – 1.9
 - ☐ Fibrotest 0.49 – 0.74
 - ☐ Elastography (ARFI/PSWE) 1.38 – 2.33 m/s
 - ☐ Other. Specify: _____
- ☐ No

11. Does patient have any of the following cardiovascular risk factors? Check all that apply:

- ☐ Chronic kidney disease
- ☐ Coronary, carotid, or lower extremity artery stenosis exceeding 50%
- ☐ Dyslipidemia
- ☐ Hypertension
- ☐ Left ventricular hypertrophy
- ☐ Myocardial ischemia
- ☐ Obesity BMI ≥ 30 kg/m²
- ☐ Prediabetes

For diagnosis of type 2 diabetes (T2DM) with moderate to severe obstructive sleep apnea (OSA):

12. Provide patient's BMI: kg/m²

13. Does patient have a polysomnogram showing moderate to severe obstructive sleep apnea as defined as an overall AHI, AHI-3%, AHI-4%, or RDI ≥ 15 obstructive respiratory events per hour (apneas, hypopneas, or RERAs), without the use of a positive airway. pressure device (PAP)?

- ☐ Yes ☐ No

14. Has the patient been consulted about the use of PAP?

- ☐ Yes. Indicate the following for patient:
- ☐ Declined the use of PAP
 - ☐ Unable to tolerate PAP therapy
 - ☐ Actively using PAP and will continue to use PAP
- ☐ No

Chart notes and documentation of HbA1c and are required with this request

Prescriber signature

Prescriber specialty

Date