



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
<p>1. Is this request for a continuation of existing therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there documentation showing hemoglobin A1c (HbA1c) is \leq 7 or has improved from baseline (prior to beginning on GLP-1 treatment)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Provide patient's HbA1c for the following: Baseline: Date taken: Current (within last 12 mos.): Date taken:</p> <p>3. Will the requested product be used in combination with another GLP-1 agonist or DPP4 inhibitor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. 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) <input type="checkbox"/> Metformin at maximum or highest tolerated dose <input type="checkbox"/> Liraglutide at maximum or highest tolerated dose</p> <p>5. Indicate patient's diagnosis and answer the associated questions as indicated: <input type="checkbox"/> Type 2 diabetes (T2DM) or an HbA1c \geq 6.5 with any of the following: (check all that apply) <input type="checkbox"/> Chronic kidney disease (questions 6-7) <input type="checkbox"/> Established cardiovascular disease or at risk for major adverse cardiovascular events (questions 8-9) <input type="checkbox"/> Moderate to severe metabolic dysfunction-associated steatohepatitis (MASH) (questions 10-11) <input type="checkbox"/> Moderate to severe obstructive sleep apnea (OSA) (questions 12-14) <input type="checkbox"/> None of the above <input type="checkbox"/> Other. Specify:</p>			

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
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