



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 to expedite this request.

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

Apple Health Preferred Drug list: <https://www.hca.wa.gov/assets/billers-and-providers/apple-health-preferred-drug-list.xlsx>

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 a positive clinical response? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Indicate patient's diagnosis: <input type="checkbox"/> Type 2 diabetes <input type="checkbox"/> Type 2 diabetes with established atherosclerotic cardiovascular disease (ASCVD) or risk factors <input type="checkbox"/> Other. Specify:</p> <p>3. Provide patient's HbA1c for the following: Baseline: _____ Date taken: _____ Current (within last 12 mos.): _____ Date taken: _____</p> <p>4. List all medications patient has previously tried or has a history of failure, defined as inability to achieve glycemic control or, intolerance and include the duration of use and reason for discontinuation for each medication.</p> <p>5. List any alternatives that the patient has contraindication to or are clinically inappropriate:</p>			
Chart notes and documentation of HbA1c measurements are required with this request			
Prescriber signature	Prescriber specialty	Date	