



**NC Medicaid and NC Health Choice
Pharmacy Prior Approval Request for
GLP-1 Receptor Agonists and Combinations**

Beneficiary Information

1. Beneficiary Last Name: _____ 2. First Name: _____
3. Beneficiary ID #: _____ 4. Beneficiary Date of Birth: _____ 5. Beneficiary Gender: _____

Prescriber Information

6. Prescribing Provider NPI #: _____
7. Requester Contact Information - Name: _____ Phone #: _____ Ext. _____

Drug Information

8. Drug Name: _____ 9. Strength: _____ 10. Quantity Per 30 Days: _____
11. Length of Therapy (in days): ☐ up to 30 Days ☐ 60 Days ☐ 90 Days ☐ 120 Days ☐ 180 Days ☐ 365 Days ☐
Other _____

Clinical Information

Requests for GLP-1 Receptor Agonists and Combinations (Initial) :

1. Does the beneficiary have a diagnosis of Type 2 Diabetes? ☐ Yes ☐ No
2. Has the beneficiary had a trial and failure or insufficient response to metformin containing products? ☐ Yes ☐ No
3. Has the beneficiary had a contraindication or adverse event to metformin? ☐ Yes ☐ No
List: _____
4. Does the beneficiary have established ASCVD? ☐ Yes ☐ No
5. Does the beneficiary have Chronic Kidney Disease? ☐ Yes ☐ No
6. **For non-preferred products (in addition to questions 1-5),** Has the beneficiary tried and failed or experienced an insufficient response to at least two preferred products or have a clinical reason that preferred products cannot be tried? ☐ Yes ☐ No
List: _____

Continuation Requests for GLP-1 Receptor Agonists and Combinations for both preferred and non preferred products:

1. Has the beneficiary improved while on this medication? ☐ Yes ☐ No **(Medical Documentation should be attached to this request)**
2. Are individual clinical goals that were set by the provider being met? ☐ Yes ☐ No
3. Is the beneficiary continuing to make adequate progress towards treatment goals? ☐ Yes ☐ No

Signature of Prescriber: _____ Date: _____

(Prescriber Signature Mandatory)

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.