

**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.