

# Navigate Questions About the Medicare GLP-1 Bridge

## Top Takeaways

- Explain that the Medicare GLP-1 Bridge allows eligible Part D patients to get certain GLP-1 medications for weight management for a \$50 copay.
- Include the obesity diagnosis code (E66.811, etc) and a “SEND TO BRIDGE FOR WEIGHT MANAGEMENT” message in the notes field of Rxs to direct the pharmacy on billing.
- Submit prior authorization requests to the GLP-1 Bridge central processor, NOT the Part D plan.

Questions are swirling about **the Medicare GLP-1 Bridge launching July 1, 2026.**

**What is the Medicare GLP-1 Bridge?** It’s a program from CMS that allows eligible patients with Medicare Part D to get certain GLP-1 drugs for weight management for a \$50 copay.

Think of it as a temporary “bridge” to expand access to these meds through December 31, 2027...while CMS evaluates longer-term coverage.

But be aware that the GLP-1 Bridge operates OUTSIDE of the Part D benefit. Part D plans won’t process these claims or cover costs...and the patient’s \$50 copay won’t count toward their Part D deductible or annual out-of-pocket maximum.

**Which meds are included?** Expect coverage of select GLP-1s approved for obesity or overweight...orforglipron (Foundayo), semaglutide oral tabs or injection (Wegovy), and tirzepatide MULTI-dose pen (Zepbound KwikPen).

But note that tirzepatide vials and SINGLE-dose pens are NOT available through the Bridge. And only 28-day or 30-day fills are allowed.

Also clarify that the Bridge doesn’t cover GLP-1s being used for type 2 diabetes, obstructive sleep apnea, or metabolic dysfunction-associated steatohepatitis (MASH)...these Rxs will be billed to Part D instead.

**Which patients qualify?** Explain that eligible patients must also meet clinical criteria confirmed by a prior authorization.

For example, patients must be using the GLP-1 for weight management in combination with lifestyle modifications AND have a BMI 35...a BMI 30 with uncontrolled hypertension, chronic kidney disease, or heart failure with preserved ejection fraction...or a BMI 27 with prediabetes, symptomatic peripheral artery disease, or a prior heart attack or stroke.

Keep in mind that a patient’s BMI at the time of GLP-1 initiation counts toward the criteria. For instance, if a patient started the GLP-1 in 2025 with a BMI of 36 but now has a BMI of 32, you’d attest the patient met the BMI 35 threshold when therapy began.

**How does the claims process work?** Send the GLP-1 Rx to the pharmacy like usual. If you believe the patient might be eligible for the Bridge, include the obesity diagnosis code (E66.811, etc) and a “SEND TO BRIDGE FOR WEIGHT MANAGEMENT” message in the notes field...to direct the pharmacy on billing.

Anticipate that the patient’s first fill will require prior authorization. Submit the prior authorization form to the Medicare GLP-1 Bridge program’s central processor...NOT the patient’s Part D plan.

Tell patients to expect to pay a \$50 copay at the pharmacy. Remind them that discount or manufacturer savings cards can’t be applied to these claims...and that costs won’t apply to their Part D cap.

Stay tuned to the CMS Medicare GLP-1 Bridge webpage for evolving details. And use our *GLP-1 and GIP/GLP-1*

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*Receptor Agonist Interactive Comparison Chart* to compare products and get guidance on switches.

**Key References:**

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