PROVIDER INFORMATION SHEET

TREAT OR REFER

The Medicare GLP-1 Bridge Program

What prescribers need to know about Medicare's new GLP-1 coverage pathway for weight management — effective July 1, 2026.

JULY 1, 2026 – DEC 31, 2027
Prepared June 2026 · Source: CMS

At a Glance

WHAT	A CMS short-term demonstration (Section 402) giving eligible Medicare Part D beneficiaries access to GLP-1 medications for weight management — an indication historically excluded from Part D.
WHEN	July 1, 2026 – December 31, 2027 (a "bridge" to the proposed BALANCE Model).
PATIENT COST	Flat **$50 copay** per monthly fill, regardless of Part D benefit phase. No deductible applies.
HOW	Runs outside the Part D benefit through a single national central processor (Humana, the LI NET administrator) that handles prior authorization, claims, and pharmacy payment.
WHERE	Nationwide — all states and territories.

1 Covered Medications

Eligible drugs are covered only when prescribed to reduce excess body weight and maintain weight reduction, in combination with ongoing lifestyle modification (structured nutrition and physical activity) consistent with the FDA-approved label.

PRODUCT	FORMULATIONS COVERED	NOTES
Wegovy® (semaglutide)	All formulations — injection and tablets	—
Zepbound® (tirzepatide)	KwikPen® only	Single-dose vials and single-dose pens are **not** covered
Foundayo®	All formulations (tablets)	Added April 6, 2026 after FDA approval

NDCs — Foundayo®: 0002-4178-31, 0002-4503-31, 0002-4794-31, 0002-4803-31, 0002-4839-31, 0002-4953-31 · Wegovy®: 0169-4525-14, 0169-4505-14, 0169-4501-14, 0169-4517-14, 0169-4524-14, 0169-4415-31, 0169-4404-31, 0169-4409-31, 0169-4425-31, 0169-4572-14 · Zepbound®: 0002-3566-11, 0002-3555-11, 0002-3544-11, 0002-3533-11, 0002-3522-11, 0002-3511-11. List may be updated during the demonstration. Only 28- or 30-day fills are covered.

2 Patient Eligibility

Plan enrollment requirement. The patient must be enrolled in a standalone Part D plan (PDP) or a Medicare Advantage coordinated care plan with drug coverage (MA-PD) — HMO, HMO-POS, or local/regional PPO — in CY 2026. SNPs, EGWPs, and LI NET enrollees qualify; dually-eligible beneficiaries in eligible plan types qualify. **Not eligible:** private fee-for-service, §1876 cost contract, §1833 prepayment plans, PACE, fallback, and religious fraternal benefit plans (unless also enrolled in a standalone PDP).

Key exclusions: Patients with type 2 diabetes, moderate-to-severe obstructive sleep apnea, or noncirrhotic MASH are **not** eligible for the Bridge — those indications are already coverable under Part D, and requests must go to the patient's Part D plan. **A Part D denial for one of these indications does not create Bridge eligibility** (e.g., Zepbound® denied for OSA → still ineligible). **Patients already receiving a GLP-1 through their Part D plan are ineligible** regardless of any difference in cost. **Cardiovascular disease:** if a GLP-1 has already been prescribed for CV risk reduction in a patient with established CVD, the patient is **not** eligible; however, a patient with a history of CVD who has not previously received a GLP-1 may be eligible if the prescription is for weight management and not primarily for CV risk reduction. The Bridge may independently verify attestations against Medicare data.

Clinical criteria (attested via prior authorization). Patient must be ≥18 years of age and meet at least one BMI tier at the time of GLP-1 therapy initiation:

BMI QUALIFICATION TIERS	
BMI ≥35	No comorbidity required.
BMI ≥30	**plus one of:** heart failure with preserved ejection fraction · uncontrolled hypertension (SBP >140 or DBP >90 mm Hg despite two antihypertensives) · chronic kidney disease stage 3a or above.
BMI ≥27	**plus one of:** pre-diabetes (per ADA criteria) · previous MI · previous stroke · symptomatic peripheral artery disease.

Important nuance: Criteria apply **at therapy initiation**, not at the PA request — including initiation before Medicare enrollment or before July 1, 2026. CMS example: a patient who started a GLP-1 in September 2024 at BMI 37 and presents in July 2026 at BMI 34 qualifies — attest to the BMI ≥35 criterion met at initiation.

3 Prescribing Workflow — Step by Step

1. **Screen the patient.** Confirm eligible plan type, no excluding diagnosis (T2DM, mod-severe OSA, MASH), no prior Part D GLP-1 coverage, and clinical criteria met at therapy initiation.
2. **Prescribe a covered drug** (Wegovy®, Zepbound® KwikPen®, or Foundayo®) for weight management.
3. **Transmit the prescription with Bridge routing instructions.** Include an obesity diagnosis code (E66 family) and write "SEND TO BRIDGE FOR WEIGHT MANAGEMENT" in the Note field (electronic) or as an annotation. Without this, the pharmacy may submit to the Part D plan, triggering a rejection or wrong-channel PA.
4. **Await the PA request from the pharmacy** — typically within 24–72 hours via ePA or fax after the pharmacy's initial claim is denied with a PA-required message. If nothing arrives within 72 hours, download and submit the fax form at cms.gov/glp-1-bridge.pdf. Submit to the central processor — not CMS. No PA requests are accepted before July 1, 2026.
5. **Complete the prior authorization.** Submit electronically via ePA (e.g., CoverMyMeds) or by paper fax form — CMS strongly encourages electronic submission. The form is an attestation made under penalty of perjury; CMS may verify against Medicare data. **No chart notes or supporting documentation need to accompany the PA** — the completed attestation alone is sufficient. Approval or denial is communicated to you (ePA portal or fax) within 72 hours and mailed to the patient. Believed-erroneous denials may be resubmitted for re-review.
6. **Long-term Management.** The PA is valid through December 31, 2027. No new PA is needed for subsequent refills or dose changes for the same medication. Changing to a different medication will require another PA. Only 28- or 30-day fills are covered.

4 Cost, Billing & Pharmacy Details

For the patient

- Flat **$50 copay** per monthly supply, in every Part D phase.
- Part D deductible does not apply.
- Copay does not count toward TrOOP; drug cost does not count toward gross covered drug costs.
- Low-income subsidy (LIS) does not reduce the $50 copay.
- Manufacturer coupons and discount programs cannot be applied.

Behind the scenes

- Manufacturers supply drugs at a $245/month net price.
- Bridge is primary payer; no coordination of benefits.
- Pharmacy BIN/PCN: **028918 / MEDDGLP1BR**.
- Pharmacies reimbursed at WAC minus copay, plus dispensing fee; no pharmacy opt-in required.
- Electronic claims only (NCPDP standard); no paper claims or direct member reimbursement.

5 Prescriber Eligibility

You do **not** need to be enrolled in Medicare to prescribe or submit a PA under the Bridge (same as Part D). You must not be on the CMS Preclusion List.

6 Context & Key Dates

DATE	MILESTONE
Dec 23, 2025	CMS announces the BALANCE Model + Medicare GLP-1 Bridge demonstration.
Jul 1, 2026	Bridge launches; PA requests accepted from this date forward.
Jan 1, 2027	Negotiated maximum fair price for semaglutide products takes effect under the Drug Price Negotiation Program (operates independently of the Bridge in 2026; 2027 details forthcoming).
Dec 31, 2027	Bridge demonstration ends (extended through 2027 after BALANCE's Medicare launch was delayed).

7 Resources & Contacts

CMS Medicare GLP-1 Bridge hub: cms.gov/medicare/coverage/prescription-drug-coverage/medicare-glp-1-bridge

CMS Prescriber Fact Sheet (Product No. 12235): cms.gov/files/document/glp-1-prescribers-c-1.pdf

Prior authorization fax form: cms.gov/glp-1-bridge.pdf

Technical questions: glp1demo@cms.hhs.gov (no PHI/PII)

Patient plan questions: 1-800-MEDICARE (1-800-633-4227) or local SHIP

This information sheet was prepared by the Arizona Obesity Organization (501(c)(3), EIN 84-2524149 · 2345 E. Thomas Rd., Ste. 100, #620, Phoenix, AZ 85016) as an educational resource for healthcare providers. Content is summarized from CMS Medicare GLP-1 Bridge guidance (CMS.gov pages last modified May–June 2026, including CMS Product No. 12235). It is not billing, legal, or coverage advice; program details may change. Verify current requirements at the CMS Medicare GLP-1 Bridge webpage before submitting prior authorization requests. Questions: President@ArizonaObesity.org · Douglas Maready, MD · President.