Starting July 1, your patients may be eligible for GLP-1 weight loss coverage through Medicare GLP-1 Bridge

The Centers for Medicare & Medicaid announced it's launching the pilot program Medicare GLP-1 Bridge, which will run from July 1, 2026, through Dec. 31, 2027, that may provide a new weight loss coverage pathway for eligible patients.

Medicare GLP-1 Bridge summary

- CMS is offering GLP-1 drug coverage for weight loss for select Medicare Part D eligible members from July 1, 2026, through Dec. 31, 2027.
- Verify Bridge eligibility before submitting a prescription, including Part D enrollment, weight management use, clinical criteria listed below and applicable exclusions.
- Send the prescription to the member's pharmacy with an E66 obesity diagnosis code and "SEND TO BRIDGE FOR WEIGHT MANAGEMENT" in the notes. The claim will initially reject to establish an eligibility record with the Bridge program followed by next steps for the required prior authorization.
- When prompted, submit the prior authorization by electronic prior authorization, or ePA, or fax to Humana, the central processor CMS has selected for Bridge.
- The decision will be communicated within 72 hours.

Patient eligibility and exclusions

The program is intended for Medicare Part D beneficiaries who aren't eligible to receive a GLP-1 through their Part D plans and who don't have Type 2 diabetes, moderate-to-severe sleep apnea or metabolic dysfunction-associated steatohepatitis, known as MASH, as those conditions require requests to be submitted through the patient's Part D plan instead.

- The patient must be at least 18 years old.
- The GLP-1 must be prescribed to reduce excess body weight/maintain weight loss.
- At the time of GLP-1 initiation, the patient must meet at least one of the following:
  - BMI of at least 35
  - BMI of at least 30 with heart failure with preserved ejection fraction, uncontrolled hypertension despite concurrent treatment with two antihypertensive medications, or chronic kidney disease stage 3a or above

- BMI of at least 27 with pre-diabetes, prior myocardial infarction, prior stroke or symptomatic peripheral artery disease

Prescribing and prior authorization workflow

Requests under the Medicare GLP-1 Bridge program don't follow the standard Medicare Part D pathway. Instead, coverage determination requests are submitted to a CMS-designated central processor rather than to the patient's Part D plan. Here are the steps:

1. Providers should confirm plan eligibility (member is enrolled in a standalone prescription drug plan, or PDP, or Medicare Advantage plan that offers prescription drug coverage in 2026) and clinical criteria listed on Page 1 of this alert are met before sending a request to expedite the review process.
2. Prescribe an eligible GLP-1 drug, which includes all formulations of Foundayo™ and Wegovy®, as well as the Zepbound® KwikPen®. **Note:** Zepbound single-dose vials and pens aren't eligible.
3. Send the prescription to the pharmacy using your standard process. **Note on the prescription the member's obesity diagnosis code within the E66 family along with indicating "SEND TO BRIDGE FOR WEIGHT MANAGEMENT" in the "Notes" section of an electronic prescription or as an annotation on non-electronic prescriptions.** This is important to prevent the claim being sent to the member's Part D plan.
4. Once the pharmacy transmits a claim to Medicare GLP-1 Bridge, Medicare will confirm eligibility.
   - If the claim is denied at this step, the pharmacy will get instructions on how to resubmit the claim.
   - If the claim is eligible, Medicare GLP-1 Bridge will still deny the claim, but will instruct the pharmacy that prior authorization is required, and the pharmacy will send the necessary request form to you within 24-72 hours.
   - If within 72 hours you haven't received this request form via ePA or fax, visit **cms.gov/glp-1-bridge.pdf*** to download and submit the fax form.
5. Submit the prior authorization request to Humana, the central processor CMS has selected for Bridge. Approval or denial will be mailed to your patient and communicated to you via ePA or fax within 72 hours of submission.
6. After the first fill is approved, subsequent fills don't require a new prior authorization, unless a patient switches between covered GLP-1 drugs. Only 28-day or 30-day fills are covered under Medicare GLP-1 Bridge.

We encourage providers to review the full CMS prescriber fact sheet, which is available at **cms.gov/files/document/glp-1-prescribers-c-1.pdf**.*

For more information about the Medicare GLP-1 Bridge program, see the document titled Medicare GLP-1 Bridge program: Frequently asked questions for providers.

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