



# The **BRIDGE** to a Healthier You

NAVIGATING THE NEW MEDICARE GLP-1 ACCESS

## CO-SPONSORS





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# Medicare GLP-1 Bridge

*June 18, 2026*

*Centers for Medicare & Medicaid Services*

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# Medicare GLP-1 Bridge Overview



**Overview**



**Workflow Summary**



**Detailed Walkthrough**



**Next Steps**

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# Medicare GLP-1 Bridge Overview

The Centers for Medicare & Medicaid Services (CMS) is expanding access to certain GLP-1 medications for people with Medicare Part D through a short-term demonstration starting July 1, 2026.



Medicare GLP-1 Bridge will operate outside of Medicare Part D plan coverage and use a central processor to manage prior authorization, claims processing, and pharmacy payment.



Medicare GLP-1 Bridge is for patients who have not received a GLP-1 through their Part D plan and do not have type 2 diabetes, moderate-to-severe obstructive sleep apnea, or fatty liver disease.

The patient cost for these drugs under Medicare GLP-1 Bridge is \$50 per month, regardless of their income level. This \$50 payment does not count toward the beneficiary's Medicare Part D plan deductible or yearly out-of-pocket limit. These drugs are not eligible for the Medicare Prescription Payment Plan.

# Medicare GLP-1 Bridge Overview

## Clinical Criteria for Coverage under the Medicare GLP-1 Bridge:

Provider attestation that the beneficiary is **at least 18 years of age**; currently on and will continue **lifestyle modification** (as clinically appropriate); **does not have type 2 diabetes, moderate-to-severe obstructive sleep apnea, or MASH**, and one or more of the following\*:

**BMI of 27+**

with a diagnosis of one or more of the following:

- (a) pre-diabetes,
- (b) previous myocardial infarction,
- (c) previous stroke, or
- (d) symptomatic peripheral artery disease.

**BMI of 30+**

with a diagnosis of one or more of the following:

- (a) heart failure with preserved ejection fraction,
- (b) uncontrolled hypertension,
- (c) chronic kidney disease stage 3a or above

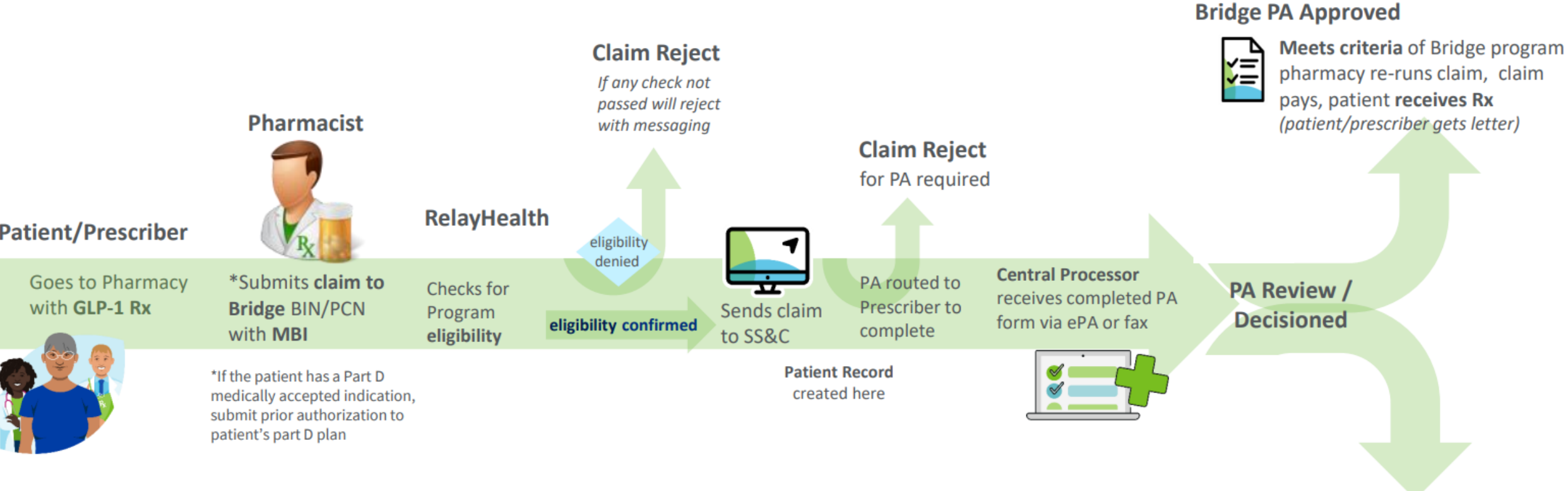
**BMI of 35+**

*Beneficiaries seeking treatment for medically accepted indications (e.g., type 2 diabetes, moderate to severe obstructive sleep apnea, MASH, or risk reduction for major adverse cardiovascular events) should continue to seek coverage as part of their Part D benefit. Eligible beneficiaries for the Medicare GLP-1 Bridge will not include beneficiaries previously or currently taking a GLP-1 in Part D.*

\*BMI and comorbidities are evaluated at the time the patient initiated GLP-1 therapy

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# Workflow: Send Prescription to Medicare GLP-1 Bridge



**Questions about processing and the Program**

- Pharmacy inbound line will be managed through SS&C : 844-673-0910
- GLP1Bridge NCPDP Version D Claim Billing/Claim Rebill Request Claim Billing/Claim Rebill Payer Sheet
- CMS GLP 1 Bridge Program FAQs



Note: Requests will be accepted starting on 7/1/2026 and not before

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# Workflow Summary

## *I've received a prescription for a GLP-1. How do I know whether to send it to Medicare GLP-1 Bridge?*

- Eligible Drugs**  
Foundayo® (tablets), Wegovy® (oral and injectable), Zepbound® (Kwikpen only; not single-dose pen or vials)
- Eligible Plan Types**  
Most Medicare Part D patients are enrolled in eligible plans. People enrolled in PACE plans, private fee-for-service plans, cost contract plans are **not** eligible to participate unless they're also enrolled in a standalone PDP.
- Provider instruction**  
Obesity diagnosis code (E66 family) and instruction in notes field: "SEND TO MEDICARE GLP-1 BRIDGE FOR WEIGHT MANAGEMENT"
- No existing Part D fills**  
Check your dispensing records to see if you've dispensed a GLP-1 for the patient covered by their Part D Plan. If so, the prescription should go to the Part D Plan, not Medicare GLP-1 Bridge.

## How does the pharmacy route the claim to Medicare GLP-1 Bridge?

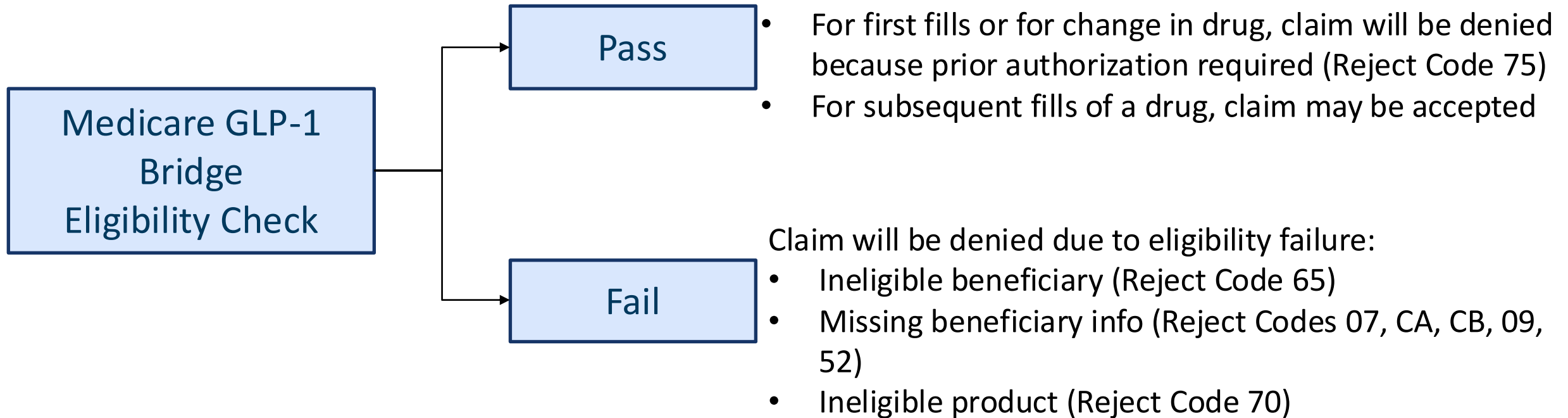


You'll need a Medicare Beneficiary ID to submit the claim to Medicare GLP-1 Bridge. If the patient doesn't have their Medicare card, you can ask the patient for the last 4 digits of their Social Security number to look up the Medicare Number via a Medicare E1 transaction

The Medicare GLP-1 Bridge will be the primary payer for products covered under the Medicare GLP-1 Bridge and will not coordinate benefits with other payers. Coupons and discount programs may not be applied to Medicare GLP-1 Bridge claims. The central processor will process claims submitted electronically using the NCPDP Telecommunication Standard.

For more information, see the payer sheet: <https://www.cms.gov/files/document/glp-1-bridge-payer-sheet.pdf>

# What happens after the claim is routed to Medicare GLP-1 Bridge?



# Common eligibility edits for Bridge and how to resolve them *(full list on website)*

Reason	NCPDP Reject Code	Reject Code Description	Reject Message to Pharmacy	Resolution
Submitted NDC not eligible for coverage through the Medicare GLP-1 Bridge per CMS	70	Product/Service Not Covered	SUBMITTED NDC NOT ELIGIBLE FOR COVERAGE UNDER GLP-1 BRIDGE; RESUBMIT FOR ELIGIBLE GLP-1 PRODUCT	The prescription will need to be rewritten for one of the NDC's eligible for the Medicare GLP-1 Bridge.
Patient is shown to be enrolled in a Part D plan not eligible for the Medicare GLP-1 Bridge per CMS	65	Patient Is Not Covered	ENROLLED IN PART D PLAN NOT ELIGIBLE FOR ENROLLMENT IN GLP-1 BRIDGE	Confirm MBI provided was accurate, patient may need to contact CMS to resolve.
Patient has previously received a GLP-1 through their Part D plan per CMS	65	Patient Is Not Covered	PATIENT HAS PREVIOUSLY RECEIVED A GLP-1 THROUGH THEIR PART D PLAN PER CMS	Inform patient that the Medicare GLP-1 Bridge is only for an enrollee who has not had GLP-1 coverage through their Part D plan. If patient prefers another GLP-1 product for clinical reasons encourage them to seek one through their Part D plan's formulary exception process.
Pharmacy submitted patient's HICN; Transaction should be resubmitted using patient's current MBI on file with CMS	52	Non-Matched Cardholder Id	BENEFICIARY NOT FOUND; VERIFY MEDICARE ID#	Resubmit utilizing accurate MBI instead of HICN/Cardholder ID. You can obtain the MBI by asking the patient for their red, white, and blue Medicare card or by submitting an NCPDP E1 Eligibility verification transaction, which will require the patient's SSN.
Pharmacy submitted patient's previous MBI; Transaction should be resubmitted using patient's current MBI on file with CMS	52	Non-Matched Cardholder Id	BENEFICIARY NOT FOUND; VERIFY MEDICARE ID# IS CURRENT	Confirm MBI provided is accurate and the patient's most current. Patient may need to contact CMS to resolve or you can obtain their current MBI by asking the patient for their newest red, white, and blue Medicare card or by submitting an NCPDP E1 Eligibility verification transaction, which will require the patient's SSN.

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## Common other edits for Bridge and how to resolve them *(full list on website)*

Reason	NCPDP Reject Code	Reject Code Description	Reject Message to Pharmacy	Resolution
Days supply greater than the maximum allowed for the Medicare GLP-1 Bridge (i.e. greater than 30 days)	76	PLAN LIMITATIONS EXCEEDED	DAYS SUPPLY GREATER THAN MAXIMUM FOR THIS PLAN	Resubmit for a 28- or 30-day supply as appropriate
Appropriate tab or cap strength for dose	76	PLAN LIMITATIONS EXCEEDED	USE APPROPRIATE TAB OR CAP STRENGTH FOR DOSE	Resubmit for appropriate quantity (i.e. one pack size)/day supply Foundayo Tablets 30 tabs/30 days  Wegovy Tablets 30 tabs/30 days Wegovy injection 2ml/28 days or 3ml/28 days Wegovy HD 3ml/28 days Zepbound Kwikpen 2.4ml/28 days
Claim in Error - Refilled too soon	79	FILL TOO SOON	CLAIM IN ERROR - REFILLED TOO SOON	Resubmit the claim when more than 75% of the day supply would be utilized based on the last date of fill
PARTIAL FILL TRANSACTION NOT SUPPORTED	RK	PARTIAL FILL TRANSACTION NOT SUPPORTED	PARTIAL FILL TRANSACTION NOT SUPPORTED	No resolution - partial fill not allowed
PRESCRIBER ID NOT ON FILE	56	NON-MATCHED PRESCRIBER ID	NON-MATCHED PRESCRIBER ID	Pharmacist verifies prescriber is valid, can resubmit with SCC 42
PRESCRIBER NOT ELIGIBLE ON DATE FILLED	71	PRESCRIBER IS NOT COVERED	PRESCRIBER IS NOT COVERED	Pharmacist verifies prescriber is valid, can resubmit with SCC 42

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## How do I route the prior authorization request to the provider and follow up?

### You can use your existing processes to transmit the prior authorization request to the prescriber.

If you use an electronic system, such as CoverMyMeds, the transmission of the prior authorization request may happen automatically or may require you to manually send it. If you do not use an electronic system, you can use fax to transmit the prior authorization request to the prescriber. You can notify a prescriber that a prior authorization is required through other communication channels as well (such as phone call or email). The prescriber can submit the prior authorization form via fax or electronic prior authorization (ePA).

### You can use your existing processes to find out the prior authorization status.

If you use an ePA system such as CoverMyMeds, you may receive a notification when the prior authorization is approved or denied. If you do not use an ePA system, you may not receive a notification and will need to resubmit the claim; if the prior authorization has been approved, the claim will then process.

## What do I do when the patient arrives to pick up their prescription?

- ✓ When the patient picks up their prescription, you'll collect a \$50 copayment from every patient receiving coverage under Medicare GLP-1 Bridge, including people with the Low Income Subsidy (Extra Help).
- ✓ Because Medicare GLP-1 Bridge works outside of the Part D benefit, this \$50 copayment doesn't count towards the patient's Part D deductible or annual out-of-pocket maximum nor is eligible for the Medicare Prescription Payment Program.
- ✓ After the first fill is approved, subsequent fills won't need a new prior authorization, unless the patient switches from one covered GLP-1 drug to a different one. Only 28-day or 30-day fills are covered under Medicare GLP-1 Bridge.

Pharmacies will be reimbursed at the wholesale acquisition cost of a drug, less the beneficiary copay, plus a dispensing fee of \$3 for each Medicare GLP-1 Bridge claim (\$5 for a beneficiary residing in long-term care) and, as applicable, sales tax.

## Next Steps

- **No claims will be processed before 7/1**
- For technical questions: email us at [glp1demo@cms.hhs.gov](mailto:glp1demo@cms.hhs.gov)



**Patty Nece**

*Member of the Obesity Action Coalition  
and Past Chair of the OAC National Board of  
Directors*



**Dr. Catherine Varney**  
*Obesity Medicine Director,  
UVA Health; Trustee, Obesity Medicine  
Association*



# Medicare Bridge: Clinical Perspective

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Dr. Cate Varney, D.O., FAAFP, FOMA, ABOM  
Obesity Medicine Director, UVA Health  
Trustee, Obesity Medicine Association  
OCAN Webinar · June 2026

## Key Points



Identify Eligible Patients



Clinical Workflow



Choosing the Right Medication



Managing Patients

# Identifying Eligible Patients

Patient must be 18 years or older, Medicare Part D beneficiaries, Prescribed for reduce excess body weight and maintain weight reduction with reduced calorie diet and increased activity. CLEAR DOCUMENTATION.

**≥35**

BMI

**No additional diagnosis required**

When prescribing link medication to diagnosis code of obesity. *Be specific*, Class 2 obesity, with BMI of 35-39.9

**≥30**

BMI

**AND diagnosis of ONE or more of following: HFpEF, uncontrolled HTN\*, or CKD stage 3a or above**

\*Uncontrolled HTN=>140/90 mmHg despite 2 anti-HTN medications

**≥27**

BMI

**AND diagnosis of ONE or more of following: prediabetes\*, previous MI, previous stroke, or symptomatic peripheral artery disease**

\*A1C of ≥5.7-6.4% OR fasting glucose of 100-125 mg/dL OR 2 hour oral glucose tolerance test of 140-199 mg/dL

# Clinical Workflow

*Obesity management requires structured follow-up — similar to titrating a chronic disease medication.*

## Initiation

- Set expectations of weight loss
  - Foundayo (11.1% at 72 weeks), Oral Wegovy (13.6% at 64 weeks), Wegovy SQ (20.7% at 72 weeks), Zepbound (20.9% at 72 weeks)
- Counseling on administration AND lifestyle plan
- Counseling on most common side effects and initial management

## Monitor monthly

- Monitor and document progress monthly during titration phase
- Increase to max tolerated dose
  - Foundayo (17.2 mg), Oral Wegovy (25 mg), Wegovy SQ (7.2 mg), Zepbound (15 mg)
- Adjust plan PRN
- Reinforce behavioral changes

### Utilize Team

- **Pharm D**
- **LPN/RN**
- **E-visit/Telemedicine**
- **Virtual check-in**
- **Patient portal**

## Follow up

### Every 1-3 months

Prevent unnecessary discontinuation, monitor comorbidity improvement, adjust medications as needed

# Lifestyle is ESSENTIAL

*A structured framework for comprehensive obesity management — address ALL for best outcomes.*

**M**

## Meals

Dietary quality, meal pattern, macronutrient targets

**M**

## Movement

Physical activity prescription, appropriate timing, injury prevention

**M**

## Mind

Behavioral health, stress, sleep, emotional eating, motivation

## TIME CRUNCH?

- Referral to RD
- Referral to activity center
- Referral to behavioral health
  - In-house
  - Online/Telemedicine
  - YMCA/community center/ACAC PREP program

# Meals & Movement — Lifestyle as Medicine

## Meals

### Which diet is best?

The one the patient will **actually follow**. Adherence > diet type. No single diet wins head-to-head long-term.

### Set realistic expectations

Hunger is normal and expected. Acknowledge it — don't dismiss it. Teach satiety cues vs. appetite signals.

### Protein priority

High-protein diet preserves lean mass during weight loss. Target 1.2–1.6 g/kg ideal body weight (NEVER BELOW 60 grams/daily). Prioritize protein at every meal.

### Avoid ultra-processed foods

NOVA classification: ultra-processed foods drive overconsumption. Refined foods, fatty foods worsen GI S/E. Focus on minimally processed whole foods.

## Movement

### Terrible as monotherapy

Exercise alone produces minimal weight loss (~2–3 kg). Caloric compensation and appetite increase offset the deficit.

### But is ESSENTIAL to maximize weight loss and health outcomes

Prescribe it as prevention of muscle mass loss.

### Injury risk at higher BMI

Start low-impact: swimming, cycling, seated resistance training. Advance progressively. Orthopedic barriers are real.

### Current guidelines

150–300 min/week moderate aerobic activity + 2 days resistance training (AHA/ACSM 2023). EVERY minute counts.



**Dr. Diana Isaacs**

*Endocrine Clinical Pharmacist, Cleveland  
Clinic Endocrinology & Metabolism Institute*

# The Pharmacy Experience

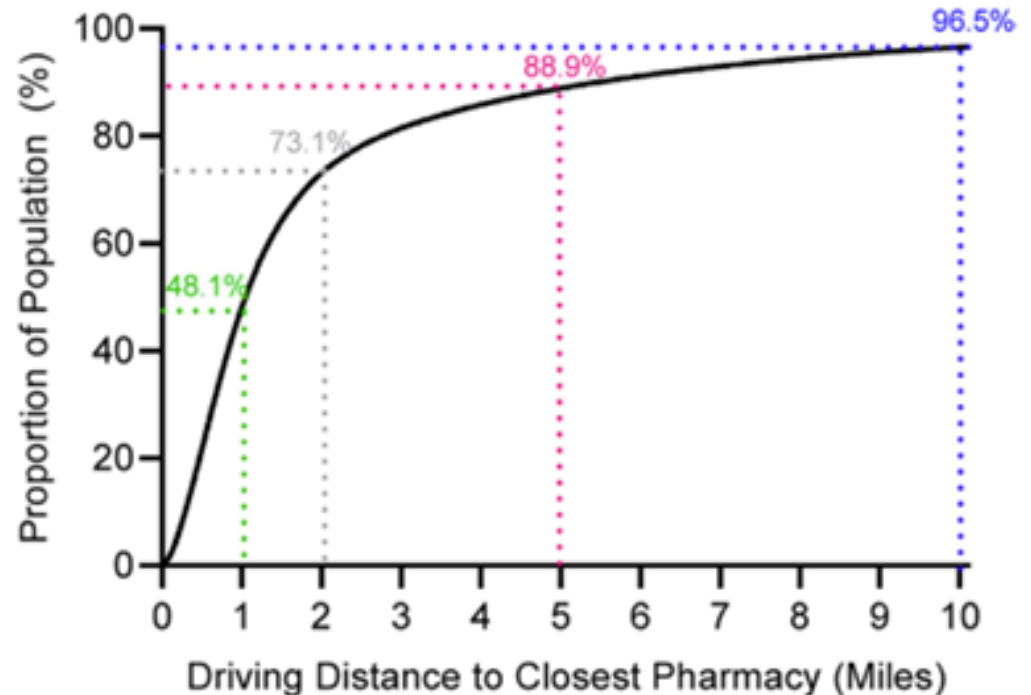
Diana Isaacs, PharmD, BC-ADM, BCACP CDCES, FADCES, FCCP, A-AACE

Endocrinology Clinical Pharmacy Specialist

Cleveland Clinic Endocrinology & Metabolism Institute

# Pharmacists: Widely Trusted & Accessible

- Trusted
  - Nearly 80% of patients view pharmacists as an integral part of their health care team
- Accessible
  - 90% of Americans have a pharmacy within 5 miles of where they live



# What Pharmacists Need to Know

- Medicare GLP-1 Bridge includes all formulations of Foundayo<sup>®</sup>, Wegovy<sup>®</sup>, and Zepbound<sup>®</sup> Kwikpen
  - Not the single-dose vial and single-dose pen formulations of Zepbound<sup>®</sup>
  - Pen needles should be prescribed with Zepbound<sup>®</sup> Kwikpen
- Specific National Drug Code s(NDCs):
  - Foundayo<sup>®</sup> NDCs: 0002-4178-31, 0002-4503-31, 0002-4794-31, 0002-4803-31, 0002-4839-31, 0002-4953-31.
  - Wegovy<sup>®</sup> NDCs: 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<sup>®</sup> NDCs: 0002-3566-11, 0002-3555-11, 0002-3544-11, 0002-3533-11, 0002-3522-11, and 0002-3511-11.

# Pharmacy Logistics

- Pharmacies will collect a \$50 copay and the central processor will process payment to the pharmacy.
- Pharmacies will be reimbursed by the central processor at the wholesale acquisition cost of a drug, less the beneficiary copay, plus a dispensing fee and, as applicable, sales tax.
- Dispensing fee: The CMS central processor will pay a dispensing fee of \$3 for each Medicare GLP-1 Bridge claim (\$5 for a beneficiary residing in long-term care).

# Pharmacy Logistics (Cont)

- Pharmacy submits the claim to the Medicare GLP-1 Bridge Central Processor
  - Processor denies claim and requests PA
- Pharmacy initiates PA and routes to provider office via ePA (Ex. Covermymeds) or fax
- Most PAs auto-adjudicate instantly; remaining decisions return within 72 hours
- Once approved, the pharmacy fills the Rx
- Subsequent fills don't require a new PA unless the patient switches to a different covered GLP-1

# Patient Counseling



Managing expectations



Medication-taking behavior and adherence



Lifestyle & nutrition interventions

# Common Problems & Solutions

- Person's Medicare plan does not participate in the program
- Person does not meet criteria for the program (ex. Has T2D, MASH, OSA or does not meet BMI requirement)
- Missing info (Need Medicare ID or last 4 of social)
- What if you can't meet demand? (consider transfer to Lilly Direct or NovoCare pharmacies)

# Live Q&A

All Panelists

# Additional Resources

Bridge Q &A <https://obesitycareadvocacynetwork.com/news/bridgeqa>

The Patient Journey Roadmap

<https://obesitycareadvocacynetwork.com/news/medicare-glp-1-bridge-the-patient-journey-roadmap>

Eligibility Infographic

<https://obesitycareadvocacynetwork.com/news/medicare-glp-1-bridge-eligibility-infographic>



# Thank You for Joining Us.

*You can make the difference.*

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