Medicare GLP-1 Bridge Program Guide

How GLP-1 medications work + how to identify who may qualify

Important timing
CMS states the Medicare GLP-1 Bridge is a short-term demonstration that runs from July 1, 2026 through December 31, 2027. It operates outside the standard Part D benefit using a central processor for prior authorization, claims adjudication, and pharmacy payment.

How GLP-1 Medications Work in the Body

GLP-1 medications mimic or activate incretin pathways that help regulate blood glucose, appetite, and gastric emptying. Semaglutide products such as Ozempic and Wegovy are GLP-1 receptor agonists. Tirzepatide products such as Mounjaro and Zepbound activate both GIP and GLP-1 receptors.

Increase glucose-dependent insulin secretion

They help the pancreas release insulin when glucose is elevated, helping reduce A1C while usually having a lower risk of hypoglycemia when not combined with insulin or sulfonylureas.

Suppress glucagon and reduce liver glucose output

They reduce excess glucagon signaling, which can decrease glucose release from the liver and improve fasting and post-meal glucose trends.

Slow gastric emptying

Food leaves the stomach more slowly, which can reduce post-meal glucose spikes and increase fullness. This is also why nausea, reflux, early satiety, constipation, or diarrhea may occur.

Increase satiety and reduce appetite

They act on appetite pathways in the brain and gut, helping patients feel full sooner, reduce portions, and experience less food-related craving or “food noise.”

Support broader cardiometabolic outcomes

Depending on the agent and indication, benefits may include weight reduction, improved glycemic control, and selected cardiovascular or kidney-risk reduction outcomes.

What the Medicare GLP-1 Bridge Program Does

Bridge Program Feature	What it means
Purpose	Expands short-term access to certain GLP-1 weight-management medicines for eligible Medicare Part D beneficiaries who are not otherwise eligible for a GLP-1 through their Part D plan.
Timing	Runs July 1, 2026 through December 31, 2027.
Benefit structure	Operates outside the normal Medicare Part D coverage and payment flow. Part D plans do not need to opt in.
Processing	Uses a single central processor for prior authorization, claims adjudication, and pharmacy payment.
Patient cost	Eligible beneficiaries pay $50 per month for Bridge-covered drugs. The payment does not count toward the Part D deductible or annual out-of-pocket limit.

Covered products listed by Medicare	Foundayo tablet, Wegovy injection or tablet, and Zepbound KwikPen only. Medicare states Zepbound single-dose pens and Zepbound vials are not covered under the Bridge.

How to Know Who May Qualify

Screening principle
A patient must meet coverage, exclusion, age, prescribing-intent, and clinical criteria. CMS confirms Bridge eligibility, but clinicians can speed the process by screening the following items before prescribing.

Step-by-Step Qualification Checklist

☐ Has eligible Medicare Part D drug coverage through a standalone Medicare Drug Plan or a Medicare health plan that includes drug coverage.

☐ Is not enrolled only in an excluded plan type, such as certain private fee-for-service plans, cost contract plans, PACE organizations, fallback plans, or religious fraternal benefit plans, unless also enrolled in a standalone prescription drug plan.

☐ Is not currently eligible to receive a GLP-1 drug through their Medicare drug plan. If the Part D plan already covers a GLP-1 for the patient, the request should go through the Part D plan instead of Bridge.

☐ Does not have type 2 diabetes, moderate-to-severe obstructive sleep apnea, or fatty liver disease/MASH. If the patient has one of these conditions, the GLP-1 request may need to go through the patient's Part D plan instead.

☐ Is at least 18 years old.

☐ The prescription is for reducing excess body weight and maintaining weight reduction, not for another approved indication.

☐ Meets one of the BMI/clinical criteria pathways below.

BMI and Clinical Criteria Pathways

Pathway	BMI requirement	Additional diagnosis needed
A	BMI 35 or higher	No additional qualifying diagnosis listed for this pathway.
B	BMI 30 or higher	One or more of: heart failure with preserved ejection fraction; uncontrolled hypertension defined by CMS as systolic BP above 140 mm Hg or diastolic BP above 90 mm Hg despite two antihypertensive medications; or chronic kidney disease stage 3a or above.
C	BMI 27 or higher	One or more of: prediabetes; previous myocardial infarction; previous stroke; or symptomatic peripheral artery disease.

Common Reasons a Patient May Not Qualify for Bridge

Potential issue	What to do instead
Patient has type 2 diabetes	Submit coverage request to the patient's Part D plan for a diabetes-labeled product/indication when appropriate.
Patient has moderate-to-severe OSA and obesity	Coverage may need to go through Part D for an indicated product rather than Bridge.

Patient has fatty liver disease/MASH	Contact the Part D plan; the patient is not Bridge-eligible under CMS criteria.
Patient is already receiving a GLP-1 through Part D	Continue through the Part D plan rather than Bridge.
Patient does not meet BMI/clinical criteria	Bridge is unlikely; consider other obesity treatment options and reassess if clinical status changes.
Drug/product form is not Bridge-covered	Use a Bridge-covered product/form when clinically appropriate, or pursue standard coverage/appeal pathways.

Suggested Clinic Workflow

- Confirm Medicare coverage type and Part D enrollment.
- Check whether the patient already has GLP-1 eligibility through their Part D plan.
- Screen for exclusion diagnoses: type 2 diabetes, moderate-to-severe OSA, and fatty liver disease/MASH.
- Calculate and document BMI using current height and weight.
- Document qualifying comorbidities if BMI is 27-34.9.
- Confirm the prescription intent is weight reduction and long-term weight maintenance.
- Select a Bridge-covered product/form and send the prescription to the pharmacy.
- Be prepared for prior authorization through the Bridge central processor after program start.
- Counsel on side effects, red flags, nutrition/hydration, dose titration, and follow-up monitoring.

Patient Counseling Points

Cost and billing

If approved under Bridge, the patient pays $50 per month. This $50 does not apply to the Part D deductible or annual out-of-pocket limit, and Bridge-covered drugs are not eligible for the Medicare Prescription Payment Plan.

Medication expectations

Appetite reduction can occur within days to weeks. Weight change is gradual and depends on medication tolerance, dose escalation, nutrition, physical activity, and adherence.

Most common side effects

Nausea, constipation, diarrhea, vomiting, reflux, burping, abdominal discomfort, and early fullness are common, especially when starting or increasing the dose.

Red flags

Severe persistent abdominal pain, repeated vomiting, inability to keep fluids down, jaundice, right upper abdominal pain, new vision changes, or signs of allergic reaction should be reported promptly.

Procedures and anesthesia

Patients should tell procedural teams that they take a GLP-1 or GIP/GLP-1 medication because delayed gastric emptying may matter for anesthesia or deep sedation planning.

Patient FAQs

Does Medicare now cover GLP-1s for weight loss for everyone?

No. The Bridge is a temporary demonstration with specific eligibility criteria, covered products, and prior authorization requirements.

If I have diabetes, can I use the Bridge?

Generally no. CMS describes the Bridge as for patients who do not have type 2 diabetes and are not eligible for a GLP-1 through Part D. Patients with diabetes should contact their Medicare drug plan about standard coverage.

Which drugs are included?

Medicare lists Foundayo tablet, Wegovy injection or tablet, and Zepbound KwikPen only. Product availability and formulary operations should be verified at the pharmacy/processor level.

Does the $50 count toward my Part D out-of-pocket costs?

No. Medicare states the $50 Bridge payment does not count toward the Part D deductible or annual out-of-pocket limit.

Who decides if I qualify?

CMS/Bridge processing determines eligibility, but the prescriber can help by documenting the required coverage status, diagnosis exclusions, BMI, qualifying comorbidities, and prescribing intent.

What if I already get Wegovy or Zepbound through my Part D plan?

CMS says patients already eligible for a GLP-1 through their Medicare drug plan should continue through the plan rather than the Bridge.

Selected Sources

- CMS Medicare GLP-1 Bridge overview and FAQs: https://www.cms.gov/medicare/coverage/prescription-drug-coverage/medicare-glp-1-bridge
- Medicare beneficiary fact sheet: Medicare GLP-1 Bridge - GLP-1 Drugs for $50 a Month: https://www.medicare.gov/publications/12234-medicare-glp-1-bridge-glp-1-drugs-for-50-a-month.pdf
- CMS Medicare GLP-1 Bridge information for prescribers: https://www.cms.gov/files/document/glp-1-prescribers-c-1.pdf
- Liu QK. Mechanisms of action and therapeutic applications of GLP-1 and dual GIP/GLP-1 receptor agonists. Front Endocrinol. 2024. https://pmc.ncbi.nlm.nih.gov/articles/PMC11304055/
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Bottom line

The Bridge is best understood as a temporary access pathway for certain Medicare Part D beneficiaries who need treatment for excess body weight and meet strict BMI/comorbidity criteria, while not having conditions that would route GLP-1 coverage through regular Part D instead.