Jefferson Health Plans

Medicare GLP-1 Bridge Demonstration
Frequently Asked Questions (FAQ)

Overview

Q1: What is the Medicare GLP-1 Bridge Demonstration?
A1: The Medicare GLP-1 Bridge Demonstration is a short-term CMS program that provides eligible Medicare beneficiaries access to select GLP-1 medications for weight loss and weight maintenance from **July 1, 2026, through December 31, 2027**. The program operates outside of Medicare Part D coverage and serves as a bridge until CMS determines future coverage options.

Q2: Why was this program created?
A2: Medicare generally excludes coverage of medications used solely for weight loss under Part D. CMS established the Medicare GLP-1 Bridge Demonstration to provide eligible beneficiaries access to these medications at a reduced cost while gathering additional data on utilization and outcomes.

Q3. Is the Medicare GLP-1 Bridge part of Medicare Part D?
A3: No. The Medicare GLP-1 Bridge Demonstration is a separate CMS program and is not part of the Medicare Part D benefit. Coverage decisions are made by CMS and its designated program administrator rather than Medicare Part D plans.

Covered Medications

Q4. Which GLP-1 medications are covered under the program?
A4: The following medications may be covered when prescribed for weight loss and weight maintenance:

- Wegovy® (all covered injectable and oral formulations)
- Foundayo® (orforglipron)
- Zepbound® (KwikPen® only)

Q5. Are GLP-1 medications prescribed for diabetes or other medical conditions covered through the Bridge program?
A5: No. The Bridge program is only for weight loss. Medications prescribed for the below conditions must be processed through the member's regular Medicare Part D plan when applicable:

- Type 2 diabetes
- To reduce the risk of major adverse cardiovascular (CV) events
- Liver disease
- Obstructive sleep apnea (OSA)

Member Eligibility Criteria

In order to determine patient eligibility for Bridge, review the following questions:

Q6. Has my patient received a GLP-1 through their Part D plan?
A6. If yes, your patient isn't eligible for coverage under Medicare GLP-1 Bridge and the provider must submit any request for GLP-1 coverage to the patient's Part D plan.

Q7. Does my patient have type 2 diabetes, moderate-to-severe sleep apnea, or metabolic dysfunction-associated steatohepatitis (MASH)?
A7. If yes, your patient isn't eligible for coverage under Medicare GLP-1 Bridge and the provider must submit any request for GLP-1 coverage to the patient's Part D plan.

Q8. Does my patient meet the Medicare GLP-1 Bridge clinical criteria?
A8. To be eligible, the patient must meet all of the following requirements:

- Be at least 18 years of age
- Be eligible for enrollment in a Medicare Part D or Medicare Advantage plan for 2026-2027
- Be prescribed the GLP-1 to reduce excess body weight and maintain weight reduction and not for any other approved indication
- Meet the required BMI and clinical criteria at the onset of GLP-1 therapy

Eligibility criteria include**:**
BMI ≥ 35

- No additional health conditions required

BMI ≥ 30 plus one of the following:

- Heart failure with preserved ejection fraction (HFpEF)
- Uncontrolled hypertension
- Chronic kidney disease (CKD) Stage 3a or greater

BMI ≥ 27 plus one of the following:

- Prediabetes (A1c 5.7–6.4%)
- Prior myocardial infarction (MI)
- Prior stroke (CVA)
- Symptomatic peripheral artery disease (PAD)

Q9: Can patients who already receive GLP-1 coverage through their Medicare Part D plan switch to the Bridge program?
A9: No. Patients who are eligible to obtain a GLP-1 medication through Medicare Part D are not eligible to use the Bridge program simply to obtain the lower $50 copay.

Prescribing and Prior Authorization Process

Q10. What steps should providers follow?
A10:
Step 1: Confirm patient eligibility.
Step 2: Send the prescription to the pharmacy with an obesity diagnosis code (the E66 family) and indicate **"SEND TO BRIDGE FOR WEIGHT MANAGEMENT"** as a note or annotation.
Step 3: Pharmacy will send back prior authorization through CoverMyMeds (CMM).
Step 4: Complete the prior authorization through CMM. If no PA is received within 72 hours, office can complete and fax CMS Medicare GLP-1 Bridge PA form.
Step 5: Approval or denial should be received within 72 hours.

Q11: Are medical records required?
A11: No. CMS does not currently require submission of medical records. Providers attest to the diagnosis and eligibility criteria when completing the prior authorization.

Q12: How long does an approved authorization remain valid?
A12: Once approved, a Bridge PA remains valid through **December 31, 2027,** and covers all strengths and refills for that specific Bridge-eligible GLP-1. A new prior authorization is only needed if the patient switches from one covered GLP-1 drug to a different one.

Member Cost Sharing

Q13: What is the member's cost?
A13: Approved beneficiaries pay a **flat $50 copay per month** for a 28-day or 30-day supply. This includes members who receive Extra Help through Medicare.

Q14: Does the $50 payment count toward the member's Medicare Part D deductible or out-of-pocket maximum?
A14: No. Because the program operates outside of Medicare Part D, payments made through the Bridge program do not count toward:

- Part D deductibles
- True Out-of-Pocket (TrOOP) costs
- Annual out-of-pocket maximums

Appeals and Denials

Q15: Is there an appeals process for Medicare GLP-1 Bridge denials?
A15: Currently, CMS has not established a formal appeals process for Bridge program denials. Providers may resubmit prior authorizations if additional or corrected information is available.

Q16: What happens if a patient's Medicare Part D plan denies coverage?
A16: The pharmacy may resubmit the claim through the Medicare GLP-1 Bridge program. After the claim is submitted to the Bridge processor, the prescribing provider must submit a separate Bridge prior authorization request.

Additional Resources

For the most current information regarding the Medicare GLP-1 Bridge Demonstration, providers are encouraged to review the following resources:

CMS Program Information

- **Medicare GLP-1 Bridge Program**
  - https://www.cms.gov/medicare/coverage/prescription-drug-coverage/medicare-glp-1-bridge

Provider Resources

- **CMS Information for Prescribers**
  - https://www.cms.gov/files/document/glp-1-prescribers-c-1.pdf

- **CMS Provider Information Page**
  - https://www.cms.gov/medicare/coverage/prescription-drug-coverage/medicare-glp-1-bridge/information-providers

Prior Authorization Resources

- **Medicare GLP-1 Bridge Prior Authorization Form**
  - https://www.cms.gov/glp-1-bridge.pdf

Pharmacy Resources

- **CMS Information for Pharmacies**
  - https://www.cms.gov/medicare/coverage/prescription-drug-coverage/medicare-glp-1-bridge/information-pharmacies

- **GLP-1 Bridge Pharmacy Payer Sheet**
  - https://www.cms.gov/files/document/glp-1-bridge-payer-sheet.pdf

Beneficiary Resources

- **CMS Medicare GLP-1 Bridge Beneficiary Fact Sheet**
  - https://www.medicare.gov/publications/12234-medicare-glp-1-bridge-glp-1-drugs-for-50-a-month.pdf

- **Weight Loss Drugs Coverage Information**
  - https://www.medicare.gov/coverage/weight-loss-drugs

Contact Information

- **Medicare:** 1-800-MEDICARE (1-800-633-4227)
- **TTY:** 1-877-486-2048
- Available 24 hours a day, 7 days a week. Providers and beneficiaries with questions regarding eligibility, coverage determinations, or program requirements may contact Medicare directly.