

# Medicare GLP-1 Bridge

## INFORMATION FOR PHARMACIES

### What is the Medicare GLP-1 Bridge program?

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

### How can I fill prescriptions through Medicare GLP-1 Bridge starting July 1?

<p><b>1. Determine whether the prescription should be routed to the Part D Plan or to Medicare GLP-1 Bridge.</b></p> <p><b>While CMS will confirm whether a patient is eligible for Medicare GLP-1 Bridge, pharmacies can help expedite the process by asking these questions.</b></p>	<p><b>Is the patient enrolled in an eligible Medicare Part D Plan?</b> If yes, then the patient might qualify for Medicare GLP-1 Bridge. Most Medicare Part D patients are enrolled in eligible plans. People enrolled in private fee-for-service plans, section 1876 cost contract plans, section 1833 health care prepayment plans, PACE organizations, fallback plans, and religious fraternal benefit plans aren't eligible to participate unless they're also enrolled in a standalone prescription drug plan (PDP).</p> <p><b>Is the prescription for a Medicare GLP-1 Bridge covered drug?</b> If yes, then the patient might qualify for Medicare GLP-1 Bridge. The following NDCs are included in the Medicare GLP-1 Bridge.</p> <ul style="list-style-type: none"> <li>● Foundayo® Tablet. NDCs: 0002-4178-31, 0002-4503-31, 0002-4794-31, 0002-4803-31, 0002-4839-31, 0002-4953-31</li> <li>● Wegovy® Oral and Injectable. 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.</li> <li>● Zepbound® KwikPen.® NDCs: 0002-3566-11, 0002-3555-11, 0002-3544-11, 0002-3533- 11, 0002-3522-11, and 0002-3511-11.</li> </ul> <p>○ Note: The single-dose Zepbound® pen and Zepbound® vials are NOT covered.</p> <p><b>Does this patient have existing coverage for GLP-1s under their Part D Plan?</b> 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 patient's Part D Plan, not Medicare GLP-1 Bridge. If the beneficiary is unable to receive a GLP-1 through their Part D plan then they may be eligible for Medicare GLP-1 Bridge coverage. The pharmacy may be notified of the Part D prior authorization (PA) denial in one of the following ways: Notice of denial sent to the prescriber; Notice of denial sent to the patient; Part D claim response.</p> <p><b>Has the patient or prescriber said this prescription should go to Medicare GLP-1 Bridge?</b> If the prescriber has determined that their patient may be eligible for coverage under Medicare GLP-1 Bridge, they may request that the pharmacy send the claim directly to Medicare GLP-1 Bridge by including an obesity diagnosis code (the E66 family) and indicating "SEND TO BRIDGE FOR WEIGHT MANAGEMENT" on the prescription in the Note field if electronic, or as an annotation if non-electronic.</p>
<p><b>2. Route the prescription to Medicare GLP-1 Bridge</b></p>	<p>The BIN/PCN of the Medicare GLP-1 Bridge is 028918 / MEDDGLP1BR. The payer sheet has additional information for submitting claims.</p> <p>You'll need a Medicare Beneficiary ID to submit the claim to the 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.</p>

<b>3. Wait for a claim denial from Medicare GLP-1 Bridge</b>	<p>Once you direct a claim to Medicare GLP-1 Bridge, Medicare GLP-1 Bridge will assess the patient's eligibility. If the claim fails the eligibility check, you'll get a denial and denial code with an explanation. If the claim passes the eligibility check, it will be denied because a prior authorization is required. A list of denial codes is available on our website, <a href="https://www.cms.gov/medicare/coverage/prescription-drug-coverage/medicare-glp-1-bridge">https://www.cms.gov/medicare/coverage/prescription-drug-coverage/medicare-glp-1-bridge</a></p>
<b>4. Transmit the prior authorization request to the prescriber</b>	<p><b>You can use your existing processes to transmit the prior authorization request to the prescriber.</b> 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.</p> <ul style="list-style-type: none"> <li>● 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).</li> </ul>
<b>5. Wait for a denial or acceptance by the Medicare GLP-1 Bridge</b>	<p>If the prior authorization is rejected by the Medicare GLP-1 Bridge, the prescriber and the patient will be notified and provided with a denial reason. If the prior authorization is accepted, the prescriber and the patient will be notified. This should occur within 72 hours of submission.</p> <p><b>You can use your existing processes to find out the prior authorization status.</b> 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.</p>
<b>6. Dispense the prescription</b>	<p>When the patient picks up their prescription, you'll collect a \$50 copayment from the patient, even if they normally receive Medicare 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 and is not eligible for the Medicare Prescription Payment Program.</p> <ul style="list-style-type: none"> <li>● 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.</li> </ul>
<b>7. Dispense refills as appropriate</b>	<p>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.</p> <ul style="list-style-type: none"> <li>● Only 28-day or 30-day fills are covered under Medicare GLP-1 Bridge, not longer time periods.</li> </ul>

### Questions?

For more information visit: <https://www.cms.gov/medicare/coverage/prescription-drug-coverage/medicare-glp-1-bridge/information-pharmacies> This page will be updated regularly with additional resources ahead of the Medicare GLP-1 Bridge launch on July 1, 2026. Technical questions? Email [glp1demo@cms.hhs.gov](mailto:glp1demo@cms.hhs.gov)