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**CENTER FOR MEDICARE**

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**DATE:** June 10, 2026

**TO:** Part D Plan Sponsors

**FROM:** Chris Klomp, Chief Counselor, HHS, and Director of Medicare & Deputy Administrator, CMS

**SUBJECT:** Medicare GLP-1 Bridge: Expectations and Frequently Asked Questions for Part D Sponsors

On March 3, 2026, the Centers for Medicare & Medicaid Services (CMS) released a HPMS memorandum to provide responses to frequently asked questions (FAQs) related to the Medicare GLP-1 Bridge (*Frequently Asked Questions Related to the Medicare GLP-1 Bridge*). The Medicare GLP-1 Bridge is a short-term demonstration run by CMS that will provide eligible Medicare Part D beneficiaries with access to certain GLP-1 drugs for weight management between July 1, 2026, and December 31, 2027.

Section 402(a)(1)(A) of the Social Security Amendments of 1967, as amended and expressly made applicable to Part D by section 1860D-42(b) of the Social Security Act (“the Act”), authorizes the Secretary to carry out demonstration projects to determine whether “changes in methods of payment or reimbursement” under Medicare “would have the effect of increasing the efficiency and economy of health services” covered under Medicare through the “creation of additional incentives to these ends.” In order to determine whether newly providing access to certain GLP-1 drugs for weight management increases the efficiency and economy of services covered under Medicare and accurately assess the impacts of increased access to GLP-1 drugs for weight management for the purpose of future policy development, the Medicare GLP-1 Bridge is designed to only include Medicare Part D beneficiaries prescribed GLP-1 drugs for weight management who would not otherwise have access through Part D.

Part D beneficiaries who are currently eligible for GLP-1 coverage through the Medicare Part D benefit, regardless of whether it is on the beneficiary’s Part D plan’s formulary, are not eligible to receive GLP-1 drugs through the Medicare GLP-1 Bridge. Eligibility for the Medicare GLP-1 Bridge is irrespective of any cost sharing differential between Part D plan coverage and Medicare GLP-1 Bridge coverage.

The Medicare GLP-1 Bridge operates outside of the Part D coverage and payment flow and therefore does not waive or modify any existing contractual, statutory, or regulatory requirements for Part D plan sponsors. Part D plan sponsors remain responsible for complying with all applicable program requirements and obligations under the Medicare Part D program. Specifically, Part D plan sponsors must continue to provide coverage of GLP-1 drugs for indications that are currently coverable under Medicare Part D, consistent with Contract Year (CY) 2026 bids, and must not deny or limit access to GLP-1 drugs in a manner that improperly encourages use of the Medicare GLP-1 Bridge. Part D enrollees who are prescribed an eligible GLP-1 drug for a use that is coverable under the plan's Medicare Part D benefit, regardless of whether the eligible GLP-1 drug is on the Part D plan's formulary, do not qualify for coverage under the Medicare GLP-1 Bridge. Additionally, beneficiaries diagnosed with a condition that is currently eligible for coverage under Part D, such as moderate to severe obstructive sleep apnea (OSA), noncirrhotic metabolic dysfunction-associated steatohepatitis with moderate to advanced liver scarring (fibrosis), or type 2 diabetes, are not eligible for the Medicare GLP-1 Bridge. Part D plan sponsors must continue to follow their existing formulary exception processes for these requests.

CMS will be conducting rigorous monitoring of Medicare Part D and Medicare GLP-1 Bridge data to ensure that Part D plan sponsors are not inappropriately shifting or attempting to shift beneficiaries to the Medicare GLP-1 Bridge or making changes to access decisions or formulary exception processes following the implementation of the demonstration. CMS will take appropriate action under 42 CFR 423.752 in the event that it determines a Part D Plan sponsor has failed to comply with its obligations under the Medicare Part D program.

For additional information on the Medicare GLP-1 Bridge, please visit <https://www.cms.gov/medicare/coverage/prescription-drug-coverage/medicare-glp-1-bridge/information-part-d-plans>. CMS will continue to update this document with additional FAQs to reflect additional or updated guidance, as needed. Please direct any questions regarding the information included in this memorandum to [GLP1Demo@cms.hhs.gov](mailto:GLP1Demo@cms.hhs.gov).

## **Part D Sponsor Interactions with the Medicare GLP-1 Bridge**

### **1. What is the Medicare GLP-1 Bridge?**

The Medicare GLP-1 Bridge is a short-term CMS demonstration project that will provide eligible Medicare Part D beneficiaries with access to certain GLP-1 drugs starting July 1, 2026. The Medicare GLP-1 Bridge will operate outside of the Medicare Part D benefit's coverage and payment flow. As a result, Part D plan sponsors will not bear financial risk for eligible GLP-1 drugs furnished under the Medicare GLP-1 Bridge, and Part D plan sponsors do not have to opt in to the Medicare GLP-1 Bridge for eligible beneficiaries to access these drugs beginning July 1, 2026.

### **2. Can Part D plan sponsors participate in the Medicare GLP-1 Bridge?**

Part D plan sponsors are not participants in the Medicare GLP-1 Bridge. In 2026, CMS will use a single central processor to manage prior authorization, claims adjudications,

and payments to pharmacies for GLP-1 drugs furnished under the Medicare GLP-1 Bridge. As a result, Part D plan sponsors do not have a financial or administrative role in furnishing GLP-1s under the Medicare GLP-1 Bridge.

**3. How does the Medicare GLP-1 Bridge interact with drug coverage from a Medicare Part D plan?**

Under the Medicare GLP-1 Bridge, participating manufacturers will provide eligible GLP-1 drugs at a net price of \$245 per monthly supply. Coverage of eligible GLP-1 drugs furnished under the Medicare GLP-1 Bridge is provided outside of the Part D benefit payment flow and coverage. As such, no part of the \$245 net price for eligible GLP-1 drugs prescribed for uses covered under the Medicare GLP-1 Bridge counts toward an eligible beneficiary's gross covered prescription drug costs (GCPDC), and no part of the \$50 copay counts toward the beneficiary's true out-of-pocket costs (TrOOP) under their Part D plan. In addition, the \$50 copay for eligible beneficiaries remains the same, regardless of the phase of the Part D benefit an eligible beneficiary is in when they fill a prescription for an eligible GLP-1 drug covered under the Medicare GLP-1 Bridge. Similarly, low-income cost-sharing subsidies also do not apply to any portion of the copay. GLP-1s dispensed under the Medicare GLP-1 Bridge are not eligible for the Medicare Prescription Payment Program.

**4. Will CMS be waiving any existing Part D plan sponsor requirements as part of the Medicare GLP-1 Bridge in 2026?**

The Medicare GLP-1 Bridge does not waive or modify any existing contractual, statutory, or regulatory requirements for Part D plan sponsors. Part D plan sponsors remain responsible for complying with all applicable program requirements and obligations under their Part D contracts and consistent with CY 2026 bids.

**5. What are Part D plan sponsors' responsibilities for coverage of GLP-1 drugs for Part D eligible indications?**

Part D plan sponsors must continue to provide coverage of GLP-1s for indications that are currently coverable under Medicare Part D, consistent with CY 2026 bids, and must not deny or limit access to GLP-1s in a manner that improperly encourages use of the Medicare GLP-1 Bridge. Beneficiaries who are prescribed an eligible GLP-1 drug for a use that is coverable under the plan's Medicare Part D benefit, regardless of whether the eligible GLP-1 drug is on the Part D plan's formulary, do not qualify for coverage under the Medicare GLP-1 Bridge. For example, beneficiaries prescribed Zepbound® for the treatment of moderate to severe obstructive sleep apnea in adults with obesity or Wegovy® to reduce the risk of major adverse cardiovascular events in adults with established cardiovascular disease and either obesity or overweight should continue to receive coverage through Medicare Part D. Part D plan sponsors must continue to follow their existing formulary exception processes for these requests. Part D plan sponsors are

not required to change existing cost-sharing for GLP-1 drugs to align with the Medicare GLP-1 Bridge \$50 co-pay.

CMS will conduct ongoing monitoring and oversight to ensure that Part D plan sponsors are not inappropriately shifting beneficiaries to the Medicare GLP-1 Bridge, including review of utilization management practices and formulary exception processes. CMS will also analyze Medicare GLP-1 Bridge and Part D program data to identify potential changes in coverage patterns that could suggest inappropriate shifting or changes in access decisions following the implementation of the demonstration.

### **Beneficiary Eligibility for the Medicare GLP-1 Bridge**

- 6. Is a beneficiary who is currently receiving a GLP-1 drug through Part D for a non-weight management indication (e.g., treatment of type 2 diabetes) eligible to receive a *different* GLP-1 drug (e.g., Wegovy® or Zepbound®) under the Medicare GLP-1 Bridge if prescribed for weight management?**

No, a beneficiary diagnosed with a condition that is currently eligible for coverage under Part D is not eligible for the Medicare GLP-1 Bridge, even if the beneficiary otherwise meets the Medicare GLP-1 Bridge clinical criteria. If a provider submits a prior authorization request to the Medicare GLP-1 Bridge attesting a beneficiary has a Part D coverable diagnosis of moderate to severe obstructive sleep apnea, noncirrhotic metabolic dysfunction-associated steatohepatitis with moderate to advanced liver scarring (fibrosis), or type 2 diabetes, it will be denied.

- 7. Can a beneficiary who is currently receiving a GLP-1 drug through Part D for a non-weight management indication (e.g., moderate to severe obstructive sleep apnea or cardiovascular risk reduction) receive that same or another eligible GLP-1 drug under the Medicare GLP-1 Bridge for weight management?**

No, a beneficiary who is currently receiving Part D coverage of a GLP-1 drug is not eligible for the Medicare GLP-1 Bridge and should continue to receive coverage from their Part D plan, even if the GLP-1 is an eligible drug under the Medicare GLP-1 Bridge and the beneficiary otherwise meets the Medicare GLP-1 Bridge clinical criteria.

- 8. Can a beneficiary who has previously received a GLP-1 drug through Part D for a non-weight management indication (e.g., type 2 diabetes or moderate to severe obstructive sleep apnea) receive the same GLP-1 drug or another eligible GLP-1 drug under the Medicare GLP-1 Bridge for weight management?**

No, a beneficiary who has received a GLP-1 through Part D in CY 2026 is not eligible for the Medicare GLP-1 Bridge and should continue to receive coverage from their Part D plan, even if they are prescribed an eligible GLP-1 drug for a weight management indication and otherwise meet the Medicare GLP-1 Bridge clinical criteria.

**9. How will Part D plan sponsors know if their enrolled beneficiaries are receiving GLP-1s for weight management through the Medicare GLP-1 Bridge?**

CMS is establishing a mechanism to share data with Part D plan sponsors about Medicare GLP-1 Bridge utilization and will provide more information in the coming weeks.

**Prior Authorization and Coverage Determination Requests**

**10. What should Part D plan sponsors do if they receive a prior authorization request for a Medicare GLP-1 Bridge-covered drug for weight management?**

If a provider submits a prior authorization request to a Part D plan sponsor for a GLP-1 product that is excluded from coverage under Medicare Part D (agents when used for weight loss) but may be eligible for coverage under the Medicare GLP-1 Bridge, CMS strongly encourages the Part D plan sponsor to assist with directing the claim to the Medicare GLP-1 Bridge for review. Specifically, CMS strongly encourages Part D plan sponsors to return the following message to the pharmacy as free text in the Additional Message Information (526-FQ) field with the appropriate qualifier “FOR OBESITY: BIN 028918 PCN MEDDGLP1BR” (without quotation marks) as recommended by the NCPDP WG9 Medicare FAQ Task Group.

**11. How should Part D plan sponsors handle prior authorization requests for GLP-1 drugs prescribed for Part D coverable uses?**

When a provider prescribes a GLP-1 drug for a beneficiary for a use covered under the basic Part D benefit (e.g. Zepbound® for the treatment of moderate to severe obstructive sleep apnea in adults with obesity; Wegovy® to reduce the risk of major adverse cardiovascular events in adults with established cardiovascular disease and either obesity or overweight) the provider will need to complete the applicable utilization management requirements through the beneficiary’s Part D plan. The Medicare GLP-1 Bridge is outside of the Part D coverage and payment flow and as a result, does not modify any process or requirements for the individual’s Part D coverage.

**12. Does the Medicare GLP-1 Bridge affect beneficiary appeal rights or coverage determination requirements under Part D?**

No. CMS reminds plan sponsors of their obligations related to coverage determinations under 42 CFR Part 423 Subpart M. The Medicare GLP-1 Bridge does not modify beneficiary appeal rights, including exception requests, in relation to their Part D coverage.

**Marketing and Communications**

**13. What can Part D plan sponsors communicate to beneficiaries about the Medicare GLP-1 Bridge?**

CMS encourages Part D plan sponsors to direct eligible beneficiaries to 1-800-MEDICARE and CMS-provided resources, for more information about the Medicare GLP-1 Bridge. Part D plan sponsors may also provide information publicly available on the [Medicare GLP-1 Bridge webpage](#) in a neutral manner.

However, Part D plan sponsors should not represent the Medicare GLP-1 Bridge as part of their benefit offering. Specifically, Part D plan sponsors must not advertise participation in the Medicare GLP-1 Bridge, include the Medicare GLP-1 Bridge in plan benefit materials, or suggest that access to the Medicare GLP-1 Bridge is associated with enrollment in a particular plan. All communications must comply with existing Medicare Advantage and Part D marketing regulations and guidance, including prohibitions on misleading or confusing information. Additionally, Part D plan sponsors should not provide information that improperly directs beneficiaries eligible for a GLP-1 for an indication currently coverable by Part D to utilize the Medicare GLP-1 Bridge.

**14. Will CMS conduct outreach to beneficiaries, providers and pharmacies with additional information about the Medicare GLP-1 Bridge and specific instructions related to the program?**

Yes, CMS expects to provide additional information for beneficiaries, providers, and pharmacies in advance of the launch of the Medicare GLP-1 Bridge on July 1, 2026. Outreach and educational materials will be posted on the [Medicare GLP-1 Bridge webpage](#).

CMS will be hosting educational webinars for pharmacies. For additional information, please reference the May 28, 2026, HPMS memorandum *Medicare GLP-1 Bridge - Informational Pharmacy Webinar*.

**Beneficiary Inquiries and Complaints**

**15. How should Part D sponsors direct inquiries from beneficiaries related to the Medicare GLP-1 Bridge?**

Beneficiary inquiries related to the Medicare GLP-1 Bridge should be directed to 1-800-MEDICARE. CMS reminds Part D plan sponsors that inquiries related to GLP-1 coverage under Part D or GLP-1 coverage for an indication other than weight management should be addressed by the Part D plan sponsor.

**16. Will Part D plan sponsors be responsible for resolving complaints about the Medicare GLP-1 Bridge in the Complaint Tracking Module (CTM) in the Health Plan Management System (HPMS)?**

No, Part D plan sponsors are not responsible for resolving complaints about the Medicare GLP-1 Bridge. Part D plan sponsors continue to be responsible for resolving complaints related to GLP-1 coverage under Part D, GLP-1 coverage for an indication other than

weight management, or cost-sharing for a Part D-covered drug. If a Part D plan sponsor believes they have been assigned a complaint related to the Medicare GLP-1 Bridge, they may use the Plan Request process to request a contract change. For additional information about the Plan Request process, please see the January 6, 2025, HPMS memorandum *Updated Complaints Tracking Module Standard Operating Procedures*.