

Medicare GLP-1 Bridge: Information for Pharmacies

June 11, 2026

Centers for Medicare & Medicaid Services

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Medicare GLP-1 Bridge Overview



Overview



Workflow Summary



Detailed Walkthrough



Next Steps

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:

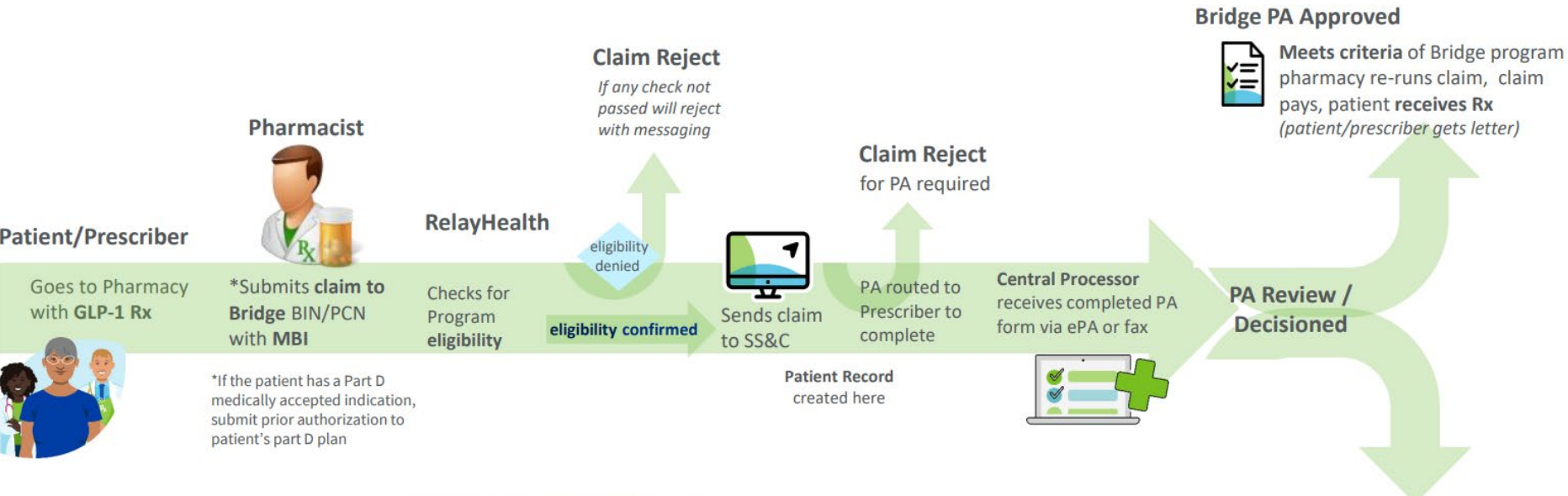
- (a) heart failure with preserved ejection fraction,
- (b) uncontrolled hypertension,
- (c) chronic kidney disease stage 3a or above

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

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?

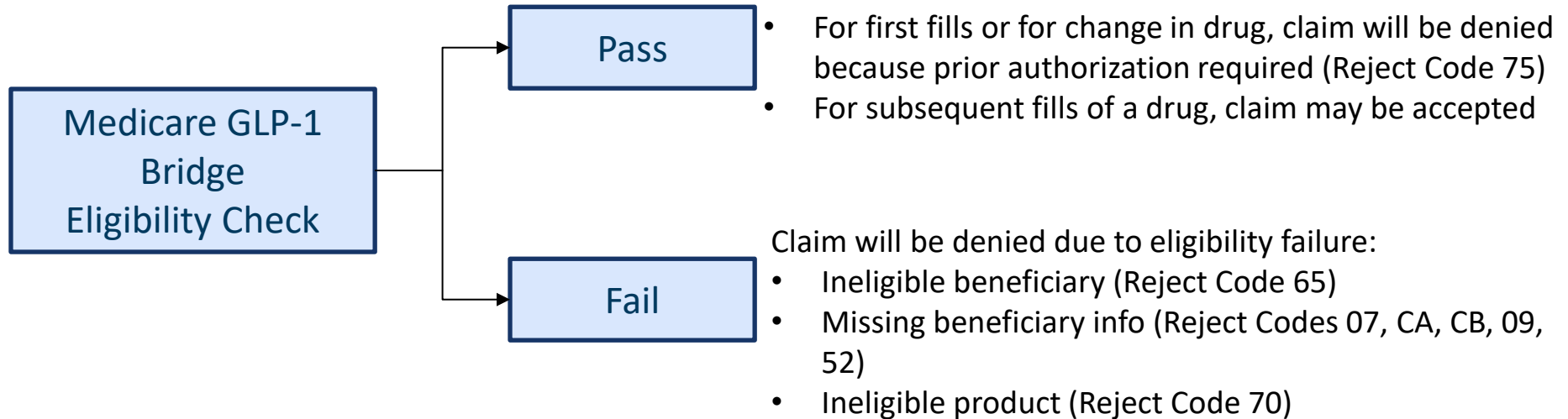


You'll need a Medicare Beneficiary ID to submit the claim to Medicare GLP-1 Bridge. If the patient doesn't have their Medicare card, you can ask the patient for the last 4 digits of their Social Security number to look up the Medicare Number via a Medicare E1 transaction

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