# GLP-1 Medicare Part D Bridge Program Information Available at CMS.gov

Wellcare is committed to sharing CMS-provided guidance with our provider partners on the recently launched Medicare GLP-1 Bridge program.

**Note: Medicare GLP-1 Bridge is a demonstration program operated by Medicare. Providers are required to submit prior authorization requests for the Bridge program directly to Medicare after assessing patient eligibility and a prescription is sent to their pharmacy.**

Providers are strongly encouraged to view resources provided by CMS, including the Prescriber Fact Sheet, for the latest program information, including:

- Eligibility criteria for Medicare Part D beneficiaries.
- Where, when and how to submit prescriptions and prior authorization requests.
- Eligible medications for the short-term demonstration program.
- Expected costs for Part D beneficiaries, including those receiving a low-income subsidy (LIS).

*For additional program information and additional resources, visit CMS.gov. Additional guidance developed by CMS and recommended next steps are provided as a benefit to our provider partners continues below.*

## CMS Launches Medicare GLP-1 Bridge Program

The Centers for Medicaid and Medicare Services (CMS) launched a new program called Medicare GLP-1 Bridge on July 1, 2026, and it is expected to run through Dec. 31, 2027.

This short-term demonstration program for beneficiaries enrolled in a Medicare Drug Coverage Plan (Part D) is intended to expand access to certain GLP-1 medications for weight management for Part D beneficiaries 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.

The Medicare GLP-1 Bridge uses a CMS-established central processor that is not affiliated with Part D health plans. This processor should be used by providers for all prior authorization, claims adjudication, and pharmacy reimbursement.

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Note: Wellcare Medicare Part D plans are unable to accept, process, or support any prior authorization requests or reimbursements affiliated with the GLP-1 Bridge Program.

**Which Medications are Eligible for the GLP-1 Bridge Program?**

As of July 1, 2026, the Medicare GLP-1 Bridge currently includes Wegovy® (all formulations), Foundayo® (all formulations), and Zepbound® (KwikPen only).

*Visit CMS.gov for the latest information on eligible medications for the program.*

**Who is eligible to participate in the GLP-1 Bridge Program?**

Medicare beneficiaries may qualify for the demonstration program if they:

1. Are enrolled in Medicare Part D coverage.
2. Are prescribed an eligible GLP-1 for weight management only, not another approved Part D indication.
3. Meet the Medicare GLP-1 Bridge clinical criteria.

   Examples of the clinical thresholds include individuals with a Body Mass Index (BMI) that is greater than or equal to:
   - 35%
   - 30% with identified comorbidities
   - 27% with qualifying health risks

*Medicare beneficiaries receiving GLP-1 drugs through Part D for other medically accepted indications are ineligible for the Bridge program. CMS has developed a dedicated resource for more information on clinical thresholds and additional Bridge program details at the following link: Medicare GLP-1 Bridge Prescriber Information.*

**What is the expected cost for eligible Part D beneficiaries?**

Eligible individuals, including those who receive a low-income subsidy (LIS), typically pay a $50 copay per fill. Costs associated with the GLP-1 Bridge Program do not count toward Part D out-of-pocket (TrOOP) or benefit phases.

**What is the appropriate process for submitting prior authorization requests and/or claims for the GLP-1 Bridge Program?**

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Pharmacies are required to submit all prescriptions through the Medicare GLP-1 Bridge central processor. For all process and program information, providers, prescribers and pharmacies visit CMS.gov.

Providers should send prescriptions for patients who may be eligible to their pharmacy using the instructions found in the CMS issued resources.

*Reminder: Wellcare Medicare Part D plans are unable to accept, process, or support any prior authorization requests, claims submissions, or reimbursements affiliated with the GLP-1 Bridge Program.*

**When is it appropriate to submit a prior authorization request to a Part D health plan for a GLP-1 medication?**

Providers should submit the appropriate information, including prior authorization requests, to a Part D plan when a beneficiary is a candidate for a GLP-1 medication, and one or more of the following are true:

A. They have previously been prescribed a GLP-1 medication through the Part D program.
B. They have a Part D covered indication, such as Type 2 diabetes (T2D), Obstructive Sleep Apnea (OSA), or Metabolic Dysfunction-Associated Steatohepatitis (MASH).
C. Does not meet the Medicare GLP-1 Bridge clinical criteria.

**Who can I contact if I have additional questions or concerns?**

Providers should visit *CMS.gov* to stay updated with the most relevant information on the GLP-1 Bridge Program or call 855-273-0102 from 8 a.m. to 7 p.m. Monday through Friday.

*The GLP-1 Bridge Program is operated directly by Medicare. Providers with questions about the program that contact their Wellcare Health Plan Representative may be directed to the resources provided above for additional information.*

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*The following information and recommended action items are provided by Wellcare as a courtesy. Providers are encouraged to visit CMS.gov to confirm the requirements and processes affiliated with the GLP-1 Bridge Program.*

- Identify Medicare Part D beneficiaries that may meet GLP-1 Bridge eligibility criteria defined at CMS.gov.

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- Send the prescription claim through the standard process and include an obesity diagnosis (E66) with *"SEND TO BRIDGE FOR WEIGHT MANAGEMENT"* in the note/annotation. This will enable the pharmacy to route the claim to the Medicare GLP-1 Bridge program, and Medicare will confirm eligibility.

- Once eligibility is confirmed, the claim will trigger a prior authorization (PA). Providers are required to wait for the pharmacy's ePA or fax request. This process is typically completed with in 24-to-72 hours. If an ePA/fax request is not provided within 72 hours, providers may submit a PA using the CMS GLP-1 Bridge form.

- PA determinations (approval or denial) are sent to the member by mail and to providers via ePA or fax within 72 hours. Denied requests may be resubmitted to the central processor.

- Inform the member that participation in the GLP-1 Bridge Program is separate and distinct from their Part D coverage, to be used only for weight management and will include a fixed copay that is not affiliated with standard Part D processes for all other medications.

*For additional program information and additional resources, visit CMS.gov.*

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