WOS | WASHINGTON OBESITY SOCIETY

CMS MEDICARE BRIDGE PROGRAM

Expanding GLP-1 Coverage

A Prescriber’s Guide to Eligibility, Prior Authorization, and Workflow

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Disclosures

No relevant financial relationships or conflicts of interest

OVERVIEW

Learning Objectives

1

Identify Eligible Patients

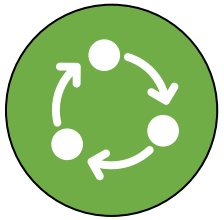
Apply clinical and non-clinical criteria to determine which Medicare beneficiaries meet Bridge program requirements.

2

Navigate Prior Authorization

Understand the PA process, prescription routing, and how Bridge attestation differs from standard Part D.

3



Initiate, Monitor & Follow Up

Apply a clinical workflow for your practice to manage GLP-1 prescriptions for participants

PROGRAM OVERVIEW

What Is the CMS Medicare Bridge Program?

The Centers for Medicare & Medicaid Services (CMS) is expanding access to specific GLP-1 medications for people with Medicare Part D who meet specific criteria

- Short-term demonstration program ending December 31, 2027
- Bypasses standard Part D restrictions
- Prior Authorizations are submitted to a central processor not the patient's Part D plan

PROGRAM TIMELINE

July 1, 2026- Dec 31, 2027

GLP-1 Medications
Flat rate
$50 / month

Background

- Under federal law, Medicare Part D plans cannot cover medications for weight loss.
- Changing the law to permit or require Medicare Part D plans to cover medications for weight loss would require Congress to act.
- CMS has the authority to test coverage changes through CMMI models ie: The Bridge Program and the BALANCE model
- The BALANCE model would have allowed Part D plans to opt into the program but will be delayed indefinitely and the GLP-1 bridge extended through 2027

The Bridge GLP-1 Medications- $50

- Foundayo® oral
- Wegovy® oral
- Wegovy® Injection
- Zepbound® Kwik Pen

PROGRAM OVERVIEW

The Eligible Population

47.5M

Total Medicare Part D enrollees (2023)

9.7M

Met clinical criteria for the Bridge Program

3.8M

Eligible after excluding diabetes, OSA, MASH & OSA

Source: Cubanski, et al. 2026

Washington State- Medicare Part D

- 1.5 million beneficiaries
- Estimated 130-150,000 eligible
- 10 common stand-alone Part D plans (PDP)
- 61% in Seattle area enrolled in Medicare Advantage Prescription Drug Plan (MAPD)
  - UnitedHealthcare, Humana, Kaiser Permanente WA, Premera, Regence, and Molina

Most Common Part D Plans

Plan Name	Type
Humana Basic Rx Plan	Basic
Wellcare Classic	Basic
HealthSpring Assurance Rx	Basic
AARP Medicare Rx Saver (UHC)	Basic
SilverScript Choice	Basic
Wellcare Value Script	Enhanced
Humana Value Rx Plan	Enhanced
HealthSpring Extra Rx	Enhanced
Humana Premier Rx Plan	Enhanced
AARP Medicare Rx Preferred (UHC)	Enhanced

Note: All 10 plans also offer Extra Help (LIS) versions with adjusted cost-sharing.

Case Study: Meet Kay

71 yr old female who comes to you to get on the CMS Bridge Program; she is currently paying cash price her Ozempic pen through Costco

Insurance: Medicare A & B / Regence Medicare Supplement

Wt: 186lbs
BMI: 32.95
BP: 117/80

Medical History:
Class 2 obesity, metabolic syndrome, hyperlipidemia, hypothyroidism, prediabetes, HTN and mild sleep apnea not on pap

Medications:
Atorvastatin 10mg
Estradiol 10mcg tab
Spironolactone 50mg
Levothyroxine 150mcg
Semaglutide 2mg weekly

Case Study: Kay

TIMELINE OF EVENTS

- **November 2025**
  Semaglutide initiated; Wt. 240lbs BMI 42

  Started for obesity management (BMI 42) with metabolic syndrome

- **December 2025**
  PA #1 submitted — Ozempic for prediabetes

  Denied by Part D
  Pt pays cash for Ozempic pen –selected as most affordable cash option

- **June 2026**
  Continues cash pay Ozempic
  Heard about CMS Bridge Program and wants to enroll;
  Screening done

Clinical Criteria

BMI ≥ 35

No additional diagnosis

E66.812: Obesity, Class 2
E66.813: Obesity, Class 3
Z68.35: BMI 35

BMI ≥ 30

+ 1 comorbidity

AND

- HFpEF
- Uncontrolled HTN
- CKD Stage 3a+

BMI ≥ 27

+ 1 comorbidity

AND

- Prediabetes
- Previous MI
- Previous Stroke
- Symptomatic PAD

CLINICAL PEARL

BMI is Evaluated at Treatment Initiation

BMI and comorbidities are evaluated at the time the patient initiated GLP-1 therapy — not the patient's current BMI. Document and attest to the BMI at initiation of treatment.

BRIDGE PROGRAM ELIGIBILITY CRITERIA

Patient Eligibility Screening

1. Does your patient have Medicare Part D coverage (prescription drug) plan?

☐ Yes → Continue to #2

☐ No → Not eligible

2. Has your patient previously received a GLP-1 medication through a Medicare Part D plan?

☐ No → Continue to #3
☐ Yes → Not eligible. Continue to get GLP-1 medication through Part D plan

3. Does your patient have any of these medical conditions?

☐ Type 2 Diabetes (T2DM)

☐ Moderate to Severe Sleep Apnea (OSA)

☐ Metabolic Dysfunction-Associated Steatohepatitis (MASH)

☐ Yes → to any-Not eligible. GLP1 Rx must be submitted through Part D plan

☐ No- Continue to #4

4. Clinical Eligibility Criteria –Pt must meet ONE of the following

☐ BMI ≥ 35 at the time of initiation of GLP-1

☐ BMI ≥ 30 and a diagnosis of at least one of the following:
- ☐ Heart Failure with preserved ejection fraction - HFpEF
- ☐ Uncontrolled Hypertension – on two antihypertensive medications
- ☐ Chronic kidney disease- stage 3a or above

☐ BMI ≥ 27 and a diagnosis of at least one of the following:
- ☐ Prediabetes
- ☐ Previous Myocardial Infarction
- ☐ Previous Stroke
- ☐ Symptomatic Peripheral Artery Disease

Case Study: Meet Kay

71 yr old female who comes to you to get on the CMS Bridge Program;
Currently taking Ozempic and paying cash price through Costco

Wt: 186lbs
BMI: 32.95
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Medical History:
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Semaglutide 2mg weekly

Insurance: Medicare A & B / Regence Medicare Supplement

Kay's Eligibility Screening

1. Does Kay have Medicare Part D coverage (prescription drug) plan?

☐ Yes → Continue to #2

☐ No → Not eligible

2. Has Kay patient previously received a GLP-1 medication through a Medicare Part D plan?

☐ No → Continue to #3

☐ Yes → Not eligible. Continue to get GLP-1 medication through Part D plan

Disclaimer: *This screening tool is informational only and does not guarantee eligibility. Final determination will be made by a healthcare provider. GLP-1 medications are to be used in conjunction with diet and exercise guidelines and for FDA approved medical conditions.*

Kay's Eligibility Screening

3. Does Kay have any of these medical conditions?

- ☐ Type 2 Diabetes (T2DM)
- ☐ Moderate to Severe Sleep Apnea (OSA)
- ☐ Metabolic Dysfunction-Associated Steatohepatitis (MASH)
- ☐ Yes → to any-Not eligible. GLP1 Rx must be submitted through Part D plan
- ☐ No- Continue to #4

Kay's Eligibility Screening

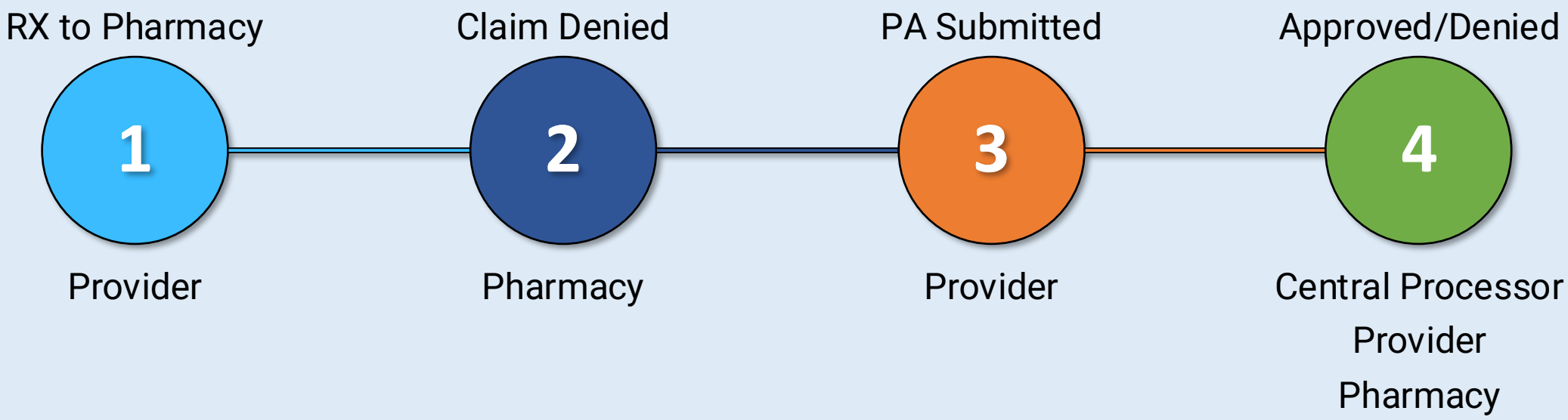
4. Does Kay meet ONE of the following

- ☐ BMI ≥ 35 at the time of initiation of GLP-1
- ☐ BMI ≥ 30 and a diagnosis of at least one of the following:
  - ☐ Heart Failure with preserved ejection fraction - HFpEF
  - ☐ Uncontrolled Hypertension – on two antihypertensive medications
  - ☐ Chronic kidney disease- stage 3a or above
- ☐ BMI ≥ 27 and a diagnosis of at least one of the following:
  - ☐ Prediabetes
  - ☐ Previous Myocardial Infarction
  - ☐ Previous Stroke
  - ☐ Symptomatic Peripheral Artery Disease

5. Kay is eligible for Bridge Program- Rx Wegovy for Dx Class 2 Obesity; BMI >35

Disclaimer: *This screening tool is informational only and does not guarantee eligibility. Final determination will be made by a healthcare provider. GLP-1 medications are to be used in conjunction with diet and exercise guidelines and for FDA approved medical conditions.*

Prior Authorization Workflow



PA Workflow

1

Prescription for GLP-1

Note to Pharmacy

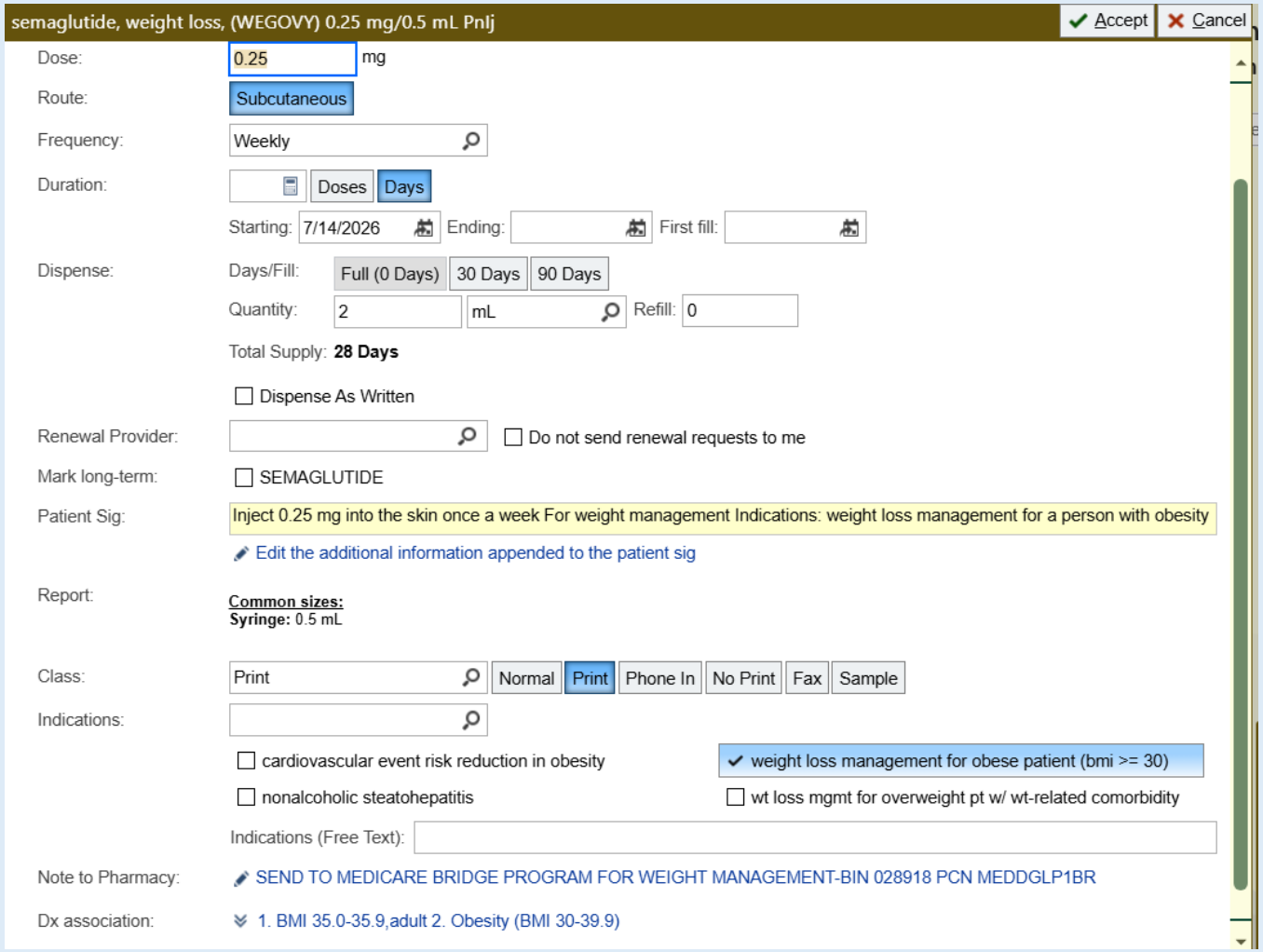
SEND TO BRIDGE PROGRAM

BIN 028918

PCN MEDDGLP1BR

GRP GLP1BRIDGE

Obesity and BMI Codes



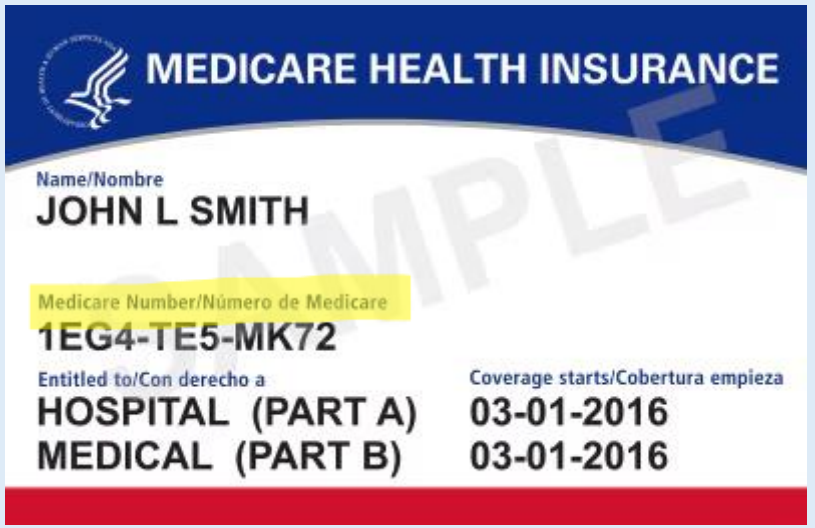
PA Workflow

2

Denied Claim

Denial to Part D activates the correct PA to Bridge

Tip: Pharmacy must use the MBI number



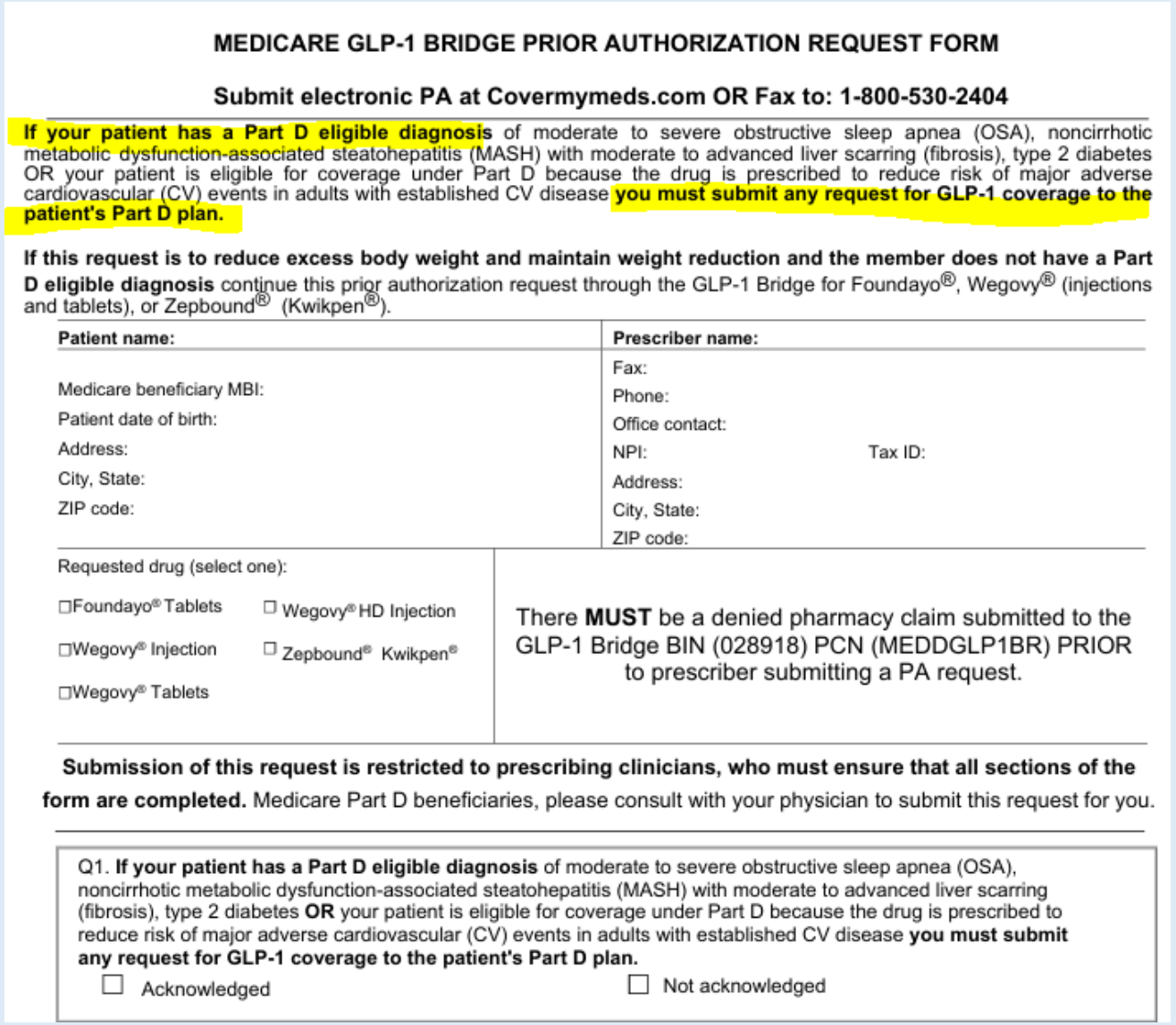
PA Workflow

3

Attestation and Prior Authorization Form

CoverMyMeds

Fax paper form



MEDICARE GLP-1 BRIDGE PRIOR AUTHORIZATION REQUEST FORM

Submit electronic PA at Covermymeds.com OR Fax to: 1-800-530-2404

If your patient has a Part D eligible diagnosis of moderate to severe obstructive sleep apnea (OSA), noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH) with moderate to advanced liver scarring (fibrosis), type 2 diabetes OR your patient is eligible for coverage under Part D because the drug is prescribed to reduce risk of major adverse cardiovascular (CV) events in adults with established CV disease **you must submit any request for GLP-1 coverage to the patient's Part D plan.**

If this request is to reduce excess body weight and maintain weight reduction and the member does not have a Part D eligible diagnosis continue this prior authorization request through the GLP-1 Bridge for Foundayo®, Wegovy® (injections and tablets), or Zepbound® (Kwikpen®).

Patient name:	**Prescriber name:**
Medicare beneficiary MBI:	Fax:
Patient date of birth:	Phone:
Address:	Office contact:
City, State:	NPI: Tax ID:
ZIP code:	Address:
	City, State:
	ZIP code:

Requested drug (select one):

☐ Foundayo® Tablets ☐ Wegovy® HD Injection

☐ Wegovy® Injection ☐ Zepbound® Kwikpen®

☐ Wegovy® Tablets

There **MUST** be a denied pharmacy claim submitted to the GLP-1 Bridge BIN (028918) PCN (MEDDGLP1BR) PRIOR to prescriber submitting a PA request.

Submission of this request is restricted to prescribing clinicians, who must ensure that all sections of the form are completed. Medicare Part D beneficiaries, please consult with your physician to submit this request for you.

Q1. **If your patient has a Part D eligible diagnosis** of moderate to severe obstructive sleep apnea (OSA), noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH) with moderate to advanced liver scarring (fibrosis), type 2 diabetes **OR** your patient is eligible for coverage under Part D because the drug is prescribed to reduce risk of major adverse cardiovascular (CV) events in adults with established CV disease **you must submit any request for GLP-1 coverage to the patient's Part D plan.**

☐ Acknowledged ☐ Not acknowledged

Clinical Attestation Form

Q1. If your patient has a Part D eligible diagnosis of moderate to severe obstructive sleep apnea (OSA), noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH) with moderate to advanced liver scarring (fibrosis), type 2 diabetes OR your patient is eligible for coverage under Part D because the drug is prescribed to reduce risk of major adverse cardiovascular (CV) events in adults with established CV disease you must submit any request for GLP-1 coverage to the patient's Part D plan. ___Acknowledged ___Not acknowledged

Q2. Does the patient have moderate to severe obstructive sleep apnea (OSA)? Yes/No

Q3. Does the patient have noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH) with moderate to advanced liver scarring (fibrosis) [formerly known as nonalcoholic steatohepatitis (NASH)]? Yes/No

Q4. Does the patient have type 2 diabetes? Yes/No

Clinical Attestation Form

Q6. Does the patient have pre-diabetes (as defined by ADA guidelines)? Yes/ No

Q7. Does the patient have previous myocardial infarction? Yes/No

Q8. Does the patient have previous stroke? Yes/ No

Q9. Does the patient have symptomatic peripheral artery disease? Yes/ No

Q10. Does the patient have heart failure with preserved ejection fraction? Yes/No

Q11. Does the patient have uncontrolled hypertension (defined as systolic blood pressure above 140 mm Hg or diastolic blood pressure above 90 mm Hg, despite concurrent treatment with two antihypertensive medications)?
Yes/ No

Q12. Does the patient have chronic kidney disease stage 3a or above? Yes/No

Clinical Attestation Form

Q5. Continue this request if the patient is at least 18 years of age and the drug is used to reduce excess body weight and maintain weight reduction in combination with lifestyle modification including structured nutrition and physical activity, unless physical activity is not clinically appropriate.

Please select the range that includes the patient's Body Mass Index (BMI) at the time of GLP-1 therapy initiation: (Note: If the patient's BMI has been reduced after starting a GLP-1 the initial BMI should be selected).

- ❑ Less than 27
- ❑ 27 to 29.9
- ❑ 30 to 34.9 (E66.811: Obesity, Class 1)
- ❑ 35 to 39.9 (E66.812: Obesity, Class 2)
- ❑ 40 or more (E66.813: Obesity, Class 3)

Review

SIGNED ATTESTATION

Confirms the patient does NOT have OSA, MASH, T2DM, or an established-CVD indication requiring standard Part D routing

Confirms the patient is ≥ 18 years of age

Confirms GLP-1 use is combined with lifestyle modification (structured nutrition and physical activity, unless not clinically appropriate)

CLINICAL DOCUMENTATION IN CHART

GLP-1 medication is being prescribed for the reduction of excess body weight and maintenance of weight reduction. Therapy is intended as an adjunct to lifestyle modification, including structured nutrition and physical activity and is not being used for any other FDA approved indication.
The patient does not have the following diagnosis: Type 2 diabetes, moderate to severe OSA, MASH with moderate to advanced liver fibrosis. Pre-treatment BMI: 42

PA Workflow

4

Approval/Denial

CoverMyMeds Letter

Approval of Medicare GLP-1 Bridge Prescription Drug Coverage

Prescriber's Name:	Christina Nelson
Prescriber's Fax Number:	4256885870

Dear [redacted]

In response to your physician's recent request, we have approved one package (4 injectable doses d[redacted]for weight loss every month, respectively under the Medicare GLP-1 Bridge. Please note that any claims submitted for greater than the above limits (quantity and/or day supply) will not be covered.

The Medicare GLP-1 Bridge is a time-limited CMS demonstration operating through December 31, 2027, designed to provide eligible Medicare beneficiaries with access to certain GLP-1 medications. This demonstration allows CMS to test new approaches to improve affordability and access while generating data to inform future Medicare policy.

This authorization is good until 12/31/2027.

You will have a $50 copay for each covered prescription fill. Please note, this copayment will not count toward your Medicare Part D true out-of-pocket (TrOOP) costs and is not eligible for the Medicare Prescription Payment Plan.

If you have questions, call our Customer Care team at 1-855-273-0102. Our hours are 8 a.m. to 7 p.m. Eastern time, Monday through Friday. For more information visit CMS Medicare GLP-1 Bridge website on Medicare.gov.

Sincerely,

Medicare GLP-1 Bridge

Bridge Program - Denial Criteria

#	Denial Reason	Why	What To Do Instead
1	**Existing Part D Indication**	Patient has an active Part D-covered GLP-1 for a qualifying Dx (e.g., T2DM). Bridge is unavailable when Part D already covers the drug.	Bill under Part D. Bridge is not applicable.
2	**Prior Part D GLP-1 Use**	Patient previously used a GLP-1 under Part D. Bridge programs are first-fill only; prior utilization disqualifies.	Verify therapy history. Explore manufacturer PAP if eligible.
3	**MAPD Rules**	Medicare Advantage with Part D plans may prohibit Bridge enrollment per plan formulary or contract terms.	Confirm plan rules. Escalate to plan PA or formulary exception.
4	**No Part D Coverage**	Some Bridge programs require active Part D enrollment to validate routing. Patients without Part D are ineligible.	Confirm enrollment status. Refer to Part D enrollment assistance.
5	**Incorrect Diagnosis Coding**	Claim submitted with an ICD-10 code that does not map to an approved Bridge indication.	Correct ICD-10 to match clinical diagnosis and resubmit.
6	**Missing Prediabetes or CV Risk Factors**	Non-DM pathway requires documented prediabetes or a qualifying cardiovascular risk factor. Missing documentation disqualifies.	Document A1C, BMI, or CV risk in chart. Resubmit with supporting labs.
7	**Incomplete Bridge Form**	Required manufacturer enrollment form is missing fields, signatures, or supporting documentation (labs, prior auth, BMI).	Complete all sections. Attach labs and signed attestation before resubmitting.
8	**Part D Pathway Exists**	A viable Part D coverage route exists. Bridge is last resort when no Part D pathway is available.	Exhaust Part D options first. Document denial before Bridge referral.

CLINICAL WORKFLOW

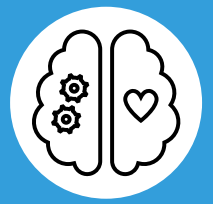
Lifestyle Intervention Is Essential

Structured Nutrition

Individualized nutrition counseling to support sustainable dietary changes and preserve lean mass during weight loss.

Physical Activity

Regular activity tailored to the patient's preference and ability-required for Bridge attestation.



Behavioral Support

Ongoing behavioral strategies to identify barriers and support habit change.

Medical Monitoring

Routine follow-up for efficacy, tolerability, and comorbidity management throughout treatment.

CLINICAL WORKFLOW

Initiate, Monitor & Follow Up

At Initiation	Document BMI, qualifying comorbidities, and complete the PA attestation before or alongside sending the Rx.
Ongoing Monitoring	Regular visits to track weight trend, tolerability, and comorbidity status at routine follow-up visits; adjust titration as clinically indicated. Monitor DXA, BIA, Grip strength
Program Timeline	Advise patients the Bridge program runs through December 31, 2027 — pricing and covered medications may change.

CLINICAL WORKFLOW

Common Challenges & Practical Solutions

CHALLENGES	SOLUTIONS
Pharmacy fails to route to the Bridge program and erroneously submits to Part D	If misrouted, cancel the PA in CoverMyMeds and notify the pharmacy directly by phone or fax
PA is sent via both CoverMyMeds and fax, generating a duplicate task in the chart	Provider can start the PA directly in CoverMyMeds without sending the Rx to pharmacy first ?
Providers and staff use two systems to track PA status, creating duplicative work	Once correctly submitted, MA completes the PA using the provider's documented attestation
Each CoverMyMeds PA can take 5–15 minutes of additional staff time	A standardized electronic PA attestation / SmartPhrase reduces documentation time

Care Gaps

- Potential for inadequate monitoring in the highest risk groups-adults age 75 and older
- GLP-1 in geriatric population may increase risk for sarcopenia
- Clinical trials that established GLP-1 efficacy were conducted primary in younger adults
- Medicare does not cover dietitian visits for obesity- leaves patients at even higher risk for nutritional deficiencies

KEY TAKEAWAYS

Reminders

- Bridge PAs route to Humana/LI NET — confirm the pharmacy submits correctly, not to the patient's Part D plan
- Pair every prescription with structured nutrition and physical activity and monitoring plan
- Use standardized SmartPhrases for PA attestation and chart documentation to reduce staff burden
- Remind patients the program is temporary, ending December 31, 2027

KEY TAKEAWAYS

Resources

- **Medicare GLP-1 Bridge Information for Prescribers** - eligibility criteria, referral steps, and PA overview: https://www.cms.gov/files/document/glp-1-prescribers-c-1.pdf
- **Medicare GLP-1 Bridge Prior Authorization Request Form** - the PA form prescribers will submit to the Central Processor: https://www.cms.gov/glp-1-bridge.pdf
- **Medicare GLP-1 Bridge Information for Pharmacies** - billing, dispensing, and claims guidance for pharmacy teams: https://www.cms.gov/files/document/glp-1-pharmacies-c.pdf
- **GLP-1 Bridge Payer Sheet** - NCPDP claim billing specifications (BIN, PCN, routing): https://www.cms.gov/files/document/glp-1-bridge-payer-sheet.pdf
- **Medicare GLP-1 Bridge: Information for Pharmacies Webinar Slides** - eligibility criteria, pharmacy workflow, prior authorization process, dispensing guidance, and claims billing instructions: https://www.cms.gov/files/document/medicare-glp-1-bridge-pharmacywebinarslides-061126.pdf

KEY TAKEAWAYS

Resources

Medicare GLP-1 Bridge Medications

Medicare GLP-1 Bridge Program for Weight Loss Medicines | LillyDirect®

Medicare Part D Information | Wegovy® (semaglutide)

Obesity Action Coalition

Medicare GLP-1 Bridge Program: Overview and Eligibility

Obesity Care Advocacy Network

Medicare GLP-1 Bridge Questions & Answers

Questions/Discussion

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Thank you!