

Navigate Questions About the Medicare GLP-1 Bridge

Top Takeaways

- Explain that the Medicare GLP-1 Bridge allows eligible Part D patients to get certain GLP-1 medications for weight management for a \$50 copay.
- Submit GLP-1 Bridge claims to BIN 028918 and PCN MEDDGLP1BR, not the Part D plan.
- Tell patients that copays won't count toward their Part D deductible or out-of-pocket cap.

Questions are swirling about **the Medicare GLP-1 Bridge launching July 1, 2026**.

What is the Medicare GLP-1 Bridge? It's a program from CMS that allows eligible patients with Medicare Part D to get certain GLP-1 drugs for weight management for a \$50 copay.

Think of it as a temporary "bridge" to expand access to these meds through December 31, 2027...while CMS evaluates longer-term coverage.

But be aware that the GLP-1 Bridge operates **OUTSIDE** of the Part D benefit. Part D plans won't process these claims or cover costs...and the patient's \$50 copay won't count toward their Part D deductible or annual out-of-pocket maximum.

Which meds are included? Expect coverage of select GLP-1s approved for obesity or overweight...orforglipron (Foundayo), semaglutide oral tabs or injection (Wegovy), and tirzepatide MULTI-dose pen (Zepbound KwikPen).

But note that tirzepatide vials and **SINGLE**-dose pens are **NOT** available through the Bridge. And only 28-day or 30-day fills are allowed.

Also clarify that the Bridge doesn't cover GLP-1s being used for type 2 diabetes, obstructive sleep apnea, or metabolic dysfunction-associated steatohepatitis (MASH)...bill these Rx's to Part D instead.

Which patients qualify? Explain that eligible patients must also meet clinical criteria confirmed by a prior auth from their prescriber.

For example, patients must be using the GLP-1 for weight management in combination with lifestyle modifications **AND** have a BMI 35...a BMI 30 with uncontrolled hypertension, chronic kidney disease, or heart failure with preserved ejection fraction...or a BMI 27 with prediabetes, symptomatic peripheral artery disease, or a prior heart attack or stroke.

Keep in mind that a patient's BMI at the time of GLP-1 initiation counts toward the criteria. For instance, if a patient started the GLP-1 in 2025 with a BMI of 36 but now has a BMI of 32, their prescriber should attest the patient met the BMI 35 threshold when therapy began.

Look for clues on GLP-1 Rx's that indicate a patient might be eligible for the Bridge...such as an obesity diagnosis code (E66.811, etc) or a "SEND TO BRIDGE FOR WEIGHT MANAGEMENT" message in the notes field.

How does the claims process work? Pharmacies don't need to opt in.

Submit Rx claims for the Medicare GLP-1 Bridge to BIN 028918 and PCN MEDDGLP1BR...this routes to CMS's central processor for the program. Use the patient's Medicare Beneficiary Identifier (MBI) as the ID.

Anticipate that the patient's first fill will require prior authorization. Direct the prescriber to submit the prior authorization to the Bridge program's central processor...**NOT** the patient's Part D plan.

Tell patients that discount or manufacturer savings cards can't be applied to these claims...and that costs won't apply to their Part D cap.

Cite this document as follows: Article, Navigate Questions About the Medicare GLP-1 Bridge, Pharmacist's Letter, July 2026

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Collect the \$50 copay at the point of sale. Expect reimbursement from the central processor at the med's wholesale acquisition cost (WAC) minus the \$50 copay...plus a dispensing fee and sales tax, as applicable.

Stay tuned to the CMS Medicare GLP-1 Bridge webpage for evolving details. And use our *GLP-1 and GIP/GLP-1 Receptor Agonist Interactive Comparison Chart* to compare products and get guidance on switches.

Key References:

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Pharmacist's Letter. July 2026, No. 420701

Cite this document as follows: Article, Navigate Questions About the Medicare GLP-1 Bridge, Pharmacist's Letter, July 2026

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