

# MEDICARE GLP-1 BRIDGE

## A practical guide for prescribers & patients

Weight-management access · July 1, 2026 through December 31, 2027

**\$50** per 28- or 30-day fill · No deductible · Separate from your Part D benefit

### START WITH BASIC ELIGIBILITY

Age 18 or older, enrolled in an eligible Part D plan, and prescribed an included GLP-1 for weight reduction or maintenance alongside ongoing structured nutrition and physical activity.

### WHEN PART D IS THE RIGHT ROUTE

Type 2 diabetes, moderate-to-severe obstructive sleep apnea, or qualifying noncirrhotic MASH can make a patient ineligible for Bridge. Prescriptions for cardiovascular risk reduction or other Part D-covered uses go to Part D. Prior Part D GLP-1 use can also prevent Bridge eligibility.

### CLINICAL CRITERIA — use the facts when GLP-1 therapy began

#### BMI 35 or higher

No additional qualifying condition required.

#### BMI 30 or higher

Plus HFpEF; hypertension uncontrolled on 2 medications (systolic >140 or diastolic >90); or CKD stage 3a or higher.

#### BMI 27 or higher

Plus prediabetes, previous heart attack, previous stroke, or symptomatic peripheral artery disease.

#### 1 Check coverage and clinical history

Confirm an eligible PDP or MA plan with drug coverage; certain plan types are excluded. Review prior Part D GLP-1 fills, diagnoses and the intended use. A Part D denial is not required.

#### 2 Document eligibility at treatment start

Use BMI and qualifying conditions at GLP-1 initiation, including therapy begun before Medicare enrollment or before Bridge launched. A lower current BMI does not by itself rule someone out.

#### 3 Select an included medication

**Wegovy:** injection or tablets. **Foundayo:** tablets. **Zepbound:** KwikPen only — single-dose pens and vials are excluded, and KwikPen needles are purchased separately.

#### 4 Help the pharmacy route it correctly

CMS recommends an E66-family obesity diagnosis code and the prescription note **SEND TO BRIDGE FOR WEIGHT MANAGEMENT**. These help routing but are not required and do not guarantee approval.

#### 5 Let the pharmacy initiate the claim

The pharmacy submits to Bridge, which then sends the prior authorization (PA) request to the prescriber, typically within 24–72 hours. Submitting a PA before a Bridge claim exists may cause a patient-not-found error.

#### 6 Follow up after 72 hours

No PA request yet? Use the official CMS Bridge fax form and send it to the Bridge processor — not the patient's regular Part D plan. Pharmacy and prescriber should coordinate first.

#### 7 Complete the Bridge authorization

Attest that the information is complete and accurate; Medicare may check it. The decision goes to patient and prescriber within 72 hours. Bridge has no appeals process, but corrected or added information may be resubmitted.

#### 8 Continue refills and monitor changes

Approvals last through December 31, 2027. Refills and dose changes need no new PA; switching to a different GLP-1 does. Only 28- or 30-day supplies are included. Plan changes or later Part D GLP-1 fills may end eligibility.

### IMPORTANT COST & PRESCRIBER DETAILS

The \$50 does not count toward Part D out-of-pocket spending. Extra Help does not lower it, and coupons or discount programs cannot be applied. Prescribers need not be enrolled in Medicare but cannot be on the CMS Preclusion List.



Scan to connect

### Questions? Call Suncoast Insurance Solutions · 727-346-6875

Terry Salak x-102 Joe Ward x-101 Melissa Fezy x-103 [suncoast-us.com](https://www.suncoast-us.com)

Urban Landings Building · 300 4th Avenue S, Suite 300 · St. Petersburg, FL 33701

Medicare info: [Medicare.gov/glp1bridge](https://www.Medicare.gov/glp1bridge) · 1-800-MEDICARE · Pharmacy processing help: 844-673-0910