

# Medicare GLP-1 Bridge Overview

*Current as of June 11, 2026*

## What You Need to Know

On April 21, 2026, the Centers for Medicare & Medicaid Services (CMS) announced an extension of its new government program called the Medicare GLP-1 Bridge. It will provide eligible Medicare members access to certain GLP-1 drugs for weight loss only for a 1.5-year duration. **The Medicare GLP-1 Bridge will be available in all states and territories from July 1, 2026 to December 31, 2027.**

- The government program will operate directly between the physician and CMS; it is NOT part of the Medicare Part D benefit and does not involve insurance carriers or Medicare plans
- Eligible members will have access to three products only: Wegovy® (injection and tablets), Zepbound® (KwikPen®), and Foundayo™
- To be eligible, Medicare members need to be currently enrolled in a Part D prescription drug plan (MAPD or PDP), use GLP-1s to reduce excess body weight and maintain weight reduction, and meet Medicare GLP-1 Bridge clinical criteria
- Co-pays will be \$50 for a one-month supply
- Any out-of-pocket (OOP) costs do not contribute to a member's deductible or OOP maximum
- A provider can refer a member to the Medicare GLP-1 Bridge by submitting both a prescription for an eligible GLP-1 drug for a covered use and a prior authorization request

## Steps in the Process

1. The doctor sends a GLP-1 prescription to a pharmacy with instructions that it is for the Bridge
2. The pharmacist sends the prescription to the Bridge using the member's Medicare Beneficiary Identifier (MBI), or Medicare Number
3. If Medicare confirms a member's eligibility, and the prescription is for a covered GLP-1, CMS will still deny the claim but will instruct the pharmacist that a prior authorization is needed
4. The pharmacist sends a prior authorization form to the doctor, typically within 24–72 hours
5. The doctor completes and submits the prior authorization form
6. The prior authorization approval or denial will be mailed to both the member and the doctor within 72 hours of submission
7. After the first fill is approved, additional fills don't need a new prior authorization unless the member switches from one covered GLP-1 drug to another

## What Happens in 2028?

CMS originally created the Medicare GLP-1 Bridge as a short-term government program that would serve as a bridge to the long-term voluntary BALANCE Model. The BALANCE model would have been part of the Part D benefit. Carriers were invited to apply to CMS to participate. However, CMS delayed the implementation of the BALANCE Model for plan year 2027 after an insufficient number of carriers applied to participate. This delay will allow CMS more time to collect data on GLP-1 utilization to share with carriers ahead of a potential BALANCE Model implementation.

## What We Don't Know About the BALANCE Model

- Whether the BALANCE Model will be implemented
- Which carriers will participate and which will include their employer group plans
- What co-pays carriers would offer

**For the latest updates to the Medicare GLP-1 Bridge, visit the CMS website:**

[www.cms.gov/medicare/coverage/prescription-drug-coverage/medicare-glp-1-bridge](https://www.cms.gov/medicare/coverage/prescription-drug-coverage/medicare-glp-1-bridge)



## Our Member Advocacy

Our Member Advocates will consider these steps during incoming calls from retiree members.

- If a member calls in about GLP-1 coverage for a use other than weight loss, the Advocate will refer to the member's insurance for coverage information
- If a member calls in about GLP-1 coverage for weight loss only, the Advocate will check a member's formulary for GLP-1 coverage for weight loss through insurance
- If a member calls in about GLP-1 coverage for weight loss only, and doesn't have coverage through insurance, the Advocate will educate the member on Medicare GLP-1 Bridge eligibility, prior authorization requirements, and process