AmeriHealth Caritas
VIP Care.

Fax

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To:	AmeriHealth Caritas VIP Care Providers	**From:**	AmeriHealth Caritas VIP Care
Fax:		**Pages:**	3
Phone:	NA	**Date:**	7/7/2026
Re:	GLP1 Bridge Prior Authorization	**Cc:**	NA

☐**Urgent** ☒**For review** ☐**Please comment** ☐**Please reply**

Comments

As of July 1, 2026 CMS is expanding access to certain GLP-1 medications. The following fax will explain this in further detail and the Prior Authorization form, **Medicare GLP-1 Bridge Prior Authorization Request Form**, can be found on our website under at:

https://www.amerihealthcaritasvipcare.com > Select State > Provider > Resources > then scroll down to the Prior Authorization heading where you will find the link to the form.

Thank you

Medicare GLP-1 Bridge

INFORMATION FOR PRESCRIBERS

What is the Medicare GLP-1 Bridge program?

The Centers for Medicare & Medicaid Services (CMS) is expanding access to certain GLP-1 medications for people with Medicare Part D through the Medicare GLP-1 Bridge short-term demonstration starting July 1, 2026. Medicare GLP-1 Bridge will operate outside of Medicare Part D plan coverage and use a central processor to manage prior authorization, claims processing, and pharmacy payment. The Medicare GLP-1 Bridge is for patients who are 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.

How can I get coverage for my patients through Medicare GLP-1 Bridge starting July 1?

1. While CMS will confirm whether a patient is eligible for Bridge, providers can help expedite the process by asking these questions.	● **Does my patient have eligible Medicare Part D plan coverage?** If yes, then the patient might qualify for Bridge. Most people with Medicare Part D coverage are eligible. People enrolled in private fee-for-service plans, section 1876 cost contract plans, section 1833 health care prepayment plans, PACE organizations, fallback plans, and religious fraternal benefit plans aren't eligible, unless they're also enrolled in a standalone prescription drug plan (PDP). ● **Has my patient received a GLP-1 through their Part D plan?** If yes, your patient isn't eligible for coverage under Medicare GLP-1 Bridge and you must submit any request for GLP-1 coverage to the patient's Part D plan. ● **Does my patient have type 2 diabetes, moderate-to-severe sleep apnea, or metabolic dysfunction-associated steatohepatitis (MASH)?** If yes, your patient isn't eligible for coverage under Medicare GLP-1 Bridge and you must submit any request for GLP-1 coverage to the patient's Part D plan. ● **Does my patient meet the Medicare GLP-1 Bridge clinical criteria?** ○ My patient is at least 18 years of age ○ I'm prescribing the GLP-1 to reduce excess body weight and maintain weight reduction and not for any other approved indication ○ At the time my patient starts GLP-1 therapy, at least one of these is true: ■ My patient has a body mass index (BMI) of at least 35 ■ My patient has a BMI of at least 30 AND a diagnosis of one or more of the following: (A) heart failure with preserved ejection fraction, (B) 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), or (C) chronic kidney disease stage 3a or above; ■ My patient has a BMI of at least 27 AND a diagnosis of one or more of the following: (A) pre-diabetes (B) previous myocardial infarction, (C) previous stroke, or (D) symptomatic peripheral artery disease
2. Prescribe a covered GLP-1 drug	Medicare GLP-1 Bridge covers these drugs when used to reduce excess body weight and maintain weight reduction: ● Foundayo® (tablets) ● Wegovy® (injection and tablets) ● Zepbound® (KwikPen®) ○ Note: The single-dose Zepbound® pen and Zepbound® vials are NOT covered.

3. Transmit the prescription to the pharmacy	• If you have determined that your patient might be eligible for coverage under Medicare GLP-1 Bridge, transmit the prescription to the pharmacy using your standard process, and direct the pharmacist to send the claim directly to Medicare GLP-1 Bridge by including an obesity diagnosis code (the E66 family) and indicating "SEND TO BRIDGE FOR WEIGHT MANAGEMENT" on the prescription in the Note field if electronic, or as an annotation if non-electronic. • If the pharmacist doesn't get that direction, they might send the claim to your patient's Part D plan. Your patient's Part D plan may initiate a prior authorization request or reject the claim.
4. Wait for a prior authorization request from the pharmacy	• Once the pharmacy transmits a claim to Medicare GLP-1 Bridge, Medicare will confirm the patient's eligibility. If the claim is denied at this step, the pharmacy will get instructions on how to resubmit the claim. • If the patient is eligible and the prescription is for a covered GLP-1 drug, Medicare GLP-1 Bridge will still deny the claim but will instruct the pharmacy that a prior authorization is necessary, and the pharmacy will send the prior authorization request form to you, typically within 24-72 hours. • You must wait to get the request from the pharmacy electronically or by fax for your patients to be covered under Medicare GLP-1 Bridge. If within 72 hours you haven't received a request for authorization via electronic prior authorization (ePA) request or fax form from the pharmacy, visit https://www.cms.gov/glp-1-bridge.pdf to download and submit the fax form.
5. Complete the prior authorization request	• **By completing the form, you attest that the information you're providing is true and correct, under penalty of perjury. Failure to complete the form truthfully may subject you to prosecution under federal law. The Medicare GLP-1 Bridge Program may independently verify the information in your prior authorization form, such as whether a patient has type 2 diabetes, by checking Medicare data for the patient.** • The prior authorization approval or denial will be mailed to your patient and communicated to you via the ePA portal or fax within 72 hours of submission. If you believe a denial was made in error, you may resubmit the prior authorization for re-review.
6. Update prescriptions as appropriate	• After the first fill is approved, subsequent fills don't require a new prior authorization, unless a patient switches from one covered GLP-1 drug to a different one. If you switch a patient from one GLP-1 drug to another, you'll have to complete a new prior authorization. • Only 28-day or 30-day fills are covered under Medicare GLP-1 Bridge.

Prescriber Eligibility

For Medicare GLP-1 Bridge, as in the Part D program, you don't need to be enrolled in Medicare to write a prescription or submit a prior authorization request for products provided to an eligible patient. However, you must not be on the Preclusion List for the drug to be covered under Medicare GLP-1 Bridge for an eligible beneficiary.

Questions?

For more information visit: https://www.cms.gov/medicare/coverage/prescription-drug-coverage/medicare-glp-1-bridge/information-providers This page will be updated regularly with additional resources ahead of the Medicare GLP-1 Bridge launch on July 1, 2026. Technical questions? Email glp1demo@cms.hhs.gov

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