Medicare GLP-1 Bridge: What You Need to Know

Centers for Medicare & Medicaid Services

Angie Sebree MS, RD, LDN; Outreach Specialist RV; 8/13/26

Disclaimer

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What Is Medicare GLP-1 Bridge?

- Starting July 1, 2026, Medicare GLP-1 Bridge covers certain GLP-1 weight loss drugs.
- It is available nationwide (including all states and U.S. territories) to certain people with Medicare drug coverage (Part D).
- If you qualify, your cost for these drugs is **$50 per month**, no matter your income level.
- This is a short-term program that works outside of your Medicare Part D coverage, so your $50 payments don’t count toward your Medicare drug plan deductible or yearly out-of-pocket limit.
- These drugs aren't eligible for the Medicare Prescription Payment Plan.

Which drugs are covered?

Medicare GLP-1 Bridge covers the following products when used to reduce excess body weight and maintain weight reduction:

1. Foundayo® (tablet)
2. Wegovy® (injection or tablet)
3. Zepbound® — KwikPen® only

Medicare GLP-1 Bridge doesn't cover the single-dose Zepbound® pen and Zepbound® vials, Mounjaro®, Ozempic®, or Rybelsus®.

Do you qualify? 4 Requirements

You must meet **ALL** four of these requirements:

- You have Medicare Part D drug coverage (a standalone drug plan or a Medicare health plan that includes drug coverage). You're not eligible if your only Medicare coverage is through certain special plan types (like private fee-for-service plans, cost contract plans or a PACE organization).
- You aren't currently getting a GLP-1 drug paid for by your Medicare drug plan.
- You don't have Type 2 diabetes, moderate-to-severe sleep apnea, or fatty liver disease.
- You are at least 18 years old and are prescribed an eligible GLP-1 for weight loss as part of lifestyle changes, AND meet certain Body Mass Index (BMI) requirements (detailed on next slide).

Do you qualify? BMI Requirements

Your BMI	You also have...
35 or higher	No additional condition required
30 or higher	Certain heart failure OR uncontrolled high blood pressure (also called hypertension) OR chronic kidney disease (stage 3a or above)
27 or higher	Diagnosed pre-diabetes OR a history of heart attack or stroke OR blocked arteries in your legs or arms

How it works: Step by Step

- Step 1: Talk to your doctor to find out if a GLP-1 drug is right for you and if you qualify.
- Step 2: Your doctor sends a prescription to your pharmacy, indicating it should be sent to Medicare GLP-1 Bridge.
- Step 3: Your pharmacy may ask for your Medicare Number (on your red, white & blue card). If you don't have your card, the pharmacist can use the last 4 digits of your Social Security Number.
- Step 4: When requested, your doctor completes a prior authorization to get Medicare's approval for your coverage.
- Step 5: You get a letter from Medicare confirming you're eligible for Medicare GLP-1 Bridge.
- Step 6: After you get your approval letter, pick up your medicine at the pharmacy and pay $50 for a one-month supply.

Refills: The prior authorization is valid through December 31, 2027. You won't need a new approval for refills or dosage changes, as long as you stay on the same GLP-1.

For more information

Medicare.gov/glp1bridge

1-800-MEDICARE
1-800-633-4227 | TTY: 1-877-486-2048

How People with Medicare & Medicaid Can Fight Fraud

Beware of Marketing Fraud

Medicare.gov and 1-800-MEDICARE are the official sources of Medicare information. Watch out for people who:

- Pressure you to join their plan
- Say they represent Medicare or give you a service for free
- Call your home without permission
- Say that you'll lose your Medicare benefits if you don't sign up for their plan
- Require you to provide contact information at a plan event

Medicare is taking quick actions to prevent health care fraud, waste, and abuse. Visit CMS.gov/fraud to learn about success stories fighting fraud.

Fraud & Abuse Information on Medicare.gov

Medicare.gov

Basics | Health & Drug Plans | Providers & Services | Chat | Log in

Home > Basics > Reporting Medicare fraud & abuse

Search | Print

Reporting Medicare fraud & abuse

Medicare fraud and abuse can happen anywhere. It's important that you protect your Medicare card, number, and other personal information, and check your Medicare claims regularly. What are some examples of Medicare fraud?

To help spot and prevent Medicare fraud and abuse:

- Compare the dates and services on your calendar with the Medicare statements you get to make sure you got each service listed and that all the details are correct.
- Protect your personal information and become familiar with how Medicare uses it.
- Know what a Medicare health or drug plan can and can't do before you join. If you join a Medicare health or drug plan, the plan will let you know how it will use your personal information.
- Learn more about Medicare and recent scams.

If you suspect fraud call 1-800-MEDICARE (1-800-633-4227) or Report Medicare Fraud online.

If you have a Medicare Advantage Plan or Medicare drug plan you can also call the Investigations Medicare Drug Integrity Contractor (I-MEDIC) at 1-877-7SAFERX (1-877-772-3379). What information should I have ready when I call?

Protect yourself from medical identity theft

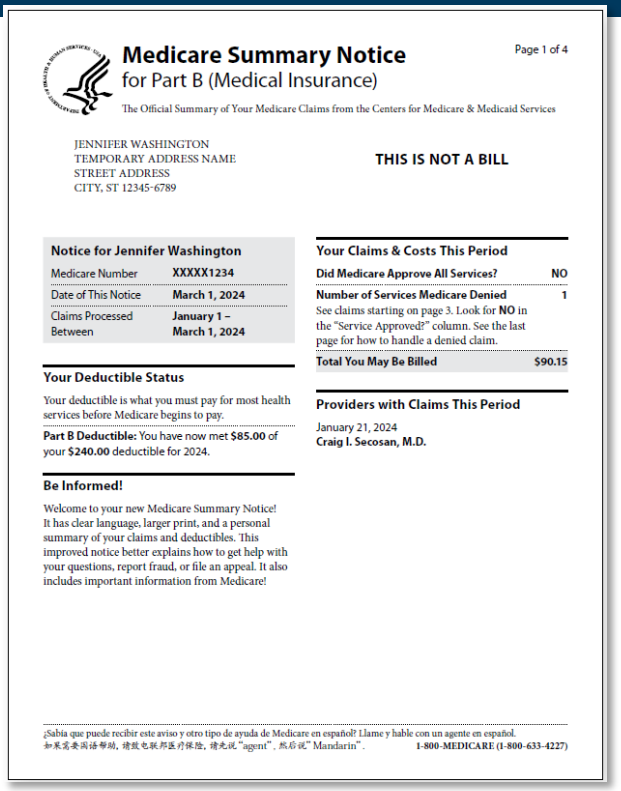
Medical identity theft is a serious crime that happens when someone uses your personal information without your consent to commit Medicare fraud or other crimes. Use the following tips to protect yourself from becoming a victim.

Feedback

Go Digital with Medicare

- Get Medicare resources at your fingertips! Log into (or create) your secure Medicare account at Medicare.gov/account. You can save your prescriptions and preferred pharmacy, get electronic Medicare Summary Notices (MSNs), and more at any time.
- If you need to save, print, or share Medicare information with a trusted representative (like a close family member), you'll have control over that information with your online account.
- Now's also a great time to sign up for official Medicare email at Medicare.gov:
  - Get information on how to get the most out of Medicare
  - Get important reminders about Medicare Open Enrollment
  - Stay informed with health & wellness information

Medicare Summary Notice (MSN)



Medicare Summary Notice
for Part B (Medical Insurance)

The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

JENNIFER WASHINGTON
TEMPORARY ADDRESS NAME
STREET ADDRESS
CITY, ST 12345-6789

THIS IS NOT A BILL

Notice for Jennifer Washington

Medicare Number	XXXXX1234
Date of This Notice	March 1, 2024
Claims Processed Between	January 1 – March 1, 2024

Your Deductible Status

Your deductible is what you must pay for most health services before Medicare begins to pay.

Part B Deductible: You have now met **$85.00** of your **$240.00** deductible for 2024.

Be Informed!

Welcome to your new Medicare Summary Notice! It has clear language, larger print, and a personal summary of your claims and deductibles. This improved notice better explains how to get help with your questions, report fraud, or file an appeal. It also includes important information from Medicare!

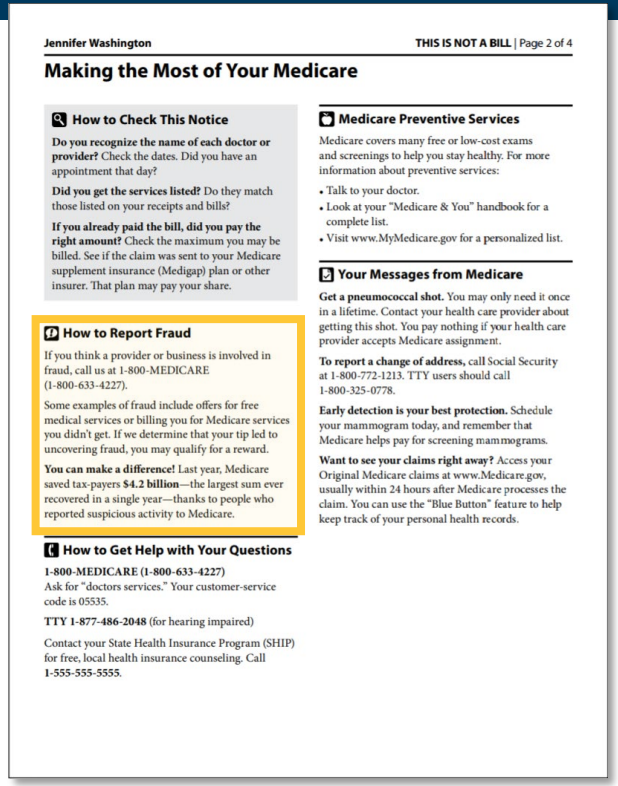
Your Claims & Costs This Period

Did Medicare Approve All Services?	**NO**
Number of Services Medicare Denied See claims starting on page 3. Look for **NO** in the "Service Approved?" column. See the last page for how to handle a denied claim.	**1**
Total You May Be Billed	**$90.15**

Providers with Claims This Period

January 21, 2024
Craig I. Secosan, M.D.

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en español.
如果需要国语帮助，请拨电联邦医疗保险，请先说"agent"，然后说"Mandarin"。 **1-800-MEDICARE (1-800-633-4227)**



Making the Most of Your Medicare

How to Check This Notice

Do you recognize the name of each doctor or provider? Check the dates. Did you have an appointment that day?

Did you get the services listed? Do they match those listed on your receipts and bills?

If you already paid the bill, did you pay the right amount? Check the maximum you may be billed. See if the claim was sent to your Medicare supplement insurance (Medigap) plan or other insurer. That plan may pay your share.

How to Report Fraud

If you think a provider or business is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).

Some examples of fraud include offers for free medical services or billing you for Medicare services you didn't get. If we determine that your tip led to uncovering fraud, you may qualify for a reward.

You can make a difference! Last year, Medicare saved tax-payers **$4.2 billion**—the largest sum ever recovered in a single year—thanks to people who reported suspicious activity to Medicare.

How to Get Help with Your Questions

1-800-MEDICARE (1-800-633-4227)
Ask for "doctors services." Your customer-service code is 05535.

TTY 1-877-486-2048 (for hearing impaired)

Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling. Call **1-555-555-5555.**

Medicare Preventive Services

Medicare covers many free or low-cost exams and screenings to help you stay healthy. For more information about preventive services:

- Talk to your doctor.
- Look at your "Medicare & You" handbook for a complete list.
- Visit www.MyMedicare.gov for a personalized list.

Your Messages from Medicare

Get a pneumococcal shot. You may only need it once in a lifetime. Contact your health care provider about getting this shot. You pay nothing if your health care provider accepts Medicare assignment.

To report a change of address, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Early detection is your best protection. Schedule your mammogram today, and remember that Medicare helps pay for screening mammograms.

Want to see your claims right away? Access your Original Medicare claims at www.Medicare.gov, usually within 24 hours after Medicare processes the claim. You can use the "Blue Button" feature to help keep track of your personal health records.

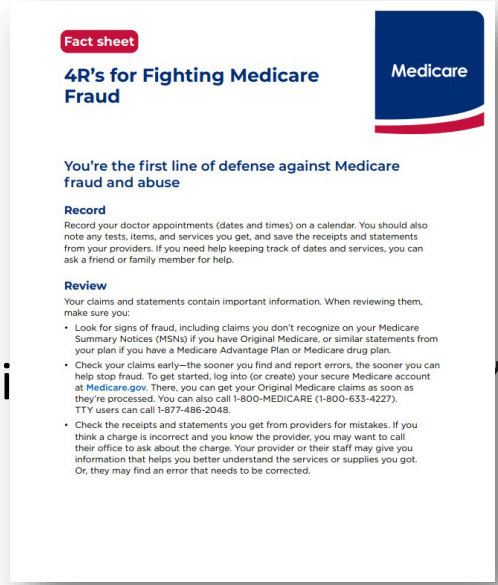
Electronic Medicare Summary Notice (eMSN)

You can sign up to get your MSNs electronically

- You'll get an email every month when your MSNs are available in your Medicare account
- You don't have to wait 6 months for a paper copy
- You'll no longer get the mailed paper copy

“4 Rs” for Fighting Medicare Fraud

- **Record** appointments and services
- **Review** services provided
- **Report** suspected fraud
- **Remember** to protect personal informati ”)



Fact sheet

4R’s for Fighting Medicare Fraud

Medicare

You’re the first line of defense against Medicare fraud and abuse

Record

Record your doctor appointments (dates and times) on a calendar. You should also note any tests, items, and services you get, and save the receipts and statements from your providers. If you need help keeping track of dates and services, you can ask a friend or family member for help.

Review

Your claims and statements contain important information. When reviewing them, make sure you:

- Look for signs of fraud, including claims you don’t recognize on your Medicare Summary Notices (MSNs) if you have Original Medicare, or similar statements from your plan if you have a Medicare Advantage Plan or Medicare drug plan.
- Check your claims early—the sooner you find and report errors, the sooner you can help stop fraud. To get started, log into (or create) your secure Medicare account at Medicare.gov. There, you can get your Original Medicare claims as soon as they’re processed. You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- Check the receipts and statements you get from providers for mistakes. If you think a charge is incorrect and you know the provider, you may want to call their office to ask about the charge. Your provider or their staff may give you information that helps you better understand the services or supplies you got. Or, they may find an error that needs to be corrected.

For more information, visit Medicare.gov/publications to review “4 Rs for Fighting Medicare Fraud” (Medicare Product No. 11610)

Contact Medicare

- Call to make a complaint and report fraud
- Have this information ready:
  - Provider's name and any identifying number you have
  - Information about the item or service, including date and payment amount
  - Date on your MSN
  - Your name and Medicare Number

If you have concerns call Medicare at 1-800-MEDICARE (1-800-633-4227); TTY: 1-877-486-2048

The Senior Medicare Patrol (SMP)

- **Educates people with Medicare** on preventing, identifying, and reporting health care fraud
- **Seeks volunteers** to represent their communities
- **Hears complaints** from people with Medicare

NOTE: SMP has active programs in all states, the District of Columbia, Puerto Rico, U.S. Virgin Islands, and Guam

Reporting Suspected Medicaid Fraud

You can report suspected Medicaid fraud to:

- Medicaid Fraud Control Unit (MFCU)
- Office of Inspector General (OIG)
- State Medical Assistance (Medicaid) office

Medicare & Medicaid Fraud & Abuse Resource Guide (continued)

U.S. Department of Health & Human Services (HHS) Office of the Inspector General (OIG)	▪ Call 1-800-HHS-TIPS (1-800-447-8477); TTY: 1-800-377-4950 ▪ tips.OIG.HHS.gov
PPI MEDIC and I-MEDIC Parts C and D Fraud Investigations Contractor	▪ Call 1-877-7SAFERX (1-877-772-3379) ▪ I-MEDICComplaints@qlarant.com ▪ I-MEDIC_OIG_Hotline@qlarant.com
“Protect Yourself from Enrollment Fraud” (CMS Video)	youtube.com/watch?v=K8WOkSlqRNI
“Medicare Fraud: Don’t Give Them a Chance” (Guard Your Medicare Card Campaign)	youtube.com/watch?v=vScAG7rtPe8&list=PLaV7m2-zFKpiuxlWwMfKHNUrQ2Mxhay4b

Medicare Fraud & Abuse Resource Guide (continued)

To review the Medicare products listed in this table and other helpful products, visit Medicare.gov/publications and search by keyword or product number.

"4 Rs for Fighting Medicare Fraud"	CMS Product No. 11610
"Protecting Yourself from Fraud"	CMS Product No. 10111
"Medicare Rights & Protections"	CMS Product No. 11534
"The Medicare Beneficiary Ombudsman Works for You"	CMS Product No. 11173

To order multiple copies (partners only), visit Productordering.cms.hhs.gov. You must register your organization.

Recently Released

Press Releases Aug 03, 2026

Readout: CMS Celebrates Delivery of the Health Technology Ecosystem, One Year After Launch

Date: August 3, 2026

https://www.cms.gov/newsroom/press-releases/readout-cms-celebrates-delivery-health-technology-ecosystem-one-year-after-launch

Press Releases Jul 14, 2026

CMS Proposes Transformational Medicare Reforms to Expand Accountable Care, Modernize Physician Payment, and Shift from Sick Care to Healthcare

Date: July 14, 2026

https://www.cms.gov/newsroom/press-releases/cms-proposes-transformational-medicare-reforms-expand-accountable-care-modernize-physician-payment

Fact Sheets Jul 14, 2026

Calendar Year (CY) 2027 Medicare Physician Fee Schedule Proposed Rule (CMS-1848-P) — Medicare Shared Savings Program Proposals

Date: Jul 14, 2026

https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2027-medicare-physician-fee-schedule-proposed-rule-cms-1848-p-medicare-shared

Fact Sheets Jul 14, 2026

Calendar Year (CY) 2027 Medicare Physician Fee Schedule Proposed Rule

Date: July 14, 2026

https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2027-medicare-physician-fee-schedule-proposed-rule

Press Releases Jun 01, 2026

CMS Launches Nationwide Framework to Implement Medicaid Work Requirements

Date: June 1, 2026

https://www.cms.gov/newsroom/press-releases/cms-launches-nationwide-framework-implement-medicaid-work-requirements

Questions?

- **Angie Sebree**
- Health Insurance Specialist-Outreach
- Centers for Medicare & Medicaid Services
  - angela.sebree@cms.hhs.gov

Chicago Regional Office

  - rochiora@cms.hhs.gov

Evaluation

We appreciate your time you have spent with us. We are always trying to improve our level of service to our partners and stakeholders. You can help us do that by providing your feedback on today's session. Please take a few moments to complete this brief, voluntary post-engagement evaluation. Just click on the link or use the QR code below. Your answers will help us improve our collaboration with you.

Event Name: Ohio State Medical Association

Note: Please do not forward or post the link anywhere; this is an internal evaluation to assist us. Thank you!

https://recon.my.salesforce-sites.com/act/Evaluation