The BRIDGE to a Healthier You

NAVIGATING THE NEW MEDICARE GLP-1 ACCESS

# PROVIDER CHECKLIST:

## 8 Steps to Support Patient Care

1




### Confirm Clinical Criteria Requirements

Confirm the patient is enrolled in an eligible Medicare Part D plan. Ensure the GLP-1 is for weight management—not for diabetes, sleep apnea, or metabolic dysfunction-associated steatohepatitis (MASH).

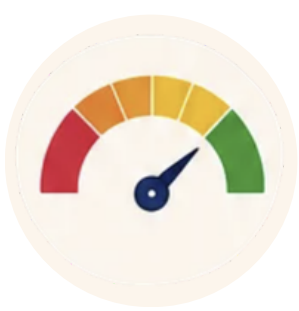
2




### Document Baseline BMI

Record BMI at the time GLP-1 therapy is initiated, not the current PA submission date. For patients already on treatment, use the highest documented BMI before starting the Bridge program.

3



### Check Criteria Pathways

The patient must meet one of the three BMI-based pathways.

Visit CMS for provider guidance:
**https://www.cms.gov/medicare/coverage/prescription-drug-coverage/medicare-glp-1-bridge/information-providers**

4



### Confirm Covered Medications & Formulas

Zepbound KwikPen, Wegovy (pen or oral), or Foundayo are available, but Zepbound vials or pens are not included. Pen needles are sold separately.

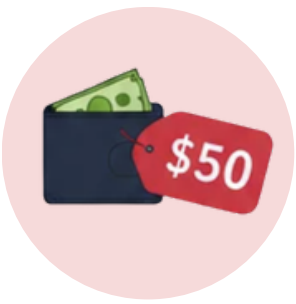
5




### Add Required Prescription Notes

Send the prescription to the patient's preferred pharmacy.
Add required notes:
SEND TO BRIDGE FOR WEIGHT MANAGEMENT and the appropriate ICD-10 obesity code (E66 family) on the e-script.

6




### Counsel Patient on $50 Copay

Explain to your patient that they can count on a monthly $50 copay per 30-day supply.

The $50 copay does not count toward the beneficiary's $2100 annual out-of-pocket maximum for Part D.

Low-income subsidy does not apply.

7



### Complete Prior Authorization

Complete the prior authorization request using the required form and clinical information.
**https://www.cms.gov/files/document/glp-1-bridge.pdf**

8



### Pair Medication With Lifestyle Support

Ensure the treatment is part of a structured, evidence-based lifestyle program.

Improving access to obesity care and advancing patient health.

OAC Obesity Action Coalition

OBESITY CARE ADVOCACY NETWORK
obesitycareadvocacynetwork.com