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Medicare Now Covers GLP-1s for \$50/Month. Here's How to Qualify.

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KEY POINTS

- **A new \$50/month Medicare program for GLP-1s launches July 1, 2026.** The Medicare GLP-1 Bridge Program covers FDA-approved weight loss medications like Wegovy and Zepbound through December 31, 2027, with a flat \$50 monthly copay for eligible beneficiaries.
- **Eligibility requires Part D enrollment plus clinical criteria.** You must be in a qualifying Medicare drug plan and have either a BMI of 35+, or a BMI of 27+ with a condition like cardiovascular disease, prediabetes, or hypertension.
- **The approval process is complex and unfamiliar to most doctors.** Unlike standard prescriptions, prior authorization must be submitted directly to a CMS central processor, a new system many physicians haven't navigated before, creating real risk of delays.
- **The program is temporary, and transitions will require planning.** The Bridge is a stopgap until the BALANCE Model launches more permanent GLP-1 coverage, but CMS has already delayed parts of that rollout — meaning beneficiaries may need to switch Part D plans during 2027 open enrollment to maintain access.

Overview:

Starting July 1, 2026, Medicare beneficiaries can access FDA-approved GLP-1 weight loss medications for just \$50 a month through a new federal program called the Medicare GLP-1 Bridge. The program runs through December 31, 2027, and requires Medicare Part D enrollment, a qualifying BMI, and prior authorization from CMS. The process involves multiple steps across your doctor, your insurance plan, and a centralized CMS processor — and it's easy to get stuck or delayed without the right help. This article walks you through everything you need to know to get approved, and how a Solace advocate can make sure you get there.

Feeling overwhelmed already? A Solace advocate can handle every step of this process for you — covered by Medicare and most insurance plans at no out-of-pocket cost.

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What Is the Medicare GLP-1 Bridge Program?

The Medicare GLP-1 Bridge is a temporary demonstration program created by the Centers for Medicare & Medicaid Services (CMS). It runs from July 1, 2026 through December 31, 2027, and is designed to provide early access to GLP-1 weight loss medications while a longer-term program—called the BALANCE Model—is being developed.

The Bridge program covers specific GLP-1 medications that have FDA approval for weight loss:

- Wegovy (semaglutide injection and oral tablets)
- Zepbound KwikPen (tirzepatide)
- Foundayo (oral tablet)

Under this program, eligible beneficiaries pay a flat \$50 copayment for a 30-day supply.

But the process to get approved isn't simple. The program operates outside of your regular Part D benefit, which creates both opportunities and complications you need to understand.

How to Access GLP-1 Medications Through Medicare

Step 1: Confirm Your Medicare Part D Enrollment

STEP 1: COMMIT YOUR MEDICARE PART D ENROLLMENT

Before anything else, you need to verify that you're enrolled in a qualifying Medicare prescription drug plan. The GLP-1 Bridge program requires active enrollment in one of the following:

- A standalone Medicare Part D Prescription Drug Plan (PDP)
- A Medicare Advantage plan that includes prescription drug coverage (MA-PD)
- A Special Needs Plan (SNP)
- The Limited Income Newly Eligible Transition (LI NET) program
- An employer/union group waiver plan (EGWP)

However, if you're in a private fee-for-service plan, a section 1876 cost contract plan, a PACE organization, or certain other specialized arrangements, you won't qualify for the Bridge program unless you're also enrolled in a standalone PDP.

How a Solace advocate helps with Step 1

Your advocate can look through your current Medicare enrollment documents, verify your plan type, and confirm whether you're eligible. If your current plan doesn't qualify, they'll help you understand what needs to change, and how you can make that change without disrupting your other coverage. You won't have to spend a single frustrating minute on hold with Medicare.

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Step 2: Check If You Meet the Clinical Eligibility Criteria

Even with the right insurance, not everyone will qualify for the GLP-1 Bridge Program. There are additional clinical criteria you must meet.

- Your body mass index (BMI) is 35 or higher
- Your BMI is 27 or higher AND you have at least one qualifying health condition, such as:
 - Cardiovascular disease or history of stroke
 - Prediabetes
 - Uncontrolled hypertension despite treatment
 - Advanced kidney disease
 - Heart failure

The program is designed for people at high metabolic or cardiovascular risk, and your doctor will need to document that you meet the criteria. That said, a lot of people who qualify may not know it yet. Prediabetes often goes undetected. Hypertension that's being treated still counts. And if your BMI hasn't been calculated recently, it's worth finding out where you stand.

How a Solace advocate helps with Step 2

A Solace advocate reviews your medical history and current health conditions to assess whether or not you are likely eligible. They can help you understand which qualifying conditions apply to your situation, flag any gaps in your medical records that might need to be addressed, and prepare you for the conversation with your doctor so nothing gets missed. Many patients who would otherwise assume they don't qualify discover they do, simply because someone took the time to sort through records and get the full picture.

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Step 3: Talk to Your Doctor About Prior Authorization

This is where most people get stuck.

Unlike your normal Part D prescriptions, GLP-1 Bridge medications don't go through your insurance plan's pharmacy benefit. Instead, your doctor must submit a prior authorization request directly to a CMS central processor — a completely separate system from what most doctors' offices are used to dealing with.

Your doctor needs to:

1. Evaluate and document that you meet the clinical eligibility criteria
2. Write a prescription for one of the covered GLP-1 medications (Wegovy, Zepbound, KwikPen, or Foundayo)
3. Submit the prior authorization request along with supporting documentation to the CMS central processor

Many doctors aren't familiar with this process yet, as the GLP-1 Bridge is brand new and doesn't flow through the normal channels. Some physician offices may not know how to submit to the CMS processor, what documentation CMS requires, or how the program even works.

How a Solace advocate helps with Step 3

Your Solace advocate is prepared to cut through the confusion on your behalf. They can help ensure the right clinical documentation is prepared, walk the office through the CMS submission process if needed, and follow up to confirm the prior authorization was actually submitted. When the system is new and unfamiliar, having an advocate who already understands the process can be the difference between getting approved and getting lost in limbo.

[Get an advocates help](#)

Step 4: Get Approved by the CMS Central Processor

Once your doctor submits the prior authorization, it goes to CMS's centralized processing system. This is different from a normal insurance prior authorization, as CMS itself must review the documentation to verify you meet the program criteria. If approved, CMS authorizes the claim and coordinates payment to the pharmacy. But if there is any problem or ambiguity, the process stalls. As the patient, you likely won't know if something went wrong unless you're tracking it. Prior authorizations can get kicked back for minor paperwork issues or get stuck in long queues. And because this is a brand-new system, the early months may have more hiccups than usual.

How a Solace advocate helps with Step 4

Your advocate will actively track the status of your prior authorization, follow up with both CMS and your doctor's office if there are delays, and troubleshoot any documentation issues that come back. If your request is denied or returned for more information, your advocate knows what to do next—whether that means gathering additional records, coordinating with your doctor, or resubmitting with stronger documentation — and you'll be informed every step of the way.

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Step 5: Pick Up Your Medication for \$50/Month

Once CMS approves your prior authorization, the pharmacy coordinates the release of your GLP-1 medication and you pay \$50 for a 30-day supply.

There are a few important things to know about this step:

The \$50 copayment does NOT count toward your Part D deductible or your \$2,100 annual out-of-pocket spending cap. The Bridge program operates entirely outside of the normal Part D benefit structure. That means the money you spend here doesn't reduce what you owe under your regular prescription drug plan.

If you qualify for the Part D Low-Income Subsidy (Extra Help), you cannot apply that benefit to GLP-1 Bridge prescriptions. For beneficiaries accustomed to paying \$5 or \$10 copays, \$50 per month may still represent a meaningful financial burden.

If you're already taking a GLP-1 for a covered condition like Type 2 diabetes or cardiovascular disease, you'll continue getting that medication through your regular Part D plan—not through the Bridge program.

How a Solace advocate helps with Step 5

Your advocate helps you understand exactly what you'll pay and how the Bridge copayment interacts with your existing Part D costs. They can also help coordinate refills, ensure your pharmacy has the right information on file, and keep you informed about any changes to the program as CMS updates its guidance. When the Bridge eventually transitions to whatever comes next, your advocate will help you navigate that shift so you don't lose access to your medication.

[Get started today](#)

What Happens After the Bridge Program Ends?

The GLP-1 Bridge is designed as a temporary stopgap. The longer-term plan is the BALANCE (Better Approaches to Lifestyle and Nutrition for Comprehensive Health) Model, which aims to integrate GLP-1 coverage into Medicare more permanently. However,

CMS announced in April 2026 that it's delaying the Part D portion of the BALANCE Model for 2027.

If you start on a GLP-1 through the Bridge program, you may need to switch Part D plans during the 2027 open enrollment period to ensure your new plan participates in the BALANCE Model. Switching plans can affect coverage and costs for your other medications.

This is exactly the kind of future planning that Solace is built for. Healthcare advocates don't just help you solve today's problem—they help you stay ahead of what's coming so you're never caught off guard.

Why the GLP-1 Bridge Is Worth Pursuing

GLP-1 medications have shown remarkable results for weight loss and metabolic health. For Medicare beneficiaries who've been priced out of these treatments for years, the Bridge program represents a genuine opportunity.

But the process will certainly come with challenges, as the system is new and the stakes of getting it wrong could delay access significantly.

A Solace advocate is a healthcare professional who works exclusively for you. They're covered by Medicare and other private insurance groups, so most patients pay nothing out of pocket. They know how the system works because they've worked inside it. And their entire job is to make sure you get the care you're entitled to, without the runaround.

Whether you're trying to figure out if you qualify, struggling to get your doctor's office to submit the right paperwork, or just overwhelmed by the complexity of a brand-new program, an advocate can help.

Ready to find out if you qualify for \$50/month GLP-1s through Medicare?

[Talk to a Solace advocate today.](#)

This article is for informational purposes only and should not be substituted for professional advice. Information is subject to change. Consult your healthcare provider or a qualified professional for guidance on medical issues, financial concerns, or healthcare benefits.

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the help you need

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Solace

Solace puts an advocate in your corner—someone who's spent years in healthcare, knows the system, and takes on the toughest parts of your care. Don't do this alone.



Eligibility varies by plan. Advocates do not provide medical or legal advice or services.

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