

LEGAL UPDATE

CMS to Offer Medicare Beneficiaries \$50 Per Month for GLP-1 Access Starting July 1



The Centers for Medicare and Medicaid Services (CMS) has [announced](#) that it will provide eligible Medicare beneficiaries access to certain GLP-1 medications for **\$50 per month beginning July 1, 2026, through Dec. 31, 2027**.

Medicare GLP-1 Bridge

On July 1, CMS will launch the Medicare GLP-1 Bridge, a short-term pilot program providing eligible Medicare Part D beneficiaries with access to certain GLP-1 medications at a cost of \$50 per monthly supply. Part D plan sponsors are not required to opt in to the Medicare GLP-1 Bridge and will not carry risk for GLP-1 drugs furnished under the program. CMS will manage prior authorization, claims adjudication and pharmacy payments centrally through a single processor.

The Medicare GLP-1 Bridge will be nationwide and available in all states and territories.

Eligibility and Participation

To qualify for coverage of eligible GLP-1 drugs via the Medicare GLP-1 Bridge, Medicare beneficiaries must meet certain prior authorization criteria and be enrolled in a standalone prescription drug plan (PDP) or Medicare Advantage (MA) coordinated care plan (i.e., HMO, HMO-POS, and local and regional PPO plans) that offers prescription drug coverage (MA-PD plans) in calendar year 2026. Part D beneficiaries in special needs plans, employer/union group waiver plans, and the limited income newly eligible transition program are eligible to participate.

Beneficiaries 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 are **not** eligible to participate, unless also enrolled in a standalone PDP, as applicable.

Additionally, dually eligible beneficiaries who are enrolled in eligible Part D plan types and meet the prior authorization criteria will have access to GLP-1 drugs via the Medicare GLP-1 Bridge.

What Employers Should Know Before July 1

According to CMS, it will continue to work with providers, pharmacies and manufacturers to support implementation and has indicated it will share additional information for beneficiaries as the program begins.

Employers that sponsor prescription drug plans do not need to take any action to make the program available to eligible beneficiaries. Employers should be aware, however, that Medicare-eligible employees (including those on COBRA, retirees or older workers) may have questions about the program, so employers should be prepared to direct them to the appropriate resources for guidance.
