CMS GLP-1 Bridge Patient Intake Sheet

Today's Date: _____

Patient Information

Full Patient Name _____

Date of Birth (≥18 only) _____

Medicare Number (MBI) _____ **Found on patient's red/ white/blue card (11characters)*

Current Part D Plan Name _____

Medication & Weight History

Requested Covered Drug ☐ Wegovy® ☐ Zepbound KwikPen® ☐ Foundayo™

New Rx or Continuation? ☐ New Rx ☐ Continuation

Baseline Patient Weight* _____ pounds (lbs) **Your weight before starting any GLP-1 medication*

Baseline Patient Height _____ feet (ft)

_____ inches (in)

Calculated Baseline BMI _____ CDC Adult BMI Calculator **Must be ≥ 27, ≥ 30, or ≥ 35 depending on comorbidities*

Clinical Exclusion Check

Diagnosed with Type 2 Diabetes?	☐ Yes	☐ No
Diagnosed with moderate-to-severe Obstructive Sleep Apnea (OSA)?	☐ Yes	☐ No
Diagnosed with Fatty Liver Disease (MASH/NASH)?	☐ Yes	☐ No

Qualifying Comorbidities

**Check all that apply to your baseline BMI tier*

If BMI is 27 to 29.9:	☐ Pre-diabetes ☐ Previous Myocardial Infarction (Heart Attack) ☐ Previous Stroke ☐ Symptomatic Peripheral Artery Disease (PAD)
If BMI is 30 to 34.9:	☐ Heart Failure with Preserved Ejection Fraction (HFpEF) ☐ Chronic Kidney Disease (CKD - Stage 3a or higher) ☐ Uncontrolled HTN (Taking 2+ blood pressure medications with systolic >140 or diastolic >90)

Notes: