Beyond Diabetes and Weight Management

GLP-1-Based Medication Indications With Medicare and Michigan Medicaid Coverage

These three indications carry standard Medicare Part D coverage when documented as the primary diagnosis, with the testing required to support that diagnosis, separate from the diabetes and weight-management indications already familiar to this audience.

Indication	Required Testing / Diagnostic Criteria		Covered Medication	Michigan Medicaid: *Covered, Same FDA-label criteria as Medicare apply for PA*
Cardiovascular Risk Reduction	Prior MI	Documentation of hospitalization, elevated troponin, ECG findings, or cardiac catheterization/PCI.	Wegovy (semaglutide). Not Ozempic.	Renewal PA requirements: Documented clinical benefit and continued optimized CV pharmacotherapy Medicare PA Request Form ***michmed.org/W347N*** Michigan Medicaid PA Request Form ***michmed.org/gyeG9***
	Stroke	Documentation of ischemic or hemorrhagic stroke, supported by neuroimaging.		
	Symptomatic PAD	Resting ABI <0.85 with claudication; prior peripheral revascularization; or amputation due to atherosclerotic disease.		
Noncirrhotic Metabolic Dysfunction-Associated Steatohepatitis (MASH)	MASH with stage F2 to F3 fibrosis, include date or documentation of biopsy or accepted noninvasive tests: • FibroScan (VCTE) showing F2/F3 fibrosis. • Documentation must confirm noncirrhotic status (no F4).		Wegovy (semaglutide). Not Ozempic.	Renewal PA requirements: Documented clinical benefit
Sleep Apnea (Moderate - Severe)	• Include date of sleep study and documentation of AHI/REI of 15 or more events per hour on polysomnography (PSG) or a home sleep apnea test (HSAT). • Moderate: AHI/REI 15 to 29. • Severe: AHI/REI 30 or higher. • Plus BMI of 30 kg/m2 or higher.		Zepbound (tirzepatide). Not Mounjaro.	Renewal PA requirements: Documented improvement

Michigan Medicaid context: effective January 1, 2026, Michigan restricted GLP-1-based med coverage for weight management alone to beneficiaries with morbid obesity (BMI 40 or higher) who have documented failure of other interventions, used as a measure to avert bariatric surgery. That restriction applies only to the weight-management pathway. Per MDHHS, coverage for the three indications above did not change.

Medicare GLP-1-based med Bridge program: from July 1, 2026 through December 31, 2027, a separate CMS demonstration provides an additional coverage pathway for weight management specifically. It does not change the coverage above, which already applies under standard Part D.

Pivotal trials

1. Lincoff AM, Brown-Frandsen K, Colhoun HM, et al; SELECT Trial Investigators. Semaglutide and cardiovascular outcomes in obesity without diabetes. N Engl J Med. 2023;389(24):2221-2232.
2. Sanyal AJ, Newsome PN, Kliers I, et al; ESSENCE Study Group. Phase 3 trial of semaglutide in metabolic dysfunction-associated steatohepatitis. N Engl J Med. 2025;392(21):2089-2099.
3. Malhotra A, Grunstein RR, Fietze I, et al; SURMOUNT-OSA Investigators. Tirzepatide for the treatment of obstructive sleep apnea and obesity. N Engl J Med. 2024;391(13):1193-1205.

Regulatory and payer sources

4. Centers for Medicare and Medicaid Services. Medicare GLP-1 Bridge. cms.gov/medicare/coverage/prescription-drug-coverage/medicare-glp-1-bridge.
5. Michigan Department of Health and Human Services. Numbered Letter L 25-73, Update of Pharmacy Drug Coverage for Treatment of Obesity, December 8, 2025. michigan.gov/mdhhs.