

Weight Gain or Weight Loss Programs

Policy Number: BIP193.O
Effective Date: May 1, 2026

[Instructions for Use](#)

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Related Benefit Interpretation Policies

- [Preventive Care Services](#)
- [Treatment of Morbid Obesity](#)

Related Medical Policy

- [Preventive Care Services](#)

Related Pharmacy Guidelines

- [Clinical Pharmacy Programs Prior Authorization/Notification Guidelines for Weight Loss Products](#)

Federal/State Mandated Regulations

None

State Market Plan Enhancements

None

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Weight loss programs as provided by the primary care physician to manage certain diseases, such as but not limited to diabetes and heart disease.

UnitedHealthcare of California (HMO): Self-injectable weight loss drugs are covered when medically necessary under the medical benefit.

- Examples include but are not limited to Wegovy and Saxenda.

Refer to the following policy for further information: [Weight Loss/Appetite Suppression – phentermine \(all brand products including Adipex-P® and Lomaira™\), benzphetamine, Contrave® \(naltrexone HCl and bupropion HCl, diethylpropion, Imcivree® \(setmelanotide\), phendimetrazine, orlistat \(Xenical®\), Qsymia® \(phentermine and topiramate extended-release\), Saxenda® \(liraglutide\), Vykat XR™ \(diazoxide choline\), Wegovy® \(semaglutide\) injection, Wegovy® \(semaglutide\) tablet and Zepbound™ \(tirzepatide\) - Prior Authorization/Notification - UnitedHealthcare Commercial Plans \(uhcprovider.com\).](#)

Refer to the Medical Policy titled [Preventive Care Services](#) for additional information.

Not Covered

- Examples of items/services that are not covered include but are not limited to:
 - Behavioral modification programs

- Dietary reviews and counseling except as provided by the primary care physician
- Exercise programs
- Food and food supplements
- Prescription drugs to treat obesity unless otherwise covered under the supplemental pharmacy benefit and authorized as medically necessary to treat morbid obesity or as mentioned in the *Covered Benefits* section
- Vitamins and other nutritional supplements associated with weight gain or weight loss
- Weight loss or weight gain programs, except as mentioned in the above sections

Refer to the Benefit Interpretation Policy titled [Treatment of Morbid Obesity](#).

Policy History/Revision Information

Date	Summary of Changes
05/01/2026	<ul style="list-style-type: none"> ● Routine review; no change to coverage guidelines ● Archived previous policy version BIP193.N

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.