

# Weight Gain or Weight Loss Programs

**Policy Number:** BIP193.L  
**Effective Date:** July 1, 2023

[Instructions for Use](#)

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<p><b>Related Benefit Interpretation Policies</b></p> <ul style="list-style-type: none"> <li><a href="#">Preventive Care Services</a></li> <li><a href="#">Treatment of Extreme Obesity</a></li> </ul>
<p><b>Related Medical Management Guidelines</b></p> <ul style="list-style-type: none"> <li><a href="#">Preventive Care Services</a></li> </ul>
<p><b>Related Pharmacy Guidelines</b></p> <ul style="list-style-type: none"> <li><a href="#">Clinical Pharmacy Programs Prior Authorization/Notification Guidelines for Weight Loss Products</a></li> </ul>

## 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 – 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 \(liraglutide\), and Wegovy \(semaglutide\) - Prior Authorization/Notification - UnitedHealthcare Commercial Plans \(uhcprovider.com\).](#)

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

## Not Covered

- Weight loss or weight gain programs, except as mentioned in the above sections.
- Prescription drugs to treat obesity unless otherwise covered under the supplemental pharmacy benefit and authorized as medically necessary to treat extreme obesity or as mentioned in the *Covered Benefits* section.
- Enhancement medications when prescribed for the following non-medical conditions are not covered: weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging for cosmetic purposes, and mental performance. Examples of drugs that are excluded when prescribed for such conditions include, but are not limited to, Penlac®, Retin-A®, Renova®, Vaniqa®, Propecia®, Lustra®, Xenical®, or Meridia®.  
**Note:** This exclusion does not exclude coverage for drugs when preauthorized as medically necessary to treat extreme obesity.
- Examples of items/services that are not covered include, but are not limited to:
  - Dietary evaluations and counseling except as provided by the primary care physician
  - Exercise programs
  - Behavioral modification programs
  - Food and food supplements
  - Vitamins and other nutritional supplements associated with weight gain or weight loss

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

## Policy History/Revision Information

Date	Summary of Changes
07/01/2023	<p><b>Covered Benefits</b> <b>UnitedHealthcare of California (HMO)</b></p> <ul style="list-style-type: none"><li>• Added language to indicate self-injectable weight loss drugs are covered when medically necessary under the medical benefit<ul style="list-style-type: none"><li>○ Examples include but are not limited to Wegovy and Saxenda</li><li>○ Refer to the Clinical Pharmacy Programs Prior Authorization/Notification guidelines for <i>Weight Loss Products</i> for further information</li></ul></li></ul> <p><b>Not Covered</b></p> <ul style="list-style-type: none"><li>• Added language to clarify prescription drugs to treat obesity [are not covered] unless otherwise covered under the supplemental pharmacy benefit and authorized as medically necessary to treat extreme obesity <i>or as mentioned in the <b>Covered Benefits</b> section [of the policy]</i></li></ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"><li>• Archived previous policy version BIP193.K</li></ul>

## 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.