2026 Weight loss medications

Below is a standard list of weight loss medications. This list can be used as reference for covered weight loss medications if your plan elects standard weight loss medication coverage. Listed drugs may not be covered by all plans. Please note this list is subject to change throughout the year and some drugs may have quantity limits and other clinical requirements based on your plan. Please reference your plan documents for details about your benefits and cost share.

Drug name	Drug tier	Requirements & limits
Adipex-p (Brand)	3	PA
Benzphetamine HCL	1	PA
Contrave	3	PA, QL
Diethylpropion HCL	1	PA
Diethylpropion HCL ER	1	PA
Lomaira	3	PA
Phendimetrazine Tartrate	1	PA
Phendimetrazine Tartrate ER	1	PA
Phentermine HCL	1	PA
Qsymia	3	PA, QL
Saxenda	3	PA, QL
Wegovy	3	PA, QL
Xenical	3	PA
Zepbound	3	PA, QL

PA = Prior authorization
Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan

QL = Quantity limits
Specifies the largest quantity of medication covered per copayment or in defined period of time



If you are not currently enrolled with UnitedHealthcare pharmacy benefit coverage, you may access your health plan's member website for additional information during your open enrollment period or you may contact your employer or health plan for additional information.
Where differences are noted between this reference guide and your benefit plan documents, the benefit plan documents will govern.
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