

UnitedAg Formulary
Prior Authorization Drug List
Last Updated* 1/1/2025

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ABSTRAL SL TAB	3
ACTHAR GEL INJ	S
ACTIMMUNE INJ	2
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	S
ADALIMUMAB-FKJP PFS KIT	S
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	S
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	S
adapalene cream	1
adapalene gel	1
ADBRY INJ	S
ADEMPAS TAB	2
AIMOVIQ INJ	2
AJOVY INJ	2
ALECENSA CAP	S
ALKINDI SPRINKLE CAP 0.5MG	3
ALKINDI SPRINKLE CAP 1MG	3
ALUNBRIG TAB 30MG	2
ALUNBRIG TAB 90MG, 180MG	2
ambrisentan tab	1
ANDRODERM PATCH	2
ARIKAYCE SUSP	2
ATORVALIQ SUSP	3
AUGTYRO CAP	S
AUGTYRO CAP 160MG	S
AUSTEDO TAB	S
AUSTEDO XR TAB	S
AUSTEDO XR TAB TITRATION PACK	S
BACLOFEN ORAL SOLN 10 MG/5ML	3
BACLOFEN ORAL SOLN 5 MG/5ML	3
baclofen oral soln 5mg/5ml	1
BACLOFEN SUSP	3
BALVERSA TAB 3MG	2
BALVERSA TAB 4MG	2
BALVERSA TAB 5MG	2
BARACLUDE SOLN	3
BENLYSTA AUTO-INJECTOR	S
BENLYSTA INJ	S
BERINERT INJ	S
bexarotene cap	1
bexarotene gel	1
bosentan tab	1

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
BOSULIF CAP	S
BOSULIF TAB	S
BRAFTOVI CAP 75MG	S
BRUKINSA CAP	S
budesonide ER tab	1
budesonide rectal foam	3
BYLVAY CAP 1200MCG	3
BYLVAY CAP 400MCG	3
BYLVAY SPRINKLE CAP 200MCG	3
BYLVAY SPRINKLE CAP 600MCG	3
CABLIVI INJ KIT	2
CABOMETYX TAB	S
CALQUENCE CAP	2
CALQUENCE TAB	2
CAMZYOS CAP	S
CAPRELSA TAB	2
CAPRELSA TAB 300MG	2
carglumic acid tab	1
CHOLBAM CAP	2
CIBINQO TAB	S
CIMZIA INJ	S
CINRYZE INJ	2
clobazam susp	1
COMETRIQ KIT	S
COPIKTRA CAP	S
CORLANOR SOLN	3
CORLANOR TAB	3
COTELLIC TAB	S
CRINONE GEL	2
dasatinib tab	1
DAYBUE SOLN	2
DAYVIGO TAB	3
deferiprone tab	1
DESCOVY TAB	\$0
DIACOMIT CAP	2
DIACOMIT POWDER PACK	2
diclofenac gel	1
DOPTELET TAB	S
dronabinol cap	1
DUPIXENT INJ	S
DUPIXENT PEN INJ	S

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
EMGALITY INJ	2
EMGALITY INJ 100MG/ML	2
EMPAVELI INJ	2
enalapril maleate oral soln	1
ENBREL INJ 25MG	S
ENBREL INJ 50MG	S
ENBREL MINI INJ	S
ENBREL SURECLICK INJ 50MG	S
ENDOMETRIN INSERT	2
ENSPRYNG INJ	S
ENTYVIO SC INJ	S
EPIDIOLEX SOLN	S
EPRONTIA SOLN	3
ERIVEDGE CAP	S
ERLEADA TAB	S
ERLEADA TAB 240MG	S
erlotinib tab	1
erlotinib tab 25mg	1
everolimus tab	1
everolimus tab (ZORTRESS equiv)	1
everolimus tab for oral susp	1
EZALLOR SPRINKLE CAP	3
FANAPT TAB	3
FANAPT TITRATION PACK	3
FASENRA PEN INJ	S
FENTANYL BUCCAL TAB	3
FENTANYL CITRATE LOLLIPOP	2
FENTORA TAB	3
FERRIPROX SOLN	2
FILSPARI TAB	2
FINTEPLA SOLN	2
FIRDAPSE TAB	2
FLEQSUVY SUSP	3
FLOLIPID SUSP	3
FRUZAQLA CAP 1MG	2
FRUZAQLA CAP 5MG	2
GALAFOLD CAP	2
GAVRETO CAP	S
gefitinib tab	1
GENOTROPIN INJ	S
GILOTRIF TAB	2

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
GLOPERBA SOLN	3
HAEGARDA INJ	S
HEMLIBRA INJ	S
HIZENTRA INJ	S
HYCAMTIN CAP	S
HYFTOR GEL	2
HYQVIA INJ	S
icatibant inj	1
ICLUSIG TAB	2
icosapent ethyl cap	1
IDHIFA TAB	S
IMBRUVICA CAP 140MG	S
IMBRUVICA CAP 70MG	S
IMBRUVICA SUSP	S
IMBRUVICA TAB 420MG, 560MG	S
IMCIVREE INJ	2
INBRIJA INH POWDER	3
INGREZZA CAP	2
INGREZZA PACK 40-80MG	2
INGREZZA SPRINKLE CAP	2
INLYTA TAB	S
INQOVI TAB	2
ISTURISA TAB	2
itraconazole soln	1
ivabradine hcl tab	1
JAKAFI TAB	S
JAYPIRCA TAB	S
JOENJA TAB	2
JYLAMVO SOLN, XATMEP SOLN	3
JYNARQUE PAK	S
JYNARQUE TAB	S
KALYDECO PAK	2
KALYDECO TAB	2
KATERZIA SUSP	3
KERENDIA TAB	3
KEVZARA INJ	S
KINERET INJ	S
KISQALI PAK	S
KISQALI TAB	S
KOSELUGO CAP	2
KOSELUGO CAP 10MG	2

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
lapatinib ditosylate tab	1
LAZANDA NASAL SPRAY	3
LEDIPASVIR/SOFOSBUVIR TAB	S
LENVIMA CAP	S
l-glutamine powder packet	1
LIKMEZ SUSP	3
LITFULO CAP	S
lithium oral solution	1
LIVMARLI SOLN 19MG/ML	2
LIVTENCITY TAB	2
lofexidine hcl tab	1
LOKELMA PAK	2
LONSURF TAB	S
LORBRENA TAB 100MG	S
LORBRENA TAB 25MG	S
lubiprostone cap	1
LUCEMYRA TAB	3
LUMAKRAS TAB	S
LUMAKRAS TAB 240MG	S
LUMAKRAS TAB 320MG	S
LUMRYZ PACK	2
LUMRYZ STARTER PACK	2
LUPKYNIS CAP	3
LYNPARZA TAB	S
LYVISPAH GRANULE PACKET	2
MAVYRET PAK	S
MAVYRET TAB	S
MEKINIST SOLN	S
MEKINIST TAB 0.5MG	S
MEKINIST TAB 2MG	S
MEKTOVI TAB	S
METHITEST TAB	3
mifepristone tab	1
miglustat cap	1
MOVANTIK TAB	2
MYFEMBREE TAB	2
NATPARA INJ	2
NERLYNX TAB	S
NINLARO CAP	S
NITAZOXANIDE TAB	2
nitrofurantoin susp	1

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
NORLIQVA ORAL SOLN	3
NUBEQA TAB	S
NUCALA INJ	S
NUEDEXTA CAP	2
OCALIVA TAB	2
ODACTRA SL TAB	3
ODOMZO CAP	S
OFEV CAP	S
OJEMDA SUSP	2
OJEMDA TAB	2
OJJAARA TAB	2
OLUMIANT TAB	S
OMNITROPE INJ	S
ONFI SUSP	3
ONGENTYS CAP	3
OPSUMIT TAB	2
OPZELURA CREAM	S
ORENCIA CLICK INJ	S
ORENCIA SC INJ 125MG/ML	S
ORENCIA SC INJ 50MG/0.4ML	S
ORENCIA SC INJ 87.5MG/0.7ML	S
ORGOVYX TAB	2
ORIAHNN CAP	2
ORILISSA TAB 150MG	2
ORILISSA TAB 200MG	2
ORKAMBI GRANULES PACKET	S
ORKAMBI TAB	S
ORSERDU TAB	2
ORSERDU TAB 345MG	2
OTEZLA STARTER PACK	S
OTEZLA TAB	S
OXERVATE OPHTH SOLN	2
PALFORZIA POWDER PACK	3
PALFORZIA SPRINKLE CAP	3
PALYNZIQ INJ	2
pazopanib hcl tab	1
PEMAZYRE TAB	2
PIQRAY TAB	S
pirfenidone cap	1
pirfenidone tab 267mg	1
pirfenidone tab 801mg	1

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
POMALYST CAP	S
PREVYMIS TAB	S
PROGESTERONE SUPP	3
PROMACTA POWDER	S
PROMACTA TAB 12.5MG, 25MG	S
PROMACTA TAB 50MG	S
PROMACTA TAB 75MG	S
PURIXAN SUSP	3
pyrimethamine tab	1
QBRELIS SOLN	3
QINLOCK TAB	3
QULIPTA TAB	3
RADICAVA ORS STARTER KIT	S
RADICAVA ORS SUSP	S
RETEVMO CAP	S
RETEVMO CAP 40MG	S
RETEVMO TAB	S
RETEVMO TAB 40MG	S
REYVOW TAB	2
REZDIFFRA TAB	S
REZUROCK TAB	S
RINVOQ ER TAB	S
RINVOQ ORAL SOLN	S
ROZLYTREK CAP	S
ROZLYTREK PAK	S
RUBRACA TAB	2
RUCONEST INJ	2
rufinamide susp	1
rufinamide tab	1
RYDAPT CAP	S
sapropterin dihydrochloride powder packet	1
sapropterin dihydrochloride soluble tab	1
SCEMBLIX TAB	2
SCEMBLIX TAB 100MG	2
SIGNIFOR INJ	2
sildenafil susp	1
sildenafil tab 20mg	1
SIMPONI AUTO-INJECTOR 100MG	S
SIMPONI INJ 100MG	S
SKYCLARYS CAP	2
SKYRIZI INJ 150MG/ML	S

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
SKYRIZI INJ 180 MG/1.2ML	S
SKYRIZI INJ 360MG/2.4ML	S
SODIUM OXYBATE SOLN	2
SOFOSBUVIR/VELPATASVIR TAB	S
SOLOSEC GRANULES PACKET	3
SOMAVERT INJ	2
sorafenib tosylate tab	1
SOTYLIZE SOLN 5MG/ML	3
SPEVIGO INJ	2
spironolactone susp	1
STELARA INJ	S
STIVARGA TAB	S
sunitinib malate cap	1
SUNOSI TAB	2
SYMDEKO TAB	S
SYMPROIC TAB	2
TABRECTA TAB	S
tadalafil tab (PAH)	1
TADLIQ SUSP	1
TAFINLAR CAP	S
TAFINLAR TAB	S
TAGRISSO TAB	S
TAKHZYRO INJ	2
TAKHZYRO INJ 150MG/ML	2
TALTZ INJ	S
TALTZ INJ 20MG/0.25ML	S
TALTZ INJ 40MG/0.5ML	S
TALZENNA CAP 0.25MG	S
TALZENNA CAP 0.75MG	S
TASIGNA CAP	S
TAZVERIK TAB	2
TESTOSTERONE GEL 1% 25MG	2
testosterone gel 1% 50mg	1
testosterone gel 1% pump	1
testosterone gel 1.62% 1.25gm	1
testosterone gel 1.62% 2.5gm	1
TESTOSTERONE GEL PUMP 1%	2
testosterone gel pump 1.62%	1
testosterone soln	1
TEZSPIRE INJ	S
TIBSOVO TAB	2

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
tiopronin tab	1
tiopronin tab delayed release	1
TIROSINT-SOL	3
TOBI PODHALER	3
TRACLEER TAB 32MG	2
TREMFYA INJ	S
TREMFYA INJ 200MG/2ML	S
tretinoin cream	1
tretinoin gel	1
tretinoin gel 0.08%	1
trientine cap	1
TRIKAFTA TAB	S
TRIKAFTA THERAPY PACK	S
TRINTELLIX TAB	3
TRUQAP TAB	2
TRUQAP THERAPY PACK	2
TRUVADA TAB	\$0
TUKYSA TAB	2
TURALIO CAP	2
TYENNE INJ	S
TYVASO DPI POWDER	2
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	2
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG	2
TYVASO DPI POWDER TITRATION KIT 16-32MCG	2
TYVASO INH SOLN 0.6 MG/ML	2
UBRELVY TAB	2
UCERIS RECTAL FOAM	3
UPTRAVI TAB	2
VALCHLOR GEL	S
VANFLYTA TAB	2
VANFLYTA TAB 26.5MG	2
VELTASSA POWDER	2
VELTASSA POWDER 1GM	2
VENCLEXTA STARTER PACK	S
VENCLEXTA TAB	S
VENTAVIS INH SOLN	2
VERZENIO TAB	S
vigabatrin powder pack	1
vigabatrin tab	1
vigadrone powder pack	1
VIJOICE GRANULES PACKET	S

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
VIJOICE TAB	S
VIJOICE TAB 250MG	S
VITRAKVI CAP 100MG	2
VITRAKVI CAP 25MG	2
VITRAKVI SOLN	2
VIZIMPRO TAB	S
VOGELXO GEL PUMP 1%	3
VONJO CAP	2
VOSEVI TAB	S
VOWST CAP	2
VOYDEYA TAB	2
VYNDAMAX CAP	S
VYNDAQEL CAP	2
WAKIX TAB	2
WELIREG TAB	3
WINREVAIR INJ	2
XADAGO TAB	3
XALKORI CAP	S
XALKORI SPRINKLE CAP	S
XELJANZ SOLN	S
XELJANZ TAB	S
XELJANZ XR TAB	S
XEMBIFY INJ	S
XOLAIR INJ	S
XOLAIR INJ 150MG/ML	S
XOLAIR INJ 300MG/2ML	S
XOLAIR SYRINGE	S
XOLAIR SYRINGE 150MG/ML	S
XOLAIR SYRINGE 300MG/2ML	S
XOLREMDI CAP	2
XOSPATA TAB	2
XPHOZAH TAB	3
XPOVIO PAK	2
YUFLYMA INJ, ADALIMUMAB-AATY INJ	S
YUFLYMA STARTER KIT	S
ZAVZPRET NASAL SPRAY	2
ZEJULA CAP	S
ZEJULA TAB	S
ZELBORAF TAB	S
ZEPOSIA CAP	S
ZEPOSIA STARTER PACK	S

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ZOLINZA CAP	S
ZONISADE SUSP	3
ZORYVE CREAM	2
ZURZUVAE CAP 20MG, 25MG	2
ZURZUVAE CAP 30MG	2
ZYDELIG TAB	S
ZYKADIA CAP	S
ZYKADIA TAB	S
ZYMFENTRA INJ	S

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