

The following list contains medications which will be reviewed using the Oncology Drugs Criteria listed at: [PA criteria sheets / Minnesota Department of Human Services](#)

<b>Minnesota Health Care Programs FFS Oncology Drug List Effective: April 1, 2025</b>	
<b>Drug Name</b>	<b>Strength and Dose Form</b>
ADSTILADRIN	3X10E11/ML VIAL
AKEEGA	50-500 MG TABLET
	100-500 MG TABLET
AUGTYRO	40 MG CAPSULE
	160 MG CAPSULE
AXTLE	500 MG VIAL
	100 MG VIAL
BRUKINSA	80 MG CAPSULE
DANZITEN	71 MG TABLET
	95 MG TABLET
DAURISMO	25 MG TABLET
	100 MG TABLET
ELAHERE	100 MG/20 ML VIAL
FRUZAQLA	5 MG CAPSULE
	1 MG CAPSULE
IMDELLTRA	10 MG VIAL
	1 MG VIAL
IMJUDO	25 MG/1.25 ML VIAL
	300 MG/15 ML VIAL
ITOVEBI	3 MG TABLET
	9 MG TABLET
IWILFIN	192 MG TABLET
JAYPIRCA	50 MG TABLET
	100 MG TABLET
KOSELUGO	10 MG CAPSULE

	25 MG CAPSULE
KRAZATI	200 MG TABLET
LAZCLUZE	80 MG TABLET
	240 MG TABLET
LOQTORZI	240MG/6ML VIAL
LUMAKRAS	120 MG TABLET
	240 MG TABLET
	320 MG TABLET
LUNSUMIO	1 MG/ML VIAL
	30 MG/30 ML VIAL
LYTGOBI	12 MG DOSE
	16 MG DOSE
	20 MG DOSE
NILANDRON	150 MG TABLET
NILUTAMIDE	150 MG TABLET
OGSIVEO	50 MG TABLET
	150 MG TABLET
	100 MG TABLET
OJEMDA	25 MG/ML ORAL SUSPENSION
	100 MG TABLET
OJJAARA	100 MG TABLET
	150 MG TABLET
	200 MG TABLET
ORGOVYX	120 MG TABLET
ORSERDU	86 MG TABLET
	345 MG TABLET
REVUFORJ	110 MG TABLET
	160 MG TABLET
REZLIDHIA	150 MG CAPSULE
TAZVERIK	200 MG TABLET
TEPMETKO	225 MG TABLET
TRUQAP	200 MG TABLET
	160 MG TABLET
TURALIO	125 MG CAPSULE

VANFLYTA	26.5 MG TABLET
	17.7 MG TABLET
VORANIGO	10 MG TABLET
	40 MG TABLET
VYLOY	100 MG VIAL
XOSPATA	40 MG TABLET
ZIIHERA	300 MG VIAL
ZYNYZ	500 MG/20 ML VIAL