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

Minnesota Health Care Programs FFS Oncology Drug List Effective: November 11, 2026	
Drug Name	**Strength and Dose Form**
ABIRATERONE	250 MG TABLET
	500 MG TABLET
ABIRATERONE ACETATE[1]	125 MG TABLET
ADCETRIS	50 MG VIAL
ADSTILADRIN	3x10[1] VP/ML VIAL
AFATINIB	20 MG TABLET
	30 MG TABLET
	40 MG TABLET
AKEEGA	50–500 MG TABLET
	100–500 MG TABLET
ALECENSA	150 MG CAPSULE
ALIQOPA	60 MG VIAL
ALUNBRIG	30 MG TABLET
	90 MG TABLET
	180 MG TABLET
	90 MG–180 MG TABLET PACK
ANKTIVA	400 MCG/0.4 ML VIAL
AUGTYRO	40 MG CAPSULE
	160 MG CAPSULE
AVMAPKI	0.8 MG CAPSULE
AVMAPKI–FAKZYNJA	0.8 MG–200 MG CO-PACK
AYVAKIT	25 MG TABLET
	50 MG TABLET
	100 MG TABLET
	200 MG TABLET
	300 MG TABLET
BALVERSA	3 MG TABLET

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Minnesota Health Care Programs FFS Oncology Drug List Effective: November 11, 2026	
Drug Name	**Strength and Dose Form**
	4 MG TABLET
	5 MG TABLET
BAVENCIO	200 MG/10 ML VIAL
BEQALZI	1 MG TABLET
	5 MG TABLET
	20 MG TABLET
	80 MG TABLET
	1.5-20-80 MG STARTER PACK
BESPONSA	0.9 MG VIAL
BIZENGRI	375 MG/18.75 ML VIAL
BLENREP	70 MG VIAL
BOSULIF	50 MG CAPSULE
	100 MG CAPSULE
BOSULIF[2]	100 MG TABLET
	400 MG TABLET
	500 MG TABLET
BOSUTNIB	100 MG TABLET
	400 MG TABLET
	500 MG TABLET
BRAFTOVI	75 MG CAPSULE
BRUKINSA	80 MG CAPSULE
	160 MG TABLET
CABOMETYX	20 MG TABLET
	40 MG TABLET
	60 MG TABLET
CALQUENCE	100 MG TABLET
CAPRELSA	100 MG TABLET
	300 MG TABLET
COLUMVI	2.5 MG/2.5 ML VIAL
	10 MG/10ML VIAL

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Minnesota Health Care Programs FFS Oncology Drug List Effective: November 11, 2026	
Drug Name	**Strength and Dose Form**
COMETRIQ	60 MG DAILY DOSE PACK
	100 MG DAILY DOSE PACK
	140 MG DAILY DOSE PACK
COPIKTRA	15 MG CAPSULE
	25 MG CAPSULE
COTELLIC	20 MG TABLET
DANYELZA	40 MG/10 ML VIAL
DANZITEN	71 MG TABLET
	95 MG TABLET
DARZALEX	100 MG/5 ML VIAL
	400 MG/20 ML VIAL
DARZALEX FASPRO[1]	1,800 MG-30,000 UNIT/15 ML VIAL
DATROWAY	100 MG VIAL
DAURISMO	25 MG TABLET
	100 MG TABLET
DECNUPAZ	2 MG VIAL
ELAHERE	100 MG/20 ML VIAL
ELREXFIO	44 MG/1.1 ML VIAL
	76 MG/1.9 ML VIAL
ELZONRIS	1000 MCG/ML VIAL
EMPLICITI	300 MG VIAL
	400 MG VIAL
EMRELIS	20 MG VIAL
	100 MG VIAL
ENHERTU	100 MG VIAL
ENSACOVE	25 MG CAPSULE
	100 MG CAPSULE
EPKINLY	48 MG/0.8 ML VIAL
	4 MG/0.8 ML VIAL
ERIVEDGE	150 MG CAPSULE

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Minnesota Health Care Programs FFS Oncology Drug List Effective: November 11, 2026	
Drug Name	**Strength and Dose Form**
ERLEADA	60 MG TABLET
	240 MG TABLET
EVDI[1]	1 MG/20 ML VIAL
FOTIVDA	0.89 MG CAPSULE
	1.34 MG CAPSULE
FRUZAQLA	5 MG CAPSULE
	1 MG CAPSULE
GILOTRIF[2]	20 MG TABLET
	30 MG TABLET
	40 MG TABLET
GOMEKLI	1 MG CAPSULE
	2 MG CAPSULE
	1 MG TABLET FOR SUSP
GRAFAPEX	1 GRAM VIAL
	5 GRAM VIAL
HERNEXEOS	60 MG TABLET
HYRNUO	10 MG TABLET
IBRANCE	75 MG CAPSULE
	100 MG CAPSULE
	125 MG CAPSULE
	75 MG TABLET
	100 MG TABLET
	125 MG TABLET
IBTROZI	200 MG CAPSULE
ICLUSIG	10 MG TABLET
	15 MG TABLET
	30 MG TABLET
	45 MG TABLET
IDHIFA	50 MG TABLET
	100 MG TABLET

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Minnesota Health Care Programs FFS Oncology Drug List Effective: November 11, 2026	
Drug Name	**Strength and Dose Form**
IMFINZI	120 MG/2.4 ML VIAL
	500 MG/10 ML VIAL
IMBRUVICA	70 MG/ML SUSP
	140 MG TABLET
	280 MG TABLET
	420 MG TABLET
	70 MG CAPSULE
	140 MG CAPSULE
IMDELLTRA	1 MG VIAL
	10 MG VIAL
IMJUDO	25 MG/1.25 ML VIAL
	300 MG/15 ML VIAL
IMLYGIC	1 MILLION PFU/ML VIAL
	100 MILLION PFU/ML VIAL
INLURIYO	200 MG TABLET
INLYTA	1 MG TABLET
	5 MG TABLET
INREBIC	100 MG CAPSULE
IRESSA	250 MG TABLET
ITOVEBI	3 MG TABLET
	9 MG TABLET
IWILFIN	192 MG TABLET
JAYPIRCA	50 MG TABLET
	100 MG TABLET
JEMPERLI	500 MG/10 ML VIAL
JIDEYTRO	25 MG TABLET
	100 MG TABLET
KEYTRUDA	100 MG/4ML VIAL
KEYTRUDA QLEX[1]	395 MG-4,800 UNIT/2.4 ML VIAL
	790 MG-9,600 UNIT/4.8 ML VIAL

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Minnesota Health Care Programs FFS Oncology Drug List Effective: November 11, 2026	
Drug Name	**Strength and Dose Form**
KIMMTRAK	100 MCG.0.5 ML VIAL
KISQALI	200 MG TABLET
	400 MG TABLET
	600 MG TABLET
KOMZIFTI	200 MG CAPSULE
KOSELUGO	10 MG CAPSULE
	25 MG CAPSULE
	5 MG SPRINKLE CAPSULE[1]
	7.5 SPRINKLE CAPSULE[1]
KRAZATI	200 MG TABLET
LAZCLUZE	80 MG TABLET
	240 MG TABLET
LENVIMA	4 MG CAPSULE
	8 MG CAPSULE
	10 MG CAPSULE
	12 MG CAPSULE
	14 MG CAPSULE
	18 MG CAPSULE
	20 MG CAPSULE
	24 MG CAPSULE
LIBTAYO	350 MG/7 ML VIAL
LIFYORLI	125 MG DOSE PACK
	150 MG DOSE PACK
LONSURF	15 MG–6.14 MG TABLET
	20 MG–8.19 MG TABLET
LOQTORZI	240 MG/6 ML VIAL
LORBRENA	25 MG TABLET
	100 MG TABLET
LUMAKRAS	120 MG TABLET
	240 MG TABLET

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Minnesota Health Care Programs FFS Oncology Drug List Effective: November 11, 2026	
Drug Name	**Strength and Dose Form**
	320 MG TABLET
LUNSUMIO	1 MG/ML VIAL
	30 MG/30 ML VIAL
LUNSUMIO VELO[1]	5 MG/0.5 ML VIAL
	45 MG/ML VIAL
LYNPARZA	100 MG TABLET
	150 MG TABLET
LYNOZYFIC	5 MG/2.5 ML VIAL
	200 MG/10 ML VIAL
LYTGOBI	12 MG DOSE PACK
	16 MG DOSE PACK
	20 MG DOSE PACK
MEKINIST	0.5 MG TABLET
	2 MG TABLET
	0.05 MG/ML SOLUTION
MEKTOVI	15 MG TABLET
MODEYSO	125 MG CAPSULE
NERLYNX	40 MG TABLET
NILANDRON[2]	150 MG TABLET
NILUTAMIDE	150 MG TABLET
NINLARO	2.3 MG CAPSULE
	3 MG CAPSULE
	4 MG CAPSULE
NUBEQA	300 MG TABLET
ODOMZO	200 MG CAPSULE
OGSIVEO	100 MG TABLET
	150 MG TABLET
OJEMDA	25 MG/ML ORAL SUSPENSION
	100 MG TABLET
OJJAARA	100 MG TABLET

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Minnesota Health Care Programs FFS Oncology Drug List Effective: November 11, 2026	
Drug Name	**Strength and Dose Form**
	150 MG TABLET
	200 MG TABLET
OPDIVO	40 MG/4 ML VIAL
	100 MG/10 ML VIAL
	120 MG/12 ML VIAL
	240 MG/24 ML VIAL
OPDIVO QVANTIG[1]	600 MG-10,000 UNIT/5 ML VIAL
	300 MG-5,000 UNIT/2.5 ML VIAL
OPDUALAG	240–80 MG/20 ML VIAL
ORGOVYX	120 MG TABLET
ORSERDU	86 MG TABLET
	345 MG TABLET
PADCEV	20 MG VIAL
	30 MG VIAL
PEMAZYRE	4.5 MG TABLET
	9 MG TABLET
	13.5 MG TABLET
PIQRAY	200 MG TABLET DAILY DOSE PACK
	250 MG TABLET DAILY DOSE PACK
	300 MG TABLET DAILY DOSE PACK
POLIVY	30 MG VIAL
	140 MG VIAL
POMALYST	1 MG CAPSULE
	2 MG CAPSULE
	3 MG CAPSULE
	4 MG CAPSULE
PROVENGE	INFUSION BAG
RASONQUE	100 MG TABLET
	150 MG TABLET
RETEVMO	40 MG TABLET

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Minnesota Health Care Programs FFS Oncology Drug List Effective: November 11, 2026	
Drug Name	**Strength and Dose Form**
	80 MG TABLET
	120 MG TABLET
	160 MG TABLET
REVTORPYK	180 MG VIAL
REVUFORJ	25 MG TABLET
	110 MG TABLET
	160 MG TABLET
REZLIDHIA	150 MG CAPSULE
ROMVIMZA	14 MG CAPSULE
	20 MG CAPSULE
	30 MG CAPSULE
ROZLYTREK	50 MG PELLET PACKET
	100 MG CAPSULE
	200 MG CAPSULE
RUBRACA	200 MG TABLET
	250 MG TABLET
	300 MG TABLET
RYBREVANT	350 MG/7 ML VIAL
RYBREVANT FASPRO[1]	1600 MG-20,000 UNIT/10 ML VIAL
	2240 MG-28,000 UNIT/14 ML VIAL
	2400 MG VIAL-30,000 UNIT/15 ML VIAL
	3520 MG VIAL-44,000 UNIT/22 ML VIAL
RYDAPT	25 MG CAPSULE
RYTELO	47 MG VIAL
	188 MG VIAL
SARCLISA	100 MG/5 ML VIAL
	500 MG/25 ML VIAL
SARCLISA ESCENA[1]	1400 MG/10 ML VIAL
	CIRCLIQ – DELIVERY DEVICE FOR SARCLISA ESCENA[1]
STIVARGA	40 MG TABLET

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Minnesota Health Care Programs FFS Oncology Drug List Effective: November 11, 2026	
Drug Name	**Strength and Dose Form**
TABRECTA	150 MG TABLET
	200 MG TABLET
TAGRISSO	40 MG TABLET
	80 MG TABLET
TALZENNA	0.1 MG SOFTGEL CAPSULE
	0.25 MG SOFTGEL CAPSULE
	0.35 MG SOFTGEL CAPSULE
	0.5 MG SOFTGEL CAPSULE
	0.75 MG SOFTGEL CAPSULE
	1 MG SOFTGEL CAPSULE
TECENTRIQ	1,200 MG/20 ML VIAL
	840 MG/14 ML VIAL
TECENTRIQ HYBREZA[1]	1,875 MG-30,000 UNIT/15 ML
TECVAYLI	153 MG/1.7 ML VIAL
	30 MG/3 ML VIAL
TEPMETKO	225 MG TABLET
TEVIMBRA	100 MG/10ML VIAL
	150 MG/15ML VIAL
TIBSOVO	250 MG TABLET
TIVDAK	40 MG VIAL
TRODELVY	180 MG VIAL
TRUQAP	160 MG TABLET
	200 MG TABLET
TUDRIQEV	1 MILLION PFU/MLVIAL
	10 MILLION PFU/MLVIAL
TUKYSA	50 MG TABLET
	150 MG TABLET
TURALIO	125 MG CAPSULE
UNLOXCYT	300 MG/5 ML VIAL
VANFLYTA	17.7 MG TABLET

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Minnesota Health Care Programs FFS Oncology Drug List Effective: November 11, 2026	
Drug Name	**Strength and Dose Form**
	26.5 MG TABLET
VENCLEXTA	STARTING PACK
	10 MG TABLET
	50 MG TABLET
	100 MG TABLET
VEPPANU	100 MG TABLET
	200 MG TABLET
VERZENIO	50 MG TABLET
	100 MG TABLET
	150 MG TABLET
	200 MG TABLET
VITRAKVI	25 MG CAPSULE
	100 MG CAPSULE
	20 MG/ML SOLUTION
VONJO	100 MG CAPSULE
VORANIGO	10 MG TABLET
	40 MG TABLET
VYLOY	100 MG VIAL
	300 MG VIAL
WELIREG	40 MG TABLET
XALKORI	20 MG PELLET
	50 MG PELLET
	150 MG PELLET
	200 MG CAPSULE
	250 MG CAPSULE
XOSPATA	40 MG TABLET
XPOVIO	40 MG ONCE WEEKLY DOSE
	60 MG ONCE WEEKLY DOSE
	80 MG ONCE WEEKLY DOSE
	100 MG ONCE WEEKLY DOSE

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Minnesota Health Care Programs FFS Oncology Drug List Effective: November 11, 2026	
Drug Name	**Strength and Dose Form**
	40 MG TWICE WEEKLY DOSE
	60 MG TWICE WEEKLY DOSE
	80 MG TWICE WEEKLY DOSE
XTANDI	40 MG CAPSULE
	40 MG TABLET
	80 MG TABLET
YERVOY	50 MG/10 ML VIAL
	200 MG/40 ML VIAL
YONDELIS	1 MG VIAL
YONSA[1,2]	125 MG TABLET
ZEJULA	100 MG TABLET
	200 MG TABLET
	300 MG TABLET
ZELBORAF	240 MG TABLET
ZENBEXUS	0.75 MG CAPSULE
	1 MG CAPSULE
ZEPZELCA	4 MG VIAL
ZIIHERA	300 MG VIAL
ZUSDURI	40 MG VIAL
ZYDELIG	100 MG TABLET
	150 MG TABLET
ZYKADIA	150 MG TABLET
ZYNLONTA	10 MG VIAL
ZYNYZ	500 MG/20 ML VIAL

[1] Must also meet non-preferred dosage form PA criteria at https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/types/rx/pa-criteria/new-drugs-and-new-dosage-forms.jsp

[2] Must also meet Brand Medically Necessary criteria at https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/types/rx/pa-criteria/branded-drugs-daw.jsp

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