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: October 1, 2025	
Drug Name	**Strength and Dose Form**
ABIRATERONE	250 MG TABLET
	500 MG TABLET
ADCETRIS	50 MG VIAL
ADSTILADRIN	$3x10^{11}$ VP/ML VIAL
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–FAKZYNJA	0.8 MG–200 MG CO-PACK
BALVERSA	3 MG TABLET
	4 MG TABLET
	5 MG TABLET
BAVENCIO	200 MG/10 ML VIAL
BESPONSA	0.9 MG VIAL
BRAFTOVI	75 MG CAPSULE
BRUKINSA	80 MG CAPSULE
	160 MG TABLET
CABOMETYX	20 MG TABLET
	40 MG TABLET
	60 MG TABLET

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Minnesota Health Care Programs FFS Oncology Drug List Effective: October 1, 2025	
Drug Name	**Strength and Dose Form**
CALQUENCE	100 MG CAPSULE
	100 MG TABLET
CAPRELSA	100 MG TABLET
	300 MG TABLET
COLUMVI	2.5 MG/2.5 ML VIAL
	10 MG/10ML VIAL
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
DATROWAY	100 MG VIAL
DAURISMO	25 MG TABLET
	100 MG TABLET
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

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Minnesota Health Care Programs FFS Oncology Drug List Effective: October 1, 2025	
Drug Name	**Strength and Dose Form**
	100 MG CAPSULE
EPKINLY	48 MG/0.8 ML VIAL
	4 MG/0.8 ML VIAL
ERIVEDGE	150 MG CAPSULE
ERLEADA	60 MG TABLET
	240 MG TABLET
ERWINAZE	10,000 UNIT VIAL
EXKIVITY	40 MG CAPSULE
FARYDAK	10 MG CAPSULE
	15 MG CAPSULE
	20 MG CAPSULE
FOTIVDA	0.89 MG CAPSULE
	1.34 MG CAPSULE
FRUZAQLA	5 MG CAPSULE
	1 MG CAPSULE
GILOTRIF	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
IBRANCE	75 MG CAPSULE
	100 MG CAPSULE
	125 MG CAPSULE
	75 MG TABLET
	100 MG TABLET
	125 MG TABLET

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Minnesota Health Care Programs FFS Oncology Drug List Effective: October 1, 2025	
Drug Name	**Strength and Dose Form**
IBTROZI	200 MG CAPSULE
IDHIFA	50 MG TABLET
	100 MG TABLET
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
	560 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
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
KEYTRUDA	100 MG/4ML VIAL
KIMMTRAK	100 MCG.0.5 ML VIAL

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Minnesota Health Care Programs FFS Oncology Drug List Effective: October 1, 2025	
Drug Name	**Strength and Dose Form**
KISQALI	200 MG TABLET
	400 MG TABLET
	600 MG TABLET
KOSELUGO	10 MG CAPSULE
	25 MG CAPSULE
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
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
	320 MG TABLET
LUNSUMIO	1 MG/ML VIAL
	30 MG/30 ML VIAL
LYNPARZA	100 MG TABLET
	150 MG TABLET
LYNOZYFIC	5 MG/2.5 ML VIAL

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Minnesota Health Care Programs FFS Oncology Drug List Effective: October 1, 2025	
Drug Name	**Strength and Dose Form**
	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	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	50 MG TABLET
	100 MG TABLET
	150 MG TABLET
OJEMDA	25 MG/ML ORAL SUSPENSION
	100 MG TABLET
OJJAARA	100 MG TABLET
	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
OPDUALAG	2400–80 MG/20 ML VIAL

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Minnesota Health Care Programs FFS Oncology Drug List Effective: October 1, 2025	
Drug Name	**Strength and Dose Form**
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
RETEVMO	40 MG TABLET
	80 MG TABLET
	120 MG TABLET
	160 MG TABLET
	40 MG CAPSULE
	80 MG CAPSULE
REVUFORJ	25 MG TABLET
	110 MG TABLET
	160 MG TABLET
REZLIDHIA	150 MG CAPSULE
ROMVIMZA	14 MG CAPSULE
	20 MG CAPSULE

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Minnesota Health Care Programs FFS Oncology Drug List Effective: October 1, 2025	
Drug Name	**Strength and Dose Form**
	30 MG CAPSULE
ROZLYTREK	50 MG PELLET PACKET
	100 MG CAPSULE
	200 MG CAPSULE
RUBRACA	200 MG TABLET
	250 MG TABLET
	300 MG TABLET
RYDAPT	25 MG CAPSULE
RYTELO	47 MG VIAL
	188 MG VIAL
SARCLISA	100 MG/5 ML VIAL
	500 MG/25 ML VIAL
STIVARGA	40 MG TABLET
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
TAZVERIK	200 MG TABLET
TECENTRIQ	1,200 MG/20 ML VIAL
	840 MG/14 ML VIAL
TECVAYLI	153 MG/1.7 ML VIAL
	30 MG/3 ML VIAL
TEPMETKO	225 MG TABLET
TEVIMBRA	100 MG/10ML VIAL

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Minnesota Health Care Programs FFS Oncology Drug List Effective: October 1, 2025	
Drug Name	**Strength and Dose Form**
TIBSOVO	250 MG TABLET
TIVDAK	40 MG VIAL
TRODELVY	180 MG VIAL
TRUSELTIQ	50 MG CAPSULE DAILY DOSE PACK
	75 MG CAPSULE DAILY DOSE PACK
	100 MG CAPSULE DAILY DOSE PACK
	125 MG CAPSULE DAILY DOSE PACK
TRUQAP	160 MG TABLET
	200 MG TABLET
TUKYSA	50 MG TABLET
	150 MG TABLET
TURALIO	125 MG CAPSULE
	200 MG TABLET
UNLOXCYT	300 MG/5 ML VIAL
VANFLYTA	17.7 MG TABLET
	26.5 MG TABLET
VENCLEXTA	STARTING PACK
	10 MG TABLET
	50 MG TABLET
	100 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

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Minnesota Health Care Programs FFS Oncology Drug List Effective: October 1, 2025	
Drug Name	**Strength and Dose Form**
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
	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
ZEJULA	100 MG TABLET
	200 MG TABLET
	300 MG TABLET
	100 MG CAPSULE
ZELBORAF	240 MG TABLET
ZEPZELCA	4 MG VIAL
ZIIHERA	300 MG VIAL
ZUSDURI	40 MG VIAL KIT

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Minnesota Health Care Programs FFS Oncology Drug List Effective: October 1, 2025	
Drug Name	**Strength and Dose Form**
ZYDELIG	100 MG TABLET
	150 MG TABLET
ZYKADIA	150 MG CAPSULE
	150 MG TABLET
ZYNLONTA	10 MG VIAL
ZYNYZ	500 MG/20 ML VIAL

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