



Medical Injectable Drug Authorization List

State Public Programs - Prepaid Medical Assistance (PMAP), MinnesotaCare, UCare Connect (SNBC) and Minnesota Senior Care Plus (MSC+)

The medical drugs on this list are most often given in the doctor’s office. They require either prior authorization or step therapy approval before they can be dispensed or given. Providers should review the injectable drug policy before sending an approval request. Drugs not found on this list do not require a prior authorization through the medical benefit. This list is subject to change.

Submit an authorization request one of the following ways:

- Online (ePA) via the [OnePA Portal](#).
- Fax the [authorization request form](#) to Care Continuum at: 1-877-266-1871.
- Call Care Continuum at 1-800-818-6747.

Drug Name	HCPCS Code
Abecma	Q2055
Abraxane	J9264
Actemra	J3262
Acthar Gel	J0801
Adakveo	J0791
Adcetris	J9042
Adstiladrin	J9029
Adzynma	J7171
Aldurazyme	J1931
Aliqopa	J9057
Alyglo IV	J1552
Amondys 45	J1426
Amtagvi	NOC
Amvuttra	J0225
Andembry	NOC
Anktiva	J9028
Aralast NP	J0256
Arzerra	J9302
Asceniv IV	J1554
Asparlas	J9118

Drug Name	HCPCS Code
Atgam	J7504
Aucatzyl	Q2058
Avastin	J9035
Avtozma	Q5156
Azedra (diagnostic and therapeutic)	A9590
Bavencio	J9023
Beleodaq	J9032
Benlysta IV	J0490
Beovu	J0179
Beqvez	J1414
Berinert	J0597
Besponsa	J9229
Bildyos	NOC
Bilprevda	NOC
Bivigam IV	J1556
Bizengri	J9382
Bkemv	Q5152
Blenrep	J9037

Drug Name	HCPCS Code
Blinicyto	J9039
Bomyntra	Q5158
Breyanzi	Q2054
Brineura	J0567
Briumvi	J2329
Byooviz	Q5124
Cablivi	C9047
Carvykti	Q2056
Casgevy	J3392
Cerezyme	J1786
Chorionic Gonadotropin	J0725
Cimerli	Q5128
Cimzia	J0717
Cinqair	J2786
Cinryze	J0598
Columvi	J9286
Conexence	Q5158
Cortrophin Gel	J0802
Cosela	J1448

Drug Name	HCPCS Code
Cosentyx IV	J3247
Crysvita	J0584
Cutaquig SQ	J1551
Cuvitru SQ	J1555
Cytogam	J0850
Cyramza	J9308
Danyelza	J9348
Darzalex	J9145
Darzalex Faspro	J9144
Datroway	J9011
Dawnzera – effective 02/01/26	NOC
Duopa	J7340
Durolane	J7318
Elahere	J9063
Elaprased	J1743
Ellyso	J3060
Elevidys	J1413
Elfabrio	J2508
Elrexfio	J1323
Elzonris	J9269
Empliciti	J9176
Emrelis	J9326
Encelto	NOC
Enhertu	J9358
Enjaymo	J1302
Entyvio	J3380
Epkinly	J9321
Epogen	J0885
Erbix	J9055
Erwinaze	J9019
Evenity	J3111
Evkeeza	J1305

Drug Name	HCPCS Code
Exondys 51	J1428
Eylea	J0178
Eylea HD	J0177
Fabrazyme	J0180
Fasenra	J0517
Firazyf	J1744
Flebogamma® DIF IV	J1572
Folotyf	J9307
Fyarro	J9331
Fylnetra	Q5130
Gamifant	J9210
Gammagard Liquid IV	J1569
Gammagard Liquid SQ	J1569
Gammagard® S/D < 1 mcg/mL in 5% solution IV	J1566
Gammagard® S/D < 1 mcg/mL in 5% solution SQ	J1566
Gammaked IV	J1561
Gammaked SQ	J1561
Gammaplex IV	J1557
Gamunex-C IV	J1561
Gamunex-C SQ	J1561
Gazyva	J9301
Gel-One	J7326
Gelsyn 3	J7328
GenVisc 850	J7320
Givlaari	J0223
Glassia	J0257
Grafapex	J0614
Granix	J1447
Haegarda	J0599

Drug Name	HCPCS Code
Hemgenix	J1411
Hemlibra	J7170
Herceptin	J9355
Herceptin Hylecta	J9356
Hercessi	Q5146
Herzuma	Q5113
Hizentra SQ	J1559
Hyalgan	J7321
Hymovis	J7322
HyQvia SQ	J1575
iDose TR	J7355
Ilaris	J0638
Ilumya	J3245
Imaavy	J9256
Imcivree	NOC
Imdelltra	J9026
Imfinzi	J9173
Imjudo	J9347
Imlygic	J9325
Infliximab	J1745
Inlexzo – effective 02/01/26	NOC
Istodax	J9319
Izervay	J2782
Jelmyto	J9281
Jemperli	J9272
Jevtana	J9043
Jobevne	Q5160
Kadcyla	J9354
Kalbitor	J1290
Kanuma	J2840
Kebilidi	NOC
Keytruda	J9271

Drug Name	HCPCS Code
Keytruda Qlex - effective 02/01/26	NOC
Kimmtrak	J9274
Kisunla	J0175
Krystexxa	J2507
Kymriah	Q2042
Kyprolis	J9047
Lamzede	J0217
Lartruvo	J9285
Lemtrada	J0202
Lenmeldy	J3391
Legembi	J0174
Legembi IQLIK	NOC
Leqvio	J1306
Libtayo	J9119
Loqtorzi	J3263
Lucentis	J2778
Lumizyme	J0221
Lunsumio	J9350
Lutathera	A9513
Luxturna	J3398
Lyfgenia	J3394
Lymphir	J9161
Lynozytic	NOC
Margenza	J9353
Mepsevii	J3397
Monjuvi	J9349
Monovisc	J7327
Mylotarg	J9203
Naglazyme	J1458
Neupogen	J1442
Nexviazyme	J0219
Niktimvo	J9038
Nipent	J9268

Drug Name	HCPCS Code
Nivestym	Q5110
Novarel	J0725
Nplate	J2802
Nucala	J2182
Nulibry	J1809
Nypozi	Q5148
Nyvepria	Q5122
Ocrevus	J2350
Ocrevus Zunovo	J2351
Octagam IV	J1568
Omisirge	NOC
OmvoH	J2267
Onapgo	NOC
Oncaspar	J9266
Onivyde	J9205
Onpattro	J0222
Opdivo	J9299
Opdivo Qvantig	J9289
Opdualag	J9298
Orencia IV	J0129
Orthovisc	J7324
Ospomyv	Q5159
Otulfi IV	Q9999
Ovidrel	NOC
Oxlumo	J0224
Paclitaxel (American Regent)	J9259
Paclitaxel (Teva)	J9264
Padcev	J9177
Panhematin	J1640
Panzyga IV	J1576
Papzimeos - effective 02/01/26	NOC

Drug Name	HCPCS Code
Pavblu	Q5147
Pedmark	J0208
Pemfexy	J9304
Pemrydi RTU	J9324
Perjeta	J9306
Phesgo	J9316
PiaSky	J1307
Pluvicto	A9607
Polivy	J9309
Pombiliti	J1203
Portrazza	J9295
Poteligeo	J9204
Privigen IV	J1459
Pregnyl	J0725
Procrit	J0885
Prolastin	J0256
Proleukin	J9015
Provenge	Q2043
Pyzchiva IV	Q9997
Qalsody	J1304
Qivigy IV	NOC
Radicava	J1301
Reblozyl	J0896
Releuko	Q5125
Remicade	J1745
Renflexis	Q5104
Revcovi	NOC
Rituxan	J9312
Rituxan Hycela	J9311
Rivfloza	NOC
Roctavian	J1412
Rolvedon	J1449
Romidepsin	J9318
Ruconest	J0596

Drug Name	HCPCS Code
Rybrevent	J9061
Rylaze	J9021
Ryoncil	J3402
Ryplazim	J2998
Rystiggo	J9333
Rytelo	J0870
Ryzneuta	J9361
Sajazir	J1744
Saphnelo	J0491
Sarclisa	J9227
Scenesse	J7352
Selarsdi IV	Q9998
Simponi Aria	J1602
Skyrizi IV	J2327
Skysona	J3387
Soliris	J1299
Spevigo	J1747
Spinraza	J2326
Spravato (Medicare specific billing)	G2082, G2083
Spravato	J0013
Stelara IV	J3358
Steqeyma IV	Q5099
Stimufend	Q5127
Supartz FX	J7321
Susvimo	J2779
Syfovre	J2781
Sylvant	J2860
Synogynt	J7331
Synribo	J9262
Takhzyro	J0593
Talvey	J3055
Tecartus	Q2053

Drug Name	HCPCS Code
Tecelra	Q2057
Tecentriq IV	J9022
Tecentriq Hybreza	J9024
Tecvayli	J9380
Tegsedi	NOC
Tepezza	J3241
Tevimbra	J9329
Tezspire	J2356
Tivdak	J9273
Tofidence	Q5133
Trazimera	Q5116
Tremfya IV	J1628
Triluron	J7332
TriVisc	J7329
Trodelyv	J9317
Tysabri	J2323
Tzield	J9381
Ultomiris	J1303
Unituxin	J1246
Unloxcyt	J9275
Uplizna	J1823
Ustekinumab	J3358
Vabysmo	J2777
Valstar	J9357
Vectibix	J9303
Vegzelma	Q5129
Veopoz	J9376
Viltepso	J1427
Vimizim	J1322
Visco-3	J7321
Vpriv	J3385
Vyalev	J7356
Vyepti	J3032

Drug Name	HCPCS Code
Vyjuvek	J3401
Vyloy	J1326
Vyondys 53	J1429
Vyvgart	J9332
Vyvgart Hytrulo	J9334
Vyxeos	J9153
Wainua	NOC
Wezlana IV	Q5138
Xbryk	Q5159
Xembify SQ	J1558
Xenpozyme	J0218
Xiaflex	J0775
Xolair	J2357
Ycanth	J7354
Yervoy	J9228
Yescarta	Q2041
Yesintek IV	Q5100
Yimmugo IV	J1599
Yondelis	J9352
Zaltrap	J9400
Zemaira	J0256
Zepzelca	J9223
Zevaskyn	J3389
Ziextenzo	Q5120
Ziihera	J9276
Zirabev	Q5118
Zolgensma	J3399
Zulresso	J1632
Zusduri	J9282
Zynlonta	J9359
Zynteglo	J3393
Zynyz	J9345

Please note: Additional qualifications may apply for State Public Programs due to Fact Code 4 status. Fact Code 4 products are defined as products with “general price not covered” and may be considered excluded products under the UCare medical benefit. Fact Code 4 status is subject to change per the MHCP Fee Schedule and the complete fee schedule may be reviewed here prior to submission:
<https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/billing/fee-schedule/>