



Medical Injectable Drug Authorization List

The medical drugs on this list are typically administered in the provider’s office, and require either prior authorization or step therapy approval before they can be dispensed or given. Drugs requiring step therapy are marked as “ST”. Providers should review the medical drug policy before submitting an authorization request. Drugs not found on this list do not require authorization through the medical benefit.

Submit an authorization request one of the following ways:

- Online (ePA) via the [ExpressPath 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
Adakveo	J0791
Adcetris	J9042
Aduhelm	J0172
Aldurazyme	J1931
Alimta	J9305
Aliqopa	J9057
Amondys 45	J1426
Aralast NP	J0256
Arzerra	J9302
Asparlas	J9118
Avastin - ST	J9035
Azedra (diagnostic and therapeutic)	A9590
Bavencio	J9023
Beleodaq	J9032
Benlysta IV	J0490

Drug Name	HCPCS Code
Beovu - ST	J0179
Berinert	J0597
Besponsa	J9229
Blenrep	J9037
Blinicyto	J9039
Breyanzi	Q2054
Brineura	J0567
Cablivi	C9047
Carvykti - Effective 6/1/2022	NOC
Cerezyme	J1786
Chorionic Gonadotropin	J0725
Cimzia	J0717
Cinqair - ST	J2786
Cinryze	J0598
Cortrophin Gel	NOC
Cosela	J1448
Crysvita	J0584
Cyramza	J9308

Drug Name	HCPCS Code
Danyelza	J9348
Darzalex	J9145
Darzalex Faspro	J9144
Duopa	J7340
Durolane	J7318
Elaprase	J1743
Elelyso	J3060
Elzonris	J9269
Empliciti	J9176
Enhertu	J9358
Enjaymo - Effective 6/1/2022	NOC
Entyvio	J3380
Epogen - ST	J0885
Erbitux	J9055
Erwinaze	J9019
Evenity	J3111
Evkeeza	J1305
Exondys 51	J1428

Drug Name	HCPCS Code
Eylea - ST	J0178
Fabrazyme	J0180
Fasenra	J0517
Firazyr	J1744
Folotyn	J9307
Fulphila - ST	Q5108
Fyarro - Effective 6/1/2022	C9091
Gamifant	J9210
Gazyva	J9301
Gel-One	J7326
Gelsyn 3	J7328
GenVisc 850	J7320
Givlaari	J0223
Glassia	J0257
Granix - ST	J1447
Haegarda	J0599
Hemlibra	J7170
Herceptin - ST	J9355
Herceptin Hylecta - ST	J9356
Herzuma - ST	Q5113
HP Acthar	J0800
Hyalgan	J7321
Hymovis	J7322
Ilaris	J0638
Ilumya	J3245
Imcivree	NOC
Imfinzi	J9173
Imlygic	J9325
Infliximab	J1745
Istodax	J9319
Jelmyto	J9281
Jemperli	J9272

Drug Name	HCPCS Code
Jevtana	J9043
Kadcyla	J9354
Kalbitor	J1290
Kanuma	J2840
Keytruda	J9271
Kimmtrak - Effective 6/1/2022	NOC
Krystexxa	J2507
Kymriah	Q2042
Kyprolis	J9047
Lartruvo	J9285
Lemtrada	J0202
Leqvio - Effective 6/1/2022	NOC
Libtayo	J9119
Lucentis - ST	J2778
Lumizyme	J0221
Lumoxiti	J9313
Lutathera	A9513
Luxturna	J3398
Margenza	J9353
Mepsevii	J3397
Monjuvi	J9349
Monovisc	J7327
Mylotarg	J9203
Naglazyme	J1458
Neupogen - ST	J1442
Nexviazyme	J0219
Nipent	J9268
Nivestym - ST	Q5110
Novarel	J0725
Nucala	J2182
Nulibry	NOC

Drug Name	HCPCS Code
Nyvepria - ST	Q5122
Ocrevus	J2350
Ogivri - ST	Q5114
Oncaspar	J9266
Onivyde	J9205
Onpattro	J0222
Ontruzant - ST	Q5112
Opdivo	J9299
Opdualag - Effective 7/1/2022	NOC
Orencia IV	J0129
Orthovisc	J7324
Ovidrel	NOC
Oxlumo	J0224
Padcev	J9177
Panhematin	J1640
Pepaxto	J9247
Perjeta	J9306
Phesgo	J9316
Pluvicto - Effective 7/1/2022	NOC
Polivy	J9309
Portrazza	J9295
Poteligeo	J9204
Pregnyl	J0725
Procrit - ST	J0885
Prolastin	J0256
Proleukin	J9015
Provenge	Q2043
Radicava	J1301
Reblozyl	J0896
Remicade - ST	J1745

Drug Name	HCPCS Code
Renflexis - ST	Q5104
Revcovi	NOC
Riabni	Q5123
Rituxan - ST	J9312
Rituxan Hycela - ST	J9311
Romidepsin	J9318
Ruconest	J0596
Rybrevant	J9061
Rylaze	J9021
Ryplazim - Effective 6/1/2022	C9090
Sajazir	J1744
Saphnelo	J0491
Sarclisa	J9227
Scenesse	J7352
Simponi Aria	J1602
Soliris	J1300
Spinraza	J2326
Spravato (Medicare specific billing)	G2082, G2083
Spravato	S0013
Stelara IV	J3358
Stelara SQ	J3357

Drug Name	HCPCS Code
Supartz FX	J7321
Susvimo	C9093
Sylvant	J2860
Synjoynt	J7331
Synribo	J9262
Takhzyro	J0593
Tecartus	Q2053
Tecentriq	J9022
Tegsedi	NOC
Tepezza	J3241
Tezspire - Effective 6/1/2022	NOC
Tivdak	J9273
Tremfya	J1628
Triluron	J7332
TriVisc	J7329
Trodelyv	J9317
Trogarzo	J1746
Tysabri	J2323
Ultomiris	J1303
Unituxin	NOC
Uplinza	J1823

Drug Name	HCPCS Code
Vabysmo - ST-Effective 6/1/2022	NOC
Valstar	J9357
Vectibix	J9303
Viltepso	J1427
Vimizim	J1322
Visco-3	J7321
Vpriv	J3385
Vyepti	J3032
Vyondys 53	J1429
Vyvgart	NOC
Vyxeos	J9153
Xiaflex	J0775
Xolair	J2357
Yervoy	J9228
Yescarta	Q2041
Yondelis	J9352
Zaltrap	J9400
Zemaira	J0256
Zepzelca	J9223
Zolgensma	J3399
Zulresso	J1632
Zynlonta	J9359

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/>