

## References

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1. Preferred Drug List (PDL) Prior Authorization Criteria. North Dakota Department of Human Services. Medical Services Division. <https://ndmedicaid.acentra.com/preferred-drug-list-pdl/#pdl>
2. Lemtrada (alemtuzumab) injection, for intravenous use [package insert]. Genzyme Corporation. Cambridge, MA. Revised 05/2024.