

References

I-173

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. Radicava (edaravone), for intravenous use [package insert]. Mitsubishi Tanabe Pharma Corporation. Jersey City, NJ. Revised.11/2022.