## References

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- 1. Pharmacy Drug Coverage Policy Manual. North Dakota Department of Health and Human Services. Medical Services Division. <a href="http://www.hidesigns.com/ndmedicaid/pdl/">http://www.hidesigns.com/ndmedicaid/pdl/</a>
- 2. Vyondys 53TM (golodirsen) injection, for intravenous use [package insert]. Cambridge, MA. Sarepta Therapeutics, Inc. Revised 2/2021.