

References

I-220

1. Preferred Drug List (PDL) Prior Authorization Criteria. North Dakota Department of Health and Human Services. Medical Services Division. <https://ndmedicaid.acentra.com/preferred-drug-list-pdl/#pdl>
2. Tepezza™ (teprotumumab-trbw), for injection, for intravenous use [package insert]. Horizon Therapeutics, Inc. Lake Forest, IL. 01/2020.