References

I-281

- 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. CasgevyTM (exagamglogene autotemcel) suspension, for intravenous infusion [package insert]. Vertex Pharmaceuticals, Inc. Boston, MA. Revised 01/2024.