References

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- 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. Skyrizi® (risankizumab-rzaa) injection, for subcutaneous or intravenous use [package insert]. AbbVie Inc., North Chicago, IL. Revised 06/2024