

# ForwardHealth

## Brand Medically Necessary Drugs and Brand Before Generic Drugs

**ATTENTION PROVIDERS:** Due to wholesaler supply issues for non-preferred Adderall IR 30mg tablets, ForwardHealth will suspend the brand before generic status for non-preferred dextroamphetamine-amphetamine immediate release 30 mg tablets (generic Adderall IR) for dates of service from January 1, 2021 until further notice. Members that have an approved, current prior authorization request or have been grandfathered for non-preferred Adderall IR 30mg tablets for dates of service on and after January 1, 2021, may receive non-preferred dextroamphetamine-amphetamine immediate release 30mg tablets until further notice.

This table provides a list of drugs that have policy requirements for brand medically necessary (BMN) drugs or brand before generic (BBG) drugs.

### Brand Medically Necessary (BMN) Drugs

Prescribing providers are required to handwrite “brand medically necessary” directly on the prescription or on a separate order attached to the original prescription for BMN drugs. Drugs identified with “Yes” in the Brand Medically Necessary Drugs column also require prior authorization (PA) for BMN drugs. Drugs identified with “No” in the Brand Medically Necessary Drugs column do not require PA for BMN drugs. Pharmacy providers should submit a Dispense As Written (DAW) 1 (Substitution not allowed by prescriber) on claims for BMN drugs when the prescriber has “brand medically necessary” handwritten on the prescription or on a separate order attached to the original prescription. Providers should refer to the Prior Authorization section of the Pharmacy service area of the ForwardHealth Online Handbook for complete policy and clinical criteria for BMN drugs.

### Brand Before Generic (BBG) Drugs

Drugs identified with “Yes” in the Brand Before Generic Drugs column require an approved PA request. Providers should refer to the Prior Authorization section of the Pharmacy service area of the Online Handbook for complete policy and clinical criteria for BBG drugs.

Effective: February 1, 2021

LabelName	Brand Medically Necessary Drugs	Brand Before Generic Drugs
ABILIFY 10 MG TABLET	Yes	
ABILIFY 15 MG TABLET	Yes	
ABILIFY 2 MG TABLET	Yes	
ABILIFY 20 MG TABLET	Yes	
ABILIFY 30 MG TABLET	Yes	
ABILIFY 5 MG TABLET	Yes	
ACCOLATE 10 MG TABLET	Yes	
ACCOLATE 20 MG TABLET	Yes	
ACCUPRIL 10 MG TABLET	Yes	
ACCUPRIL 20 MG TABLET	Yes	
ACCUPRIL 40 MG TABLET	Yes	
ACCUPRIL 5 MG TABLET	Yes	
ACCURETIC 10-12.5 MG TABLET	Yes	
ACCURETIC 20-12.5 MG TABLET	Yes	
ACCURETIC 20-25 MG TABLET	Yes	
ACIPHEX DR 20 MG TABLET	Yes	
ACTIGALL 300 MG CAPSULE	Yes	
ACTIQ 1,200 MCG LOZENGE	Yes	
ACTIQ 1,600 MCG LOZENGE	Yes	
ACTIQ 200 MCG LOZENGE	Yes	
ACTIQ 400 MCG LOZENGE	Yes	

**ForwardHealth - Brand Medically Necessary Drugs and Brand Before Generic Drugs**

Effective: February 1, 2021

<b>LabelName</b>	<b>Brand Medically Necessary Drugs</b>	<b>Brand Before Generic Drugs</b>
ACTIQ 600 MCG LOZENGE	Yes	
ACTIQ 800 MCG LOZENGE	Yes	
ACTOS 15 MG TABLET	Yes	
ACTOS 30 MG TABLET	Yes	
ACTOS 45 MG TABLET	Yes	
ACULAR 0.5% EYE DROPS	Yes	
ACULAR LS 0.4% OPHTH SOL	Yes	
ADALAT CC 30 MG TABLET	Yes	
ADALAT CC 60 MG TABLET	Yes	
ADALAT CC 90 MG TABLET	Yes	
ADCIRCA 20 MG TABLET	Yes	
AGRYLIN 0.5 MG CAPSULE	Yes	
ALDACTAZIDE 25-25 TABLET	Yes	
ALDACTONE 100 MG TABLET	Yes	
ALDACTONE 25 MG TABLET	Yes	
ALDACTONE 50 MG TABLET	Yes	
ALDARA 5% CREAM	Yes	
ALTACE 1.25 MG CAPSULE	Yes	
ALTACE 10 MG CAPSULE	Yes	
ALTACE 2.5 MG CAPSULE	Yes	
ALTACE 5 MG CAPSULE	Yes	
AMARYL 1 MG TABLET	Yes	
AMARYL 2 MG TABLET	Yes	
AMARYL 4 MG TABLET	Yes	
AMBIEN 10 MG TABLET	Yes	
AMBIEN 5 MG TABLET	Yes	
AMBIEN CR 12.5 MG TABLET	Yes	
AMBIEN CR 6.25 MG TABLET	Yes	
AMERGE 1 MG TABLET	Yes	
AMERGE 2.5 MG TABLET	Yes	
ANAFRANIL 25 MG CAPSULE	Yes	
ANAFRANIL 50 MG CAPSULE	Yes	
ANAFRANIL 75 MG CAPSULE	Yes	
ANTABUSE 250 MG TABLET	Yes	
APADAZ 4.08-325 MG TABLET	Yes	
APADAZ 6.12-325 MG TABLET	Yes	
APADAZ 8.16-325 MG TABLET	Yes	
ARICEPT 10 MG TABLET	Yes	
ARICEPT 23 MG TABLET	Yes	
ARICEPT 5 MG TABLET	Yes	
ARIMIDEX 1 MG TABLET	Yes	
AROMASIN 25 MG TABLET	Yes	
ARTHROTEC 75 MG-200 MCG TAB	Yes	
ASENAPINE 10 MG TABLET SL		Yes
ASENAPINE 2.5 MG TABLET SL		Yes
ASENAPINE 5 MG TABLET SL		Yes
ATACAND 32 MG TABLET	Yes	
ATACAND 4 MG TABLET	Yes	
ATACAND 8 MG TABLET	Yes	

**ForwardHealth - Brand Medically Necessary Drugs and Brand Before Generic Drugs**

Effective: February 1, 2021

<b>LabelName</b>	<b>Brand Medically Necessary Drugs</b>	<b>Brand Before Generic Drugs</b>
ATACAND HCT 16-12.5 MG TAB	Yes	
ATACAND HCT 32-25 MG TABLET	Yes	
ATIVAN 0.5 MG TABLET	Yes	
ATIVAN 1 MG TABLET	Yes	
ATIVAN 2 MG TABLET	Yes	
ATIVAN 2 MG/ML VIAL	Yes	
AUGMENTIN 250-62.5 MG/5 ML	Yes	
AVALIDE 150-12.5 MG TABLET	Yes	
AVALIDE 300-12.5 MG TABLET	Yes	
AVAPRO 150 MG TABLET	Yes	
AVAPRO 300 MG TABLET	Yes	
AVAPRO 75 MG TABLET	Yes	
AVODART 0.5 MG SOFTGEL	Yes	
AYGESTIN 5 MG TABLET	Yes	
AZOR 10-20 MG TABLET	Yes	
AZOR 10-40 MG TABLET	Yes	
AZOR 5-20 MG TABLET	Yes	
AZOR 5-40 MG TABLET	Yes	
AZULFIDINE 500 MG TABLET	Yes	
AZULFIDINE ENTAB 500 MG	Yes	
BACTRIM 400-80 MG TABLET	Yes	
BACTRIM DS TABLET	Yes	
BARACLUDE 0.5 MG TABLET	Yes	
BARACLUDE 1 MG TABLET	Yes	
BENZAMYCIN GEL	Yes	
BETAPACE 120 MG TABLET	Yes	
BETAPACE 160 MG TABLET	Yes	
BETAPACE 240 MG TABLET	Yes	
BETAPACE 80 MG TABLET	Yes	
BETAPACE AF 120 MG TABLET	Yes	
BETAPACE AF 160 MG TABLET	Yes	
BETAPACE AF 80 MG TABLET	Yes	
BLEPH-10 10% EYE DROPS	Yes	
BUDESONIDE-FORMOTEROL 160-4.5		Yes
BUDESONIDE-FORMOTEROL 80-4.5		Yes
BUPRENO-NALOX 2-0.5 MG SL FILM		Yes
BUPRENOR-NALOX 12-3 MG SL FILM		Yes
BUPRENORPHINE 10 MCG/HR PATCH		Yes
BUPRENORPHINE 15 MCG/HR PATCH		Yes
BUPRENORPHINE 20 MCG/HR PATCH		Yes
BUPRENORPHINE 5 MCG/HR PATCH		Yes
BUPRENORPHINE 7.5 MCG/HR PATCH		Yes
BUPRENORP-NALOX 4-1 MG SL FILM		Yes
BUPRENORP-NALOX 8-2 MG SL FILM		Yes
CALAN 120 MG TABLET	Yes	
CALAN SR 120 MG CAPLET	Yes	
CALAN SR 180 MG CAPLET	Yes	
CALAN SR 180 MG TABLET	Yes	
CALAN SR 240 MG CAPLET	Yes	

**ForwardHealth - Brand Medically Necessary Drugs and Brand Before Generic Drugs**

Effective: February 1, 2021

<b>LabelName</b>	<b>Brand Medically Necessary Drugs</b>	<b>Brand Before Generic Drugs</b>
CARAFATE 1 GM TABLET	Yes	
CARBAMAZEPINE ER 100 MG CAP		Yes
CARBAMAZEPINE ER 100 MG TABLET		Yes
CARBAMAZEPINE ER 200 MG CAP		Yes
CARBAMAZEPINE ER 200 MG TABLET		Yes
CARBAMAZEPINE ER 300 MG CAP		Yes
CARBAMAZEPINE ER 400 MG TABLET		Yes
CARDIZEM 120 MG TABLET	Yes	
CARDIZEM 30 MG TABLET	Yes	
CARDIZEM 60 MG TABLET	Yes	
CARDIZEM CD 120 MG CAPSULE	Yes	
CARDIZEM CD 180 MG CAPSULE	Yes	
CARDIZEM CD 240 MG CAPSULE	Yes	
CARDIZEM CD 300 MG CAPSULE	Yes	
CARDIZEM CD 360 MG CAPSULE	Yes	
CARDURA 1 MG TABLET	Yes	
CARDURA 2 MG TABLET	Yes	
CARDURA 4 MG TABLET	Yes	
CARDURA 8 MG TABLET	Yes	
CARNITOR 100 MG/ML ORAL SOLN	Yes	
CARNITOR 330 MG TABLET	Yes	
CASODEX 50 MG TABLET	Yes	
CATAPRES 0.1 MG TABLET	Yes	
CATAPRES 0.2 MG TABLET	Yes	
CATAPRES 0.3 MG TABLET	Yes	
CELEBREX 100 MG CAPSULE	Yes	
CELEBREX 200 MG CAPSULE	Yes	
CELEBREX 400 MG CAPSULE	Yes	
CELEBREX 50 MG CAPSULE	Yes	
CELEXA 10 MG TABLET	Yes	
CELEXA 20 MG TABLET	Yes	
CELEXA 40 MG TABLET	Yes	
CELLCEPT 200 MG/ML ORAL SUSP	No	
CELLCEPT 250 MG CAPSULE	No	
CELLCEPT 500 MG TABLET	No	
CICLODAN 0.77% CREAM	Yes	
CICLODAN 8% SOLUTION	Yes	
CILOXAN 0.3% EYE DROPS	Yes	
CIPRO 250 MG TABLET	Yes	
CIPRO 500 MG TABLET	Yes	
CIPROFLOX-DEXAMETH OTIC SUSP		Yes
CLEOCIN 2% VAGINAL CREAM	Yes	
CLEOCIN HCL 150 MG CAPSULE	Yes	
CLEOCIN HCL 300 MG CAPSULE	Yes	
CLEOCIN PEDIATRIC 75 MG/5 ML	Yes	
CLEOCIN PHOS 150 MG/ML VIAL	Yes	
CLEOCIN PHOS 300 MG/2 ML VIAL	Yes	
CLEOCIN PHOS 600 MG/4 ML VIAL	Yes	
CLEOCIN PHOS 9 G/60 ML VIAL	Yes	

**ForwardHealth - Brand Medically Necessary Drugs and Brand Before Generic Drugs**

Effective: February 1, 2021

<b>LabelName</b>	<b>Brand Medically Necessary Drugs</b>	<b>Brand Before Generic Drugs</b>
CLEOCIN PHOS 900 MG/6 ML VIAL	Yes	
CLEOCIN T 1% GEL	Yes	
CLEOCIN T 1% LOTION	Yes	
CLIMARA 0.025 MG/DAY PATCH	Yes	
CLIMARA 0.0375 MG/DAY PATCH	Yes	
CLIMARA 0.05 MG/DAY PATCH	Yes	
CLIMARA 0.06 MG/DAY PATCH	Yes	
CLIMARA 0.075 MG/DAY PATCH	Yes	
CLIMARA 0.1 MG/DAY PATCH	Yes	
CLINDAGEL 1% GEL	Yes	
CLOZARIL 100 MG TABLET	No	
CLOZARIL 200 MG TABLET	No	
CLOZARIL 25 MG TABLET	No	
CLOZARIL 50 MG TABLET	No	
COLAZAL 750 MG CAPSULE	Yes	
COLCHICINE 0.6 MG CAPSULE		Yes
COLESTID 1 GM TABLET	Yes	
COREG 12.5 MG TABLET	Yes	
COREG 25 MG TABLET	Yes	
COREG 3.125 MG TABLET	Yes	
COREG 6.25 MG TABLET	Yes	
CORGARD 20 MG TABLET	Yes	
CORGARD 40 MG TABLET	Yes	
CORGARD 80 MG TABLET	Yes	
CORTEF 10 MG TABLET	Yes	
CORTEF 20 MG TABLET	Yes	
CORTEF 5 MG TABLET	Yes	
COSOPT EYE DROPS	Yes	
COUMADIN 1 MG TABLET	No	
COUMADIN 10 MG TABLET	No	
COUMADIN 2 MG TABLET	No	
COUMADIN 2.5 MG TABLET	No	
COUMADIN 3 MG TABLET	No	
COUMADIN 4 MG TABLET	No	
COUMADIN 5 MG TABLET	No	
COUMADIN 6 MG TABLET	No	
COUMADIN 7.5 MG TABLET	No	
COZAAR 100 MG TABLET	Yes	
COZAAR 25 MG TABLET	Yes	
COZAAR 50 MG TABLET	Yes	
CRESTOR 10 MG TABLET	Yes	
CRESTOR 20 MG TABLET	Yes	
CRESTOR 40 MG TABLET	Yes	
CRESTOR 5 MG TABLET	Yes	
CYMBALTA 20 MG CAPSULE	Yes	
CYMBALTA 30 MG CAPSULE	Yes	
CYMBALTA 60 MG CAPSULE	Yes	
CYTOMEL 25 MCG TABLET	No	
CYTOMEL 5 MCG TABLET	No	

**ForwardHealth - Brand Medically Necessary Drugs and Brand Before Generic Drugs**

Effective: February 1, 2021

<b>LabelName</b>	<b>Brand Medically Necessary Drugs</b>	<b>Brand Before Generic Drugs</b>
CYTOMEL 50 MCG TABLET	No	
CYTOTEC 100 MCG TABLET	Yes	
CYTOTEC 200 MCG TABLET	Yes	
DALFAMPRIDINE ER 10 MG TABLET		Yes
DANTRIUM 25 MG CAPSULE	Yes	
DANTRIUM 50 MG CAPSULE	Yes	
DAYPRO 600 MG CAPLET	Yes	
DDAVP 0.1 MG TABLET	Yes	
DDAVP 0.2 MG TABLET	Yes	
DEPAKOTE DR 125 MG TABLET	No	
DEPAKOTE DR 250 MG TABLET	No	
DEPAKOTE DR 500 MG TABLET	No	
DEPAKOTE ER 250 MG TABLET	No	
DEPAKOTE ER 500 MG TABLET	No	
DEPO-PROVERA 150 MG/ML SYRINGE	No	
DEPO-PROVERA 150 MG/ML VIAL	No	
DESFERAL MESYLATE 500 MG VL	Yes	
DESOWEN 0.05% LOTION	Yes	
DESOXYN 5 MG TABLET	Yes	
DEXTROAMP-AMPHET ER 10 MG CAP		Yes
DEXTROAMP-AMPHET ER 15 MG CAP		Yes
DEXTROAMP-AMPHET ER 20 MG CAP		Yes
DEXTROAMP-AMPHET ER 25 MG CAP		Yes
DEXTROAMP-AMPHET ER 30 MG CAP		Yes
DEXTROAMP-AMPHET ER 5 MG CAP		Yes
DEXTROAMP-AMPHETAM 12.5 MG TAB		Yes
DEXTROAMP-AMPHETAM 7.5 MG TAB		Yes
DEXTROAMP-AMPHETAMIN 10 MG TAB		Yes
DEXTROAMP-AMPHETAMIN 15 MG TAB		Yes
DEXTROAMP-AMPHETAMIN 20 MG TAB		Yes
DEXTROAMP-AMPHETAMIN 30 MG TAB		Yes
DEXTROAMP-AMPHETAMINE 5 MG TAB		Yes
DIASTAT 2.5 MG PEDI SYSTEM	No	
DIASTAT ACUDIAL 12.5-15-20 MG	No	
DIASTAT ACUDIAL 5-7.5-10 MG KT	No	
DIFLUCAN 10 MG/ML SUSPENSION	Yes	
DIFLUCAN 100 MG TABLET	Yes	
DIFLUCAN 150 MG TABLET	Yes	
DIFLUCAN 200 MG TABLET	Yes	
DIFLUCAN 40 MG/ML SUSPENSION	Yes	
DIFLUCAN 50 MG TABLET	Yes	
DILANTIN 100 MG CAPSULE	No	
DILANTIN 125 MG/5 ML SUSP	No	
DILAUDID 2 MG TABLET	Yes	
DILAUDID 4 MG TABLET	Yes	
DILAUDID 8 MG TABLET	Yes	
DIMETHYL FUMARATE 30D START PK		Yes
DIMETHYL FUMARATE DR 120 MG CP		Yes
DIMETHYL FUMARATE DR 240 MG CP		Yes

**ForwardHealth - Brand Medically Necessary Drugs and Brand Before Generic Drugs**

Effective: February 1, 2021

<b>LabelName</b>	<b>Brand Medically Necessary Drugs</b>	<b>Brand Before Generic Drugs</b>
DIOVAN 160 MG TABLET	Yes	
DIOVAN 320 MG TABLET	Yes	
DIOVAN 40 MG TABLET	Yes	
DIOVAN 80 MG TABLET	Yes	
DIOVAN HCT 160-12.5 MG TAB	Yes	
DIOVAN HCT 160-25 MG TABLET	Yes	
DIOVAN HCT 320-12.5 MG TAB	Yes	
DIOVAN HCT 320-25 MG TABLET	Yes	
DIOVAN HCT 80-12.5 MG TABLET	Yes	
DISKETS 40 MG TABLET DISPR	Yes	
DITROPAN XL 10 MG TABLET	Yes	
DITROPAN XL 5 MG TABLET	Yes	
DIVALPROEX DR 125 MG CAP SPRNK		Yes
DOVONEX 0.005% CREAM	Yes	
DUAC 1.2-5% GEL	Yes	
DUETACT 30-2 MG TABLET	Yes	
DUETACT 30-4 MG TABLET	Yes	
DURAGESIC 100 MCG/HR PATCH	Yes	
DURAGESIC 12 MCG/HR PATCH	Yes	
DURAGESIC 25 MCG/HR PATCH	Yes	
DURAGESIC 50 MCG/HR PATCH	Yes	
DURAGESIC 75 MCG/HR PATCH	Yes	
DYAZIDE 37.5-25 CAPSULE	Yes	
EFFEXOR XR 150 MG CAPSULE	Yes	
EFFEXOR XR 37.5 MG CAPSULE	Yes	
EFFEXOR XR 75 MG CAPSULE	Yes	
EFFIENT 10 MG TABLET	Yes	
EFFIENT 5 MG TABLET	Yes	
EFUDEX 5% CREAM	Yes	
ELIMITE 5% CREAM	Yes	
ELLENC 2 MG/ML VIAL	Yes	
EMTRICITABINE-TENOFV 200-300MG		Yes
ENTOCORT EC 3 MG CAPSULE	Yes	
EPIVIR HBV 100 MG TABLET	Yes	
ERYGEL 2% GEL	Yes	
ESTROSTEP FE-28 TABLET	No	
EVISTA 60 MG TABLET	Yes	
EVOCLIN 1% FOAM	Yes	
EVOXAC 30 MG CAPSULE	Yes	
EXFORGE 10-160 MG TABLET	Yes	
EXFORGE 10-320 MG TABLET	Yes	
EXFORGE 5-160 MG TABLET	Yes	
EXFORGE 5-320 MG TABLET	Yes	
EXFORGE HCT 10-160-12.5 MG TAB	Yes	
EXFORGE HCT 10-160-25 MG TAB	Yes	
EXFORGE HCT 10-320-25 MG TAB	Yes	
EXFORGE HCT 5-160-12.5 MG TAB	Yes	
EXFORGE HCT 5-160-25 MG TAB	Yes	
FEBUXOSTAT 40 MG TABLET		Yes

**ForwardHealth - Brand Medically Necessary Drugs and Brand Before Generic Drugs**

Effective: February 1, 2021

<b>LabelName</b>	<b>Brand Medically Necessary Drugs</b>	<b>Brand Before Generic Drugs</b>
FEBUXOSTAT 80 MG TABLET		Yes
FELBAMATE 400 MG TABLET		Yes
FELBAMATE 600 MG TABLET		Yes
FELBAMATE 600 MG/5 ML SUSP		Yes
FELDENE 10 MG CAPSULE	Yes	
FELDENE 20 MG CAPSULE	Yes	
FEMARA 2.5 MG TABLET	Yes	
FIORICET 50-300-40 MG CAPSULE	Yes	
FIORINAL-COD 30-50-325-40 CAP	Yes	
FLAGYL 250 MG TABLET	Yes	
FLAGYL 375 CAPSULE	Yes	
FLAGYL 500 MG TABLET	Yes	
FLOMAX 0.4 MG CAPSULE	Yes	
FLUMADINE 100 MG TABLET	Yes	
FORTAMET ER 1,000 MG TABLET	Yes	
FORTAMET ER 500 MG TABLET	Yes	
FOSAMAX 70 MG TABLET	Yes	
FROVA 2.5 MG TABLET	Yes	
GEODON 20 MG CAPSULE	Yes	
GEODON 20 MG/ML VIAL	Yes	
GEODON 40 MG CAPSULE	Yes	
GEODON 60 MG CAPSULE	Yes	
GEODON 80 MG CAPSULE	Yes	
GLATIRAMER 20 MG/ML SYRINGE		Yes
GLATIRAMER 40 MG/ML SYRINGE		Yes
GLUCOPHAGE 1,000 MG TABLET	Yes	
GLUCOPHAGE 500 MG TABLET	Yes	
GLUCOPHAGE 850 MG TABLET	Yes	
GLUCOPHAGE XR 500 MG TAB	Yes	
GLUCOPHAGE XR 750 MG TAB	Yes	
GLUCOTROL 10 MG TABLET	Yes	
GLUCOTROL 5 MG TABLET	Yes	
GLUCOTROL XL 10 MG TABLET	Yes	
GLUCOTROL XL 2.5 MG TABLET	Yes	
GLUCOTROL XL 5 MG TABLET	Yes	
GLYNASE 1.5 MG PRESTAB	Yes	
GLYNASE 3 MG PRESTAB	Yes	
GLYNASE 6 MG PRESTAB	Yes	
GOLYTELY SOLUTION	Yes	
HALCION 0.25 MG TABLET	Yes	
HYCAMTIN 4 MG VIAL	Yes	
HYDREA 500 MG CAPSULE	Yes	
HYZAAR 100-12.5 TABLET	Yes	
HYZAAR 100-25 TABLET	Yes	
HYZAAR 50-12.5 TABLET	Yes	
ICOSAPENT ETHYL 1 GRAM CAPSULE		Yes
IDAMYCIN PFS 1 MG/ML VIAL	Yes	
IMITREX 100 MG TABLET	Yes	
IMITREX 20 MG NASAL SPRAY	Yes	

**ForwardHealth - Brand Medically Necessary Drugs and Brand Before Generic Drugs**

Effective: February 1, 2021

<b>LabelName</b>	<b>Brand Medically Necessary Drugs</b>	<b>Brand Before Generic Drugs</b>
IMITREX 25 MG TABLET	Yes	
IMITREX 4 MG/0.5 ML CARTRIDGES	Yes	
IMITREX 4 MG/0.5 ML PEN INJECT	Yes	
IMITREX 5 MG NASAL SPRAY	Yes	
IMITREX 50 MG TABLET	Yes	
IMITREX 6 MG/0.5 ML CARTRIDGES	Yes	
IMITREX 6 MG/0.5 ML PEN INJECT	Yes	
IMITREX 6 MG/0.5 ML VIAL	Yes	
IMURAN 50 MG TABLET	No	
INDERAL LA 120 MG CAPSULE	Yes	
INDERAL LA 160 MG CAPSULE	Yes	
INDERAL LA 60 MG CAPSULE	Yes	
INDERAL LA 80 MG CAPSULE	Yes	
INSPRA 25 MG TABLET	Yes	
INSPRA 50 MG TABLET	Yes	
INTUNIV ER 1 MG TABLET	Yes	
INTUNIV ER 2 MG TABLET	Yes	
INTUNIV ER 3 MG TABLET	Yes	
INTUNIV ER 4 MG TABLET	Yes	
INVEGA ER 1.5 MG TABLET	Yes	
INVEGA ER 3 MG TABLET	Yes	
INVEGA ER 6 MG TABLET	Yes	
INVEGA ER 9 MG TABLET	Yes	
ISORDIL TITRADOSE 5 MG TAB	Yes	
JALYN 0.5-0.4 MG CAPSULE	Yes	
JOLIVETTE TABLET	No	
KEFLEX 250 MG CAPSULE	Yes	
KEFLEX 500 MG CAPSULE	Yes	
KEFLEX 750 MG CAPSULE	Yes	
KEPPRA 1,000 MG TABLET	No	
KEPPRA 100 MG/ML ORAL SOLN	No	
KEPPRA 250 MG TABLET	No	
KEPPRA 500 MG TABLET	No	
KEPPRA 500 MG/5 ML VIAL	No	
KEPPRA 750 MG TABLET	No	
KEPPRA XR 500 MG TABLET	No	
KEPPRA XR 750 MG TABLET	No	
KLONOPIN 0.5 MG TABLET	No	
KLONOPIN 1 MG TABLET	No	
KLONOPIN 2 MG TABLET	No	
LAMICTAL 100 MG TABLET	No	
LAMICTAL 150 MG TABLET	No	
LAMICTAL 200 MG TABLET	No	
LAMICTAL 25 MG DISPER TABLET	No	
LAMICTAL 25 MG TABLET	No	
LAMICTAL 5 MG DISPER TABLET	No	
LANTHANUM CARB 1,000 MG TB CHW		Yes
LANTHANUM CARB 500 MG TAB CHEW		Yes
LANTHANUM CARB 750 MG TAB CHEW		Yes

**ForwardHealth - Brand Medically Necessary Drugs and Brand Before Generic Drugs**

Effective: February 1, 2021

<b>LabelName</b>	<b>Brand Medically Necessary Drugs</b>	<b>Brand Before Generic Drugs</b>
LASIX 20 MG TABLET	Yes	
LASIX 40 MG TABLET	Yes	
LEDIPASVIR-SOFOSBUVIR 90-400MG		Yes
LETAIRIS 10 MG TABLET	Yes	
LETAIRIS 5 MG TABLET	Yes	
LEVAQUIN 500 MG TABLET	Yes	
LEVAQUIN 750 MG TABLET	Yes	
LEVOXYL 100 MCG TABLET	No	
LEVOXYL 112 MCG TABLET	No	
LEVOXYL 125 MCG TABLET	No	
LEVOXYL 137 MCG TABLET	No	
LEVOXYL 150 MCG TABLET	No	
LEVOXYL 175 MCG TABLET	No	
LEVOXYL 200 MCG TABLET	No	
LEVOXYL 25 MCG TABLET	No	
LEVOXYL 50 MCG TABLET	No	
LEVOXYL 75 MCG TABLET	No	
LEVOXYL 88 MCG TABLET	No	
LEXAPRO 10 MG TABLET	Yes	
LEXAPRO 20 MG TABLET	Yes	
LEXAPRO 5 MG TABLET	Yes	
LIDODERM 5% PATCH	Yes	
LIPITOR 10 MG TABLET	Yes	
LIPITOR 20 MG TABLET	Yes	
LIPITOR 40 MG TABLET	Yes	
LIPITOR 80 MG TABLET	Yes	
LITHOBID ER 300 MG TABLET	Yes	
LOCOID 0.1% LIPOCREAM	Yes	
LODOSYN 25 MG TABLET	Yes	
LOESTRIN 21 1.5-30 TABLET	No	
LOESTRIN FE 1.5-30 TABLET	No	
LOESTRIN FE 1-20 TABLET	No	
LOMOTIL 2.5-0.025 MG TABLET	Yes	
LOPID 600 MG TABLET	Yes	
LOPRESSOR 100 MG TABLET	Yes	
LOPRESSOR 50 MG TABLET	Yes	
LOPROX 0.77% CREAM	Yes	
LOPROX 0.77% TOPICAL SUSP	Yes	
LOPROX 1% SHAMPOO	Yes	
LOSEASONIQUE TABLET	No	
LOTENSIN 10 MG TABLET	Yes	
LOTENSIN 20 MG TABLET	Yes	
LOTENSIN 40 MG TABLET	Yes	
LOTENSIN HCT 10-12.5 MG TABLET	Yes	
LOTENSIN HCT 20-12.5 MG TABLET	Yes	
LOTENSIN HCT 20-25 MG TABLET	Yes	
LOTREL 10-20 MG CAPSULE	Yes	
LOTREL 10-40 MG CAPSULE	Yes	
LOTREL 5-10 MG CAPSULE	Yes	

**ForwardHealth - Brand Medically Necessary Drugs and Brand Before Generic Drugs**

Effective: February 1, 2021

<b>LabelName</b>	<b>Brand Medically Necessary Drugs</b>	<b>Brand Before Generic Drugs</b>
LOTREL 5-20 MG CAPSULE	Yes	
LOTRISONE CREAM	Yes	
LOVAZA 1 GM CAPSULE	Yes	
LOVENOX 100 MG/ML SYRINGE	Yes	
LOVENOX 120 MG/0.8 ML SYRINGE	Yes	
LOVENOX 150 MG/ML SYRINGE	Yes	
LOVENOX 30 MG/0.3 ML SYRINGE	Yes	
LOVENOX 300 MG/3 ML VIAL	Yes	
LOVENOX 40 MG/0.4 ML SYRINGE	Yes	
LOVENOX 60 MG/0.6 ML SYRINGE	Yes	
LOVENOX 80 MG/0.8 ML SYRINGE	Yes	
LUNESTA 1 MG TABLET	Yes	
LUNESTA 2 MG TABLET	Yes	
LUNESTA 3 MG TABLET	Yes	
LYRICA 100 MG CAPSULE	No	
LYRICA 150 MG CAPSULE	No	
LYRICA 20 MG/ML ORAL SOLUTION	No	
LYRICA 200 MG CAPSULE	No	
LYRICA 225 MG CAPSULE	No	
LYRICA 25 MG CAPSULE	No	
LYRICA 300 MG CAPSULE	No	
LYRICA 50 MG CAPSULE	No	
LYRICA 75 MG CAPSULE	No	
MACROBID 100 MG CAPSULE	Yes	
MACRODANTIN 100 MG CAPSULE	Yes	
MACRODANTIN 50 MG CAPSULE	Yes	
MARINOL 10 MG CAPSULE	Yes	
MARINOL 2.5 MG CAPSULE	Yes	
MARINOL 5 MG CAPSULE	Yes	
MAXALT 10 MG TABLET	Yes	
MAXALT MLT 10 MG TABLET	Yes	
MAXITROL EYE DROPS	Yes	
MAXITROL EYE OINTMENT	Yes	
MAXZIDE 37.5 MG-25 MG TABLET	Yes	
MAXZIDE 75 MG-50 MG TABLET	Yes	
MEDROL 4 MG DOSEPAK	Yes	
MEDROL 4 MG TABLET	Yes	
MERREM IV 500 MG VIAL	Yes	
MESTINON 60 MG TABLET	Yes	
METROCREAM 0.75% CREAM	Yes	
METROGEL-VAGINAL 0.75% GEL	Yes	
METYROSINE 250 MG CAPSULE		Yes
MICROZIDE 12.5 MG CAPSULE	Yes	
MINASTRIN 24 FE CHEWABLE TAB	No	
MINIPRESS 1 MG CAPSULE	Yes	
MINIPRESS 2 MG CAPSULE	Yes	
MINIPRESS 5 MG CAPSULE	Yes	
MIRAPEX 0.125 MG TABLET	Yes	
MIRAPEX 0.25 MG TABLET	Yes	

**ForwardHealth - Brand Medically Necessary Drugs and Brand Before Generic Drugs**

Effective: February 1, 2021

<b>LabelName</b>	<b>Brand Medically Necessary Drugs</b>	<b>Brand Before Generic Drugs</b>
MIRAPEX 0.75 MG TABLET	Yes	
MIRAPEX 1 MG TABLET	Yes	
MIRAPEX 1.5 MG TABLET	Yes	
MIRAPEX ER 0.375 MG TABLET	Yes	
MIRAPEX ER 0.75 MG TABLET	Yes	
MIRAPEX ER 1.5 MG TABLET	Yes	
MIRAPEX ER 2.25 MG TABLET	Yes	
MIRAPEX ER 3 MG TABLET	Yes	
MIRAPEX ER 3.75 MG TABLET	Yes	
MIRAPEX ER 4.5 MG TABLET	Yes	
MIRCETTE 28 DAY TABLET	No	
MOBIC 15 MG TABLET	Yes	
MOBIC 7.5 MG TABLET	Yes	
MS CONTIN ER 100 MG TABLET	Yes	
MS CONTIN ER 15 MG TABLET	Yes	
MS CONTIN ER 200 MG TABLET	Yes	
MS CONTIN ER 30 MG TABLET	Yes	
MS CONTIN ER 60 MG TABLET	Yes	
MYAMBUTOL 400 MG TABLET	Yes	
MYFORTIC 180 MG TABLET	No	
MYFORTIC 360 MG TABLET	No	
MYSOLINE 250 MG TABLET	No	
MYSOLINE 50 MG TABLET	No	
NAMENDA 10 MG TABLET	Yes	
NAMENDA 5 MG TABLET	Yes	
NAMENDA 5-10 MG TITRATION PK	Yes	
NAMENDA XR 14 MG CAPSULE	Yes	
NAMENDA XR 21 MG CAPSULE	Yes	
NAMENDA XR 28 MG CAPSULE	Yes	
NAMENDA XR 7 MG CAPSULE	Yes	
NASONEX 50 MCG NASAL SPRAY	Yes	
NEORAL 100 MG GELATIN CAPSULE	No	
NEORAL 100 MG/ML SOLUTION	No	
NEORAL 25 MG GELATIN CAPSULE	No	
NEURONTIN 100 MG CAPSULE	No	
NEURONTIN 250 MG/5 ML SOLN	No	
NEURONTIN 250 MG/5 ML SOLUTION	No	
NEURONTIN 300 MG CAPSULE	No	
NEURONTIN 400 MG CAPSULE	No	
NEURONTIN 600 MG TABLET	No	
NEURONTIN 800 MG TABLET	No	
NEXIUM DR 20 MG CAPSULE	Yes	
NEXIUM DR 40 MG CAPSULE	Yes	
NIASPAN ER 1,000 MG TABLET	Yes	
NIASPAN ER 500 MG TABLET	Yes	
NIASPAN ER 750 MG TABLET	Yes	
NIZORAL 2% SHAMPOO	Yes	
NORA-BE TABLET	No	
NORCO 10-325 TABLET	Yes	

**ForwardHealth - Brand Medically Necessary Drugs and Brand Before Generic Drugs**

Effective: February 1, 2021

<b>LabelName</b>	<b>Brand Medically Necessary Drugs</b>	<b>Brand Before Generic Drugs</b>
NORCO 5-325 TABLET	Yes	
NORCO 7.5-325 TABLET	Yes	
NORPACE 100 MG CAPSULE	Yes	
NORVASC 10 MG TABLET	Yes	
NORVASC 2.5 MG TABLET	Yes	
NORVASC 5 MG TABLET	Yes	
NULYTELY SOLUTION	Yes	
NULYTELY WITH FLAVOR PACKS SOL	Yes	
NUVIGIL 150 MG TABLET	Yes	
NUVIGIL 200 MG TABLET	Yes	
NUVIGIL 250 MG TABLET	Yes	
NUVIGIL 50 MG TABLET	Yes	
OCUFLOX 0.3% EYE DROPS	Yes	
OLUX 0.05% FOAM	Yes	
ONFI 10 MG TABLET	No	
ONFI 2.5 MG/ML SUSPENSION	No	
ONFI 20 MG TABLET	No	
OPANA 10 MG TABLET	Yes	
OPANA 5 MG TABLET	Yes	
ORTHO MICRONOR 0.35 MG TABLET	No	
ORTHO TRI-CYCLEN 28 TABLET	No	
ORTHO TRI-CYCLEN LO TABLET	No	
ORTHO-CYCLEN 28 TABLET	No	
ORTHO-NOVUM 7-7-7-28 TABLET	No	
OVIDE 0.5% LOTION	Yes	
OXSORALEN-ULTRA 10 MG CAP	Yes	
PAMELOR 10 MG CAPSULE	Yes	
PAMELOR 25 MG CAPSULE	Yes	
PAMELOR 50 MG CAPSULE	Yes	
PAMELOR 75 MG CAPSULE	Yes	
PARLODEL 2.5 MG TABLET	Yes	
PARLODEL 5 MG CAPSULE	Yes	
PATADAY 0.2% EYE DROPS	Yes	
PATADAY TWICE DAILY 0.1% DROPS	Yes	
PATANASE 665 MCG NASAL SPRAY	Yes	
PATANOL 0.1% EYE DROPS	Yes	
PAXIL 10 MG TABLET	Yes	
PAXIL 20 MG TABLET	Yes	
PAXIL 30 MG TABLET	Yes	
PAXIL 40 MG TABLET	Yes	
PAXIL CR 12.5 MG TABLET	Yes	
PAXIL CR 25 MG TABLET	Yes	
PAXIL CR 37.5 MG TABLET	Yes	
PENLAC 8% SOLUTION	Yes	
PEPCID 20 MG TABLET	Yes	
PEPCID 40 MG TABLET	Yes	
PERCOCET 10-325 MG TABLET	Yes	
PERCOCET 2.5-325 MG TABLET	Yes	
PERCOCET 5-325 MG TABLET	Yes	

**ForwardHealth - Brand Medically Necessary Drugs and Brand Before Generic Drugs**

Effective: February 1, 2021

<b>LabelName</b>	<b>Brand Medically Necessary Drugs</b>	<b>Brand Before Generic Drugs</b>
PERCOCET 7.5-325 MG TABLET	Yes	
PHENERGAN 25 MG/ML AMPUL	Yes	
PHENERGAN 50 MG/ML AMPUL	Yes	
PIMECROLIMUS 1% CREAM		Yes
PLAVIX 300 MG TABLET	Yes	
PLAVIX 75 MG TABLET	Yes	
POLYTRIM EYE DROPS	Yes	
PRANDIN 1 MG TABLET	Yes	
PRANDIN 2 MG TABLET	Yes	
PRAVACHOL 20 MG TABLET	Yes	
PRAVACHOL 40 MG TABLET	Yes	
PRAVACHOL 80 MG TABLET	Yes	
PRECOSE 100 MG TABLET	Yes	
PRECOSE 25 MG TABLET	Yes	
PRECOSE 50 MG TABLET	Yes	
PRED FORTE 1% EYE DROPS	Yes	
PREVACID DR 15 MG CAPSULE	Yes	
PREVACID DR 30 MG CAPSULE	Yes	
PRIMAXIN 500 MG VIAL	Yes	
PRINIVIL 10 MG TABLET	Yes	
PRINIVIL 20 MG TABLET	Yes	
PRINIVIL 5 MG TABLET	Yes	
PRISTIQ ER 100 MG TABLET	Yes	
PRISTIQ ER 25 MG TABLET	Yes	
PRISTIQ ER 50 MG TABLET	Yes	
PROCARDIA 10 MG CAPSULE	Yes	
PROCARDIA XL 30 MG TABLET	Yes	
PROCARDIA XL 60 MG TABLET	Yes	
PROCARDIA XL 90 MG TABLET	Yes	
PROGRAF 0.5 MG CAPSULE	No	
PROGRAF 1 MG CAPSULE	No	
PROGRAF 5 MG CAPSULE	No	
PROSCAR 5 MG TABLET	Yes	
PROTONIX DR 20 MG TABLET	Yes	
PROTONIX DR 40 MG TABLET	Yes	
PROVERA 10 MG TABLET	Yes	
PROVERA 2.5 MG TABLET	Yes	
PROVERA 5 MG TABLET	Yes	
PROVIGIL 100 MG TABLET	Yes	
PROVIGIL 200 MG TABLET	Yes	
PROZAC 10 MG PULVULE	Yes	
PROZAC 20 MG PULVULE	Yes	
PROZAC 40 MG PULVULE	Yes	
PULMICORT 0.25 MG/2 ML RESPUL	Yes	
PULMICORT 0.5 MG/2 ML RESPULE	Yes	
PULMICORT 1 MG/2 ML RESPULE	Yes	
QUALAQUIN 324 MG CAPSULE	Yes	
QUESTRAN LIGHT POWDER	Yes	
QUESTRAN PACKET	Yes	

**ForwardHealth - Brand Medically Necessary Drugs and Brand Before Generic Drugs**

Effective: February 1, 2021

<b>LabelName</b>	<b>Brand Medically Necessary Drugs</b>	<b>Brand Before Generic Drugs</b>
QUESTRAN POWDER	Yes	
RAPAMUNE 0.5 MG TABLET	No	
RAPAMUNE 1 MG TABLET	No	
RAPAMUNE 1 MG/ML ORAL SOLN	No	
RAPAMUNE 2 MG TABLET	No	
RAZADYNE 12 MG TABLET	Yes	
RAZADYNE 4 MG TABLET	Yes	
RAZADYNE 8 MG TABLET	Yes	
RAZADYNE ER 16 MG CAPSULE	Yes	
RAZADYNE ER 24 MG CAPSULE	Yes	
RAZADYNE ER 8 MG CAPSULE	Yes	
REGLAN 10 MG TABLET	Yes	
REGLAN 5 MG TABLET	Yes	
RELPAK 20 MG TABLET	Yes	
RELPAK 40 MG TABLET	Yes	
REMERON 15 MG SOLTAB	Yes	
REMERON 15 MG TABLET	Yes	
REMERON 30 MG SOLTAB	Yes	
REMERON 30 MG TABLET	Yes	
REMERON 45 MG SOLTAB	Yes	
REQUIP XL 12 MG TABLET	Yes	
REQUIP XL 4 MG TABLET	Yes	
REQUIP XL 6 MG TABLET	Yes	
REQUIP XL 8 MG TABLET	Yes	
RESTORIL 15 MG CAPSULE	Yes	
RESTORIL 22.5 MG CAPSULE	Yes	
RESTORIL 30 MG CAPSULE	Yes	
RESTORIL 7.5 MG CAPSULE	Yes	
RETIN-A MICRO 0.1% GEL	Yes	
RETROVIR 10 MG/ML SYRUP	Yes	
RETROVIR 100 MG CAPSULE	Yes	
REVATIO 20 MG TABLET	Yes	
RIFADIN 150 MG CAPSULE	Yes	
RIFADIN 300 MG CAPSULE	Yes	
RISPERDAL 0.5 MG TABLET	Yes	
RISPERDAL 1 MG TABLET	Yes	
RISPERDAL 1 MG/ML SOLUTION	Yes	
RISPERDAL 2 MG TABLET	Yes	
RISPERDAL 3 MG TABLET	Yes	
RISPERDAL 4 MG TABLET	Yes	
RITALIN 10 MG TABLET	Yes	
RITALIN 20 MG TABLET	Yes	
RITALIN 5 MG TABLET	Yes	
ROBAXIN-750 TABLET	Yes	
ROCALTROL 0.25 MCG CAPSULE	Yes	
ROCALTROL 0.5 MCG CAPSULE	Yes	
ROCALTROL 1 MCG/ML ORAL SOLN	Yes	
ROWASA 4 GM/60 ML ENEMA	Yes	
ROXICODONE 15 MG TABLET	Yes	

**ForwardHealth - Brand Medically Necessary Drugs and Brand Before Generic Drugs**

Effective: February 1, 2021

<b>LabelName</b>	<b>Brand Medically Necessary Drugs</b>	<b>Brand Before Generic Drugs</b>
ROXICODONE 30 MG TABLET	Yes	
RYTHMOL SR 225 MG CAPSULE	Yes	
RYTHMOL SR 325 MG CAPSULE	Yes	
RYTHMOL SR 425 MG CAPSULE	Yes	
SALAGEN 5 MG TABLET	Yes	
SALAGEN 7.5 MG TABLET	Yes	
SALEX 6% SHAMPOO	Yes	
SANDIMMUNE 100 MG CAPSULE	No	
SANDIMMUNE 25 MG CAPSULE	No	
SEASONIQUE 0.15-0.03-0.01 TAB	No	
SEROQUEL 100 MG TABLET	Yes	
SEROQUEL 200 MG TABLET	Yes	
SEROQUEL 25 MG TABLET	Yes	
SEROQUEL 300 MG TABLET	Yes	
SEROQUEL 400 MG TABLET	Yes	
SEROQUEL 50 MG TABLET	Yes	
SEROQUEL XR 150 MG TABLET	Yes	
SEROQUEL XR 200 MG TABLET	Yes	
SEROQUEL XR 300 MG TABLET	Yes	
SEROQUEL XR 400 MG TABLET	Yes	
SEROQUEL XR 50 MG TABLET	Yes	
SEVELAMER 0.8 GM POWDER PACKET		Yes
SEVELAMER 2.4 GM POWDER PACKET		Yes
SEVELAMER CARBONATE 800 MG TAB		Yes
SFROWASA 4 GM/60 ML ENEMA	Yes	
SINEMET 10-100 MG TABLET	Yes	
SINEMET 25-100 MG TABLET	Yes	
SINEMET 25-250 MG TABLET	Yes	
SINGULAIR 10 MG TABLET	Yes	
SINGULAIR 4 MG GRANULES	Yes	
SINGULAIR 4 MG TABLET CHEW	Yes	
SINGULAIR 5 MG TABLET CHEW	Yes	
SKELAXIN 800 MG TABLET	Yes	
SOMA 350 MG TABLET	Yes	
SORIATANE 10 MG CAPSULE	Yes	
SORIATANE 25 MG CAPSULE	Yes	
SPORANOX 100 MG CAPSULE	Yes	
STARLIX 120 MG TABLET	Yes	
STARLIX 60 MG TABLET	Yes	
STRATTERA 10 MG CAPSULE	Yes	
STRATTERA 100 MG CAPSULE	Yes	
STRATTERA 18 MG CAPSULE	Yes	
STRATTERA 25 MG CAPSULE	Yes	
STRATTERA 40 MG CAPSULE	Yes	
STRATTERA 60 MG CAPSULE	Yes	
STRATTERA 80 MG CAPSULE	Yes	
SULAR ER 34 MG TABLET	Yes	
SULAR ER 8.5 MG TABLET	Yes	
SYNTHROID 100 MCG TABLET	No	

**ForwardHealth - Brand Medically Necessary Drugs and Brand Before Generic Drugs**

Effective: February 1, 2021

<b>LabelName</b>	<b>Brand Medically Necessary Drugs</b>	<b>Brand Before Generic Drugs</b>
SYNTHROID 112 MCG TABLET	No	
SYNTHROID 125 MCG TABLET	No	
SYNTHROID 137 MCG TABLET	No	
SYNTHROID 150 MCG TABLET	No	
SYNTHROID 175 MCG TABLET	No	
SYNTHROID 200 MCG TABLET	No	
SYNTHROID 25 MCG TABLET	No	
SYNTHROID 300 MCG TABLET	No	
SYNTHROID 50 MCG TABLET	No	
SYNTHROID 75 MCG TABLET	No	
SYNTHROID 88 MCG TABLET	No	
TACLONEX OINTMENT	Yes	
TAPAZOLE 5 MG TABLET	Yes	
TEMOVATE 0.05% CREAM	Yes	
TEMOVATE 0.05% OINTMENT	Yes	
TENORETIC 100 TABLET	Yes	
TENORETIC 50 TABLET	Yes	
TENORMIN 100 MG TABLET	Yes	
TENORMIN 25 MG TABLET	Yes	
TENORMIN 50 MG TABLET	Yes	
TESSALON PERLE 100 MG CAP	Yes	
TIAZAC ER 120 MG CAPSULE	Yes	
TIAZAC ER 180 MG CAPSULE	Yes	
TIAZAC ER 240 MG CAPSULE	Yes	
TIAZAC ER 300 MG CAPSULE	Yes	
TIAZAC ER 360 MG CAPSULE	Yes	
TIAZAC ER 420 MG CAPSULE	Yes	
TIGAN 300 MG CAPSULE	Yes	
TIMOPTIC 0.25% EYE DROP	Yes	
TIMOPTIC 0.5% EYE DROP	Yes	
TIMOPTIC-XE 0.25% EYE GEL-SOLN	Yes	
TOBREX 0.3% EYE DROP	Yes	
TOFRANIL 10 MG TABLET	Yes	
TOFRANIL 25 MG TABLET	Yes	
TOFRANIL 50 MG TABLET	Yes	
TOLVAPTAN 30 MG TABLET		Yes
TOPAMAX 100 MG TABLET	No	
TOPAMAX 15 MG SPRINKLE CAP	No	
TOPAMAX 200 MG TABLET	No	
TOPAMAX 25 MG SPRINKLE CAP	No	
TOPAMAX 25 MG TABLET	No	
TOPAMAX 50 MG TABLET	No	
TOPICORT 0.05% CREAM	Yes	
TOPICORT 0.05% GEL	Yes	
TOPICORT 0.25% CREAM	Yes	
TOPICORT 0.25% OINTMENT	Yes	
TOPROL XL 100 MG TABLET	Yes	
TOPROL XL 200 MG TABLET	Yes	
TOPROL XL 25 MG TABLET	Yes	

**ForwardHealth - Brand Medically Necessary Drugs and Brand Before Generic Drugs**

Effective: February 1, 2021

<b>LabelName</b>	<b>Brand Medically Necessary Drugs</b>	<b>Brand Before Generic Drugs</b>
TOPROL XL 50 MG TABLET	Yes	
TRANXENE T-TAB 7.5 MG	Yes	
TRIBENZOR 20-5-12.5 MG TABLET	Yes	
TRIBENZOR 40-10-12.5 MG TABLET	Yes	
TRIBENZOR 40-10-25 MG TABLET	Yes	
TRIBENZOR 40-5-12.5 MG TABLET	Yes	
TRIBENZOR 40-5-25 MG TABLET	Yes	
TRICOR 145 MG TABLET	Yes	
TRICOR 48 MG TABLET	Yes	
TRILEPTAL 150 MG TABLET	No	
TRILEPTAL 300 MG TABLET	No	
TRILEPTAL 600 MG TABLET	No	
TRILIPIX DR 135 MG CAPSULE	Yes	
TRILIPIX DR 45 MG CAPSULE	Yes	
TRUSOPT 2% EYE DROPS	Yes	
TYLENOL WITH CODEINE #3 TABLET	Yes	
TYLENOL WITH CODEINE #4 TABLET	Yes	
UCERIS 9 MG ER TABLET	Yes	
ULTRACET TABLET	Yes	
ULTRAM 50 MG TABLET	Yes	
ULTRAVATE 0.05% CREAM	Yes	
ULTRAVATE 0.05% OINTMENT	Yes	
UNASYN 3 GM VIAL	Yes	
UNITHROID 100 MCG TABLET	No	
UNITHROID 112 MCG TABLET	No	
UNITHROID 125 MCG TABLET	No	
UNITHROID 137 MCG TABLET	No	
UNITHROID 150 MCG TABLET	No	
UNITHROID 175 MCG TABLET	No	
UNITHROID 200 MCG TABLET	No	
UNITHROID 25 MCG TABLET	No	
UNITHROID 300 MCG TABLET	No	
UNITHROID 50 MCG TABLET	No	
UNITHROID 75 MCG TABLET	No	
UNITHROID 88 MCG TABLET	No	
URECHOLINE 10 MG TABLET	Yes	
URECHOLINE 50 MG TABLET	Yes	
URSO 250 MG TABLET	Yes	
URSO FORTE 500 MG TABLET	Yes	
VALTREX 1 GM CAPLET	Yes	
VALTREX 500 MG CAPLET	Yes	
VANCOGIN HCL 125 MG CAPSULE	Yes	
VANCOGIN HCL 250 MG CAPSULE	Yes	
VANOS 0.1% CREAM	Yes	
VASERETIC 10-25 MG TABLET	Yes	
VASOTEC 10 MG TABLET	Yes	
VASOTEC 2.5 MG TABLET	Yes	
VASOTEC 20 MG TABLET	Yes	
VASOTEC 5 MG TABLET	Yes	

**ForwardHealth - Brand Medically Necessary Drugs and Brand Before Generic Drugs**

Effective: February 1, 2021

<b>LabelName</b>	<b>Brand Medically Necessary Drugs</b>	<b>Brand Before Generic Drugs</b>
VERELAN 120 MG CAP PELLETT	Yes	
VERELAN 180 MG CAP PELLETT	Yes	
VERELAN 240 MG CAP PELLETT	Yes	
VERELAN 360 MG CAP PELLETT	Yes	
VERELAN PM 100 MG CAP PELLETT	Yes	
VERELAN PM 200 MG CAP PELLETT	Yes	
VERELAN PM 300 MG CAP PELLETT	Yes	
VESICARE 10 MG TABLET	Yes	
VESICARE 5 MG TABLET	Yes	
VFEND 200 MG TABLET	Yes	
VFEND 50 MG TABLET	Yes	
VIBRAMYCIN 100 MG CAPSULE	Yes	
VIDEX EC 125 MG CAPSULE	Yes	
VIDEX EC 200 MG CAPSULE	Yes	
VIDEX EC 250 MG CAPSULE	Yes	
VIDEX EC 400 MG CAPSULE	Yes	
VIGABATRIN 500 MG POWDER PACKT		Yes
VIGABATRIN 500 MG TABLET		Yes
VIGAMOX 0.5% EYE DROPS	Yes	
VISTARIL 25 MG CAPSULE	Yes	
VISTARIL 50 MG CAPSULE	Yes	
WELLBUTRIN SR 100 MG TABLET	Yes	
WELLBUTRIN SR 150 MG TABLET	Yes	
WELLBUTRIN SR 200 MG TABLET	Yes	
WELLBUTRIN XL 150 MG TABLET	Yes	
WELLBUTRIN XL 300 MG TABLET	Yes	
XALATAN 0.005% EYE DROPS	Yes	
XANAX 0.25 MG TABLET	Yes	
XANAX 0.5 MG TABLET	Yes	
XANAX 1 MG TABLET	Yes	
XANAX 2 MG TABLET	Yes	
XANAX XR 0.5 MG TABLET	Yes	
XANAX XR 1 MG TABLET	Yes	
XANAX XR 2 MG TABLET	Yes	
XANAX XR 3 MG TABLET	Yes	
XENAZINE 12.5 MG TABLET	Yes	
XENAZINE 25 MG TABLET	Yes	
XOPENEX 0.31 MG/3 ML SOLUTION	Yes	
XOPENEX 0.63 MG/3 ML SOLUTION	Yes	
XOPENEX 1.25 MG/3 ML SOLUTION	Yes	
XOPENEX CONC 1.25 MG/0.5 ML	Yes	
YASMIN 28 TABLET	No	
YAZ 28 TABLET	No	
ZANAFLEX 4 MG TABLET	Yes	
ZANAFLEX 6 MG CAPSULE	Yes	
ZARONTIN 250 MG CAPSULE	No	
ZARONTIN 250 MG/5 ML SOLUTION	No	
ZEMPLAR 1 MCG CAPSULE	Yes	
ZEMPLAR 2 MCG CAPSULE	Yes	

**ForwardHealth - Brand Medically Necessary Drugs and Brand Before Generic Drugs**

Effective: February 1, 2021

<b>LabelName</b>	<b>Brand Medically Necessary Drugs</b>	<b>Brand Before Generic Drugs</b>
ZERIT 20 MG CAPSULE	Yes	
ZERIT 40 MG CAPSULE	Yes	
ZESTORETIC 10-12.5 MG TABLET	Yes	
ZESTORETIC 20-12.5 MG TABLET	Yes	
ZESTORETIC 20-25 MG TABLET	Yes	
ZESTRIL 10 MG TABLET	Yes	
ZESTRIL 2.5 MG TABLET	Yes	
ZESTRIL 20 MG TABLET	Yes	
ZESTRIL 30 MG TABLET	Yes	
ZESTRIL 40 MG TABLET	Yes	
ZESTRIL 5 MG TABLET	Yes	
ZETIA 10 MG TABLET	Yes	
ZIAC 10-6.25 MG TABLET	Yes	
ZIAC 2.5-6.25 MG TABLET	Yes	
ZIAC 5-6.25 MG TABLET	Yes	
ZITHROMAX 1 GM POWDER PACKET	Yes	
ZITHROMAX 100 MG/5 ML SUSP	Yes	
ZITHROMAX 200 MG/5 ML SUSP	Yes	
ZITHROMAX 250 MG TABLET	Yes	
ZITHROMAX 250 MG Z-PAK TABLET	Yes	
ZITHROMAX 500 MG TABLET	Yes	
ZITHROMAX TRI-PAK 500 MG TAB	Yes	
ZOCOR 10 MG TABLET	Yes	
ZOCOR 20 MG TABLET	Yes	
ZOCOR 40 MG TABLET	Yes	
ZOCOR 80 MG TABLET	Yes	
ZOFRAN 4 MG TABLET	Yes	
ZOFRAN 8 MG TABLET	Yes	
ZOLOFT 100 MG TABLET	Yes	
ZOLOFT 20 MG/ML ORAL CONC	Yes	
ZOLOFT 25 MG TABLET	Yes	
ZOLOFT 50 MG TABLET	Yes	
ZOMIG 2.5 MG TABLET	Yes	
ZOMIG 5 MG TABLET	Yes	
ZOMIG ZMT 2.5 MG TABLET	Yes	
ZOMIG ZMT 5 MG TABLET	Yes	
ZOVIRAX 200 MG/5 ML SUSP	Yes	
ZOVIRAX 400 MG TABLET	Yes	
ZOVIRAX 800 MG TABLET	Yes	
ZYPREXA 10 MG TABLET	Yes	
ZYPREXA 15 MG TABLET	Yes	
ZYPREXA 2.5 MG TABLET	Yes	
ZYPREXA 20 MG TABLET	Yes	
ZYPREXA 5 MG TABLET	Yes	
ZYPREXA 7.5 MG TABLET	Yes	
ZYPREXA ZYDIS 10 MG TABLET	Yes	
ZYPREXA ZYDIS 15 MG TABLET	Yes	
ZYPREXA ZYDIS 20 MG TABLET	Yes	
ZYPREXA ZYDIS 5 MG TABLET	Yes	