

# ForwardHealth

## Brand Medically Necessary Drugs and Brand Before Generic Drugs

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: December 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                             |                            |
| ACTIQ 1,200 MCG LOZENGE     | Yes                             |                            |
| ACTIQ 1,600 MCG LOZENGE     | Yes                             |                            |
| ACTIQ 200 MCG LOZENGE       | Yes                             |                            |
| ACTIQ 400 MCG LOZENGE       | Yes                             |                            |
| ACTIQ 600 MCG LOZENGE       | Yes                             |                            |
| ACTIQ 800 MCG LOZENGE       | Yes                             |                            |

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

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| LabelName                   | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|-----------------------------|---------------------------------|----------------------------|
| 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                             |                            |
| 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                             |                            |
| AMPYRA ER 10 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                             |                            |
| 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                             |                            |

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| LabelName                      | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|--------------------------------|---------------------------------|----------------------------|
| ATIVAN 2 MG TABLET             | Yes                             |                            |
| ATIVAN 2 MG/ML VIAL            | 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                             |                            |
| 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                             |                            |
| BRINZOLAMIDE 1% EYE DROPS      |                                 | Yes                        |
| BUDESONIDE ER 9 MG TABLET      |                                 | Yes                        |
| BUDESONIDE-FORMOTEROL 160-4.5  |                                 | Yes                        |
| BUDESONIDE-FORMOTEROL 80-4.5   |                                 | Yes                        |
| BUPRENORPHINE 10 MCG/HR PATCH  |                                 | Yes                        |
| BUPRENORPHINE 15 MCG/HR PATCH  |                                 | Yes                        |
| BUPRENORPHINE 150 MCG FILM     |                                 | Yes                        |
| BUPRENORPHINE 20 MCG/HR PATCH  |                                 | Yes                        |
| BUPRENORPHINE 300 MCG FILM     |                                 | Yes                        |
| BUPRENORPHINE 450 MCG FILM     |                                 | Yes                        |
| BUPRENORPHINE 5 MCG/HR PATCH   |                                 | Yes                        |
| BUPRENORPHINE 600 MCG FILM     |                                 | Yes                        |
| BUPRENORPHINE 7.5 MCG/HR PATCH |                                 | Yes                        |
| BUPRENORPHINE 75 MCG FILM      |                                 | Yes                        |
| BUPRENORPHINE 750 MCG FILM     |                                 | Yes                        |
| BUPRENORPHINE 900 MCG FILM     |                                 | Yes                        |
| BUPRENORPHINE-NALOX 12-3MG FLM |                                 | Yes                        |
| BUPRENORPHINE-NALOX 2-0.5MG FM |                                 | Yes                        |
| BUPRENORPHINE-NALOX 4-1MG FILM |                                 | Yes                        |
| BUPRENORPHINE-NALOX 8-2MG FILM |                                 | Yes                        |
| CALAN SR 120 MG CAPLET         | Yes                             |                            |
| CALAN SR 120 MG TABLET         | Yes                             |                            |
| CALAN SR 180 MG TABLET         | Yes                             |                            |

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

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| LabelName                      | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|--------------------------------|---------------------------------|----------------------------|
| CALAN SR 240 MG CAPLET         | Yes                             |                            |
| CALAN SR 240 MG TABLET         | Yes                             |                            |
| 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                              |                            |
| CHLORZOXAZONE 375 MG TABLET    |                                 | Yes                        |
| CHLORZOXAZONE 750 MG TABLET    |                                 | Yes                        |
| 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                             |                            |

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

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| LabelName                     | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|-------------------------------|---------------------------------|----------------------------|
| 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                             |                            |
| CLEOCIN PHOS 900 MG/6 ML VIAL | 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                             |                            |
| 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                             |                            |
| CYCLOBENZAPRINE ER 15 MG CAP  |                                 | Yes                        |
| CYCLOBENZAPRINE ER 30 MG CAP  |                                 | 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                              |                            |
| CYTOMEL 50 MCG TABLET         | No                              |                            |
| CYTOTEC 100 MCG TABLET        | Yes                             |                            |
| CYTOTEC 200 MCG TABLET        | Yes                             |                            |
| DANTRIUM 25 MG CAPSULE        | Yes                             |                            |

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

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| LabelName                      | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|--------------------------------|---------------------------------|----------------------------|
| 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                        |
| 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                        |
| 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                             |                            |

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| LabelName                      | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|--------------------------------|---------------------------------|----------------------------|
| DIOVAN HCT 80-12.5 MG TABLET   | Yes                             |                            |
| DISKETTS 40 MG TABLET DISPR    | Yes                             |                            |
| DITROPAN XL 10 MG TABLET       | Yes                             |                            |
| DITROPAN XL 5 MG TABLET        | Yes                             |                            |
| DIVALPROEX DR 125 MG CP(SPRNK) |                                 | Yes                        |
| DOVONEX 0.005% CREAM           | Yes                             |                            |
| DUETACT 30-2 MG TABLET         | Yes                             |                            |
| DUETACT 30-4 MG TABLET         | 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                             |                            |
| ELLENCE 2 MG/ML VIAL           | 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                             |                            |
| 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                        |
| 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                             |                            |
| FIORICET-COD 50-300-40-30 CAP  | Yes                             |                            |
| FLAGYL 375 CAPSULE             | Yes                             |                            |
| FLOMAX 0.4 MG CAPSULE          | Yes                             |                            |
| FLUMADINE 100 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                             |                            |

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| LabelName                      | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|--------------------------------|---------------------------------|----------------------------|
| GEODON 80 MG CAPSULE           | Yes                             |                            |
| GLATIRAMER 20 MG/ML SYRINGE    |                                 | Yes                        |
| GLATIRAMER 40 MG/ML SYRINGE    |                                 | Yes                        |
| GLUCOTROL 10 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 25 MG TABLET           | Yes                             |                            |
| IMITREX 4 MG/0.5 ML CARTRIDGES | Yes                             |                            |
| IMITREX 4 MG/0.5 ML PEN INJECT | Yes                             |                            |
| IMITREX 50 MG TABLET           | Yes                             |                            |
| IMITREX 6 MG/0.5 ML CARTRIDGES | Yes                             |                            |
| IMITREX 6 MG/0.5 ML PEN INJECT | 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                             |                            |
| INSPIRA 25 MG TABLET           | Yes                             |                            |
| INSPIRA 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                             |                            |
| 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                              |                            |

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

Effective: December 1, 2021

| LabelName                      | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|--------------------------------|---------------------------------|----------------------------|
| 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                        |
| 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                             |                            |
| 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                             |                            |

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

Effective: December 1, 2021

| LabelName                      | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|--------------------------------|---------------------------------|----------------------------|
| 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                             |                            |
| LOTREL 5-20 MG CAPSULE         | 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                             |                            |
| MACROBID 100 MG CAPSULE        | Yes                             |                            |
| MACRODANTIN 100 MG CAPSULE     | Yes                             |                            |
| MACRODANTIN 50 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                             |                            |
| MESTINON 60 MG TABLET          | Yes                             |                            |
| METROCREAM 0.75% CREAM         | Yes                             |                            |
| METROGEL-VAGINAL 0.75% GEL     | Yes                             |                            |
| METYROSINE 250 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 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                             |                            |

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

Effective: December 1, 2021

| LabelName                      | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|--------------------------------|---------------------------------|----------------------------|
| 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                             |                            |
| NEBIVOLOL 10 MG TABLET         |                                 | Yes (eff 11/1/2021)        |
| NEBIVOLOL 2.5 MG TABLET        |                                 | Yes (eff 11/1/2021)        |
| NEBIVOLOL 20 MG TABLET         |                                 | Yes (eff 11/1/2021)        |
| NEBIVOLOL 5 MG TABLET          |                                 | Yes (eff 11/1/2021)        |
| 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 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                             |                            |
| NORA-BE TABLET                 | No                              |                            |
| NORCO 10-325 TABLET            | Yes                             |                            |
| 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                             |                            |

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

Effective: December 1, 2021

| LabelName                      | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|--------------------------------|---------------------------------|----------------------------|
| 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                             |                            |
| ONFI 10 MG TABLET              | No                              |                            |
| ONFI 2.5 MG/ML SUSPENSION      | No                              |                            |
| ONFI 20 MG TABLET              | No                              |                            |
| ORTHO MICRONOR 0.35 MG TABLET  | No                              |                            |
| OVIDE 0.5% LOTION              | 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 ONCE DAILY 0.2% DROPS  | Yes                             |                            |
| PATADAY TWICE DAILY 0.1% DROPS | Yes                             |                            |
| PATANASE 665 MCG NASAL SPRAY   | 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                             |                            |
| 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                             |                            |
| PERCOCET 7.5-325 MG TABLET     | Yes                             |                            |
| PHENERGAN 25 MG/ML AMPUL       | Yes                             |                            |
| PHENERGAN 50 MG/ML AMPUL       | Yes                             |                            |
| PIMECROLIMUS 1% CREAM          |                                 | Yes                        |
| PLAVIX 75 MG TABLET            | Yes                             |                            |
| POLYTRIM EYE DROPS             | Yes                             |                            |
| PRED FORTE 1% EYE DROPS        | Yes                             |                            |
| PREVACID DR 30 MG CAPSULE      | Yes                             |                            |
| PRIMAXIN 500 MG VIAL           | Yes                             |                            |
| PRINIVIL 20 MG TABLET          | Yes                             |                            |
| PRISTIQ ER 100 MG TABLET       | Yes                             |                            |
| PRISTIQ ER 25 MG TABLET        | Yes                             |                            |
| PRISTIQ ER 50 MG TABLET        | Yes                             |                            |
| PROCARDIA XL 30 MG TABLET      | Yes                             |                            |
| PROCARDIA XL 60 MG TABLET      | Yes                             |                            |

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

Effective: December 1, 2021

| LabelName                     | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|-------------------------------|---------------------------------|----------------------------|
| 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                             |                            |
| 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 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                             |                            |
| 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                             |                            |
| RISPERDAL 0.5 MG TABLET       | Yes                             |                            |
| RISPERDAL 1 MG TABLET         | Yes                             |                            |
| RISPERDAL 1 MG/ML SOLUTION    | Yes                             |                            |

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

Effective: December 1, 2021

| LabelName                      | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|--------------------------------|---------------------------------|----------------------------|
| 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                             |                            |
| 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                             |                            |
| 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                             |                            |
| 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                             |                            |
| STRATTERA 10 MG CAPSULE        | Yes                             |                            |

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

Effective: December 1, 2021

| LabelName                      | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|--------------------------------|---------------------------------|----------------------------|
| 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                             |                            |
| SUMATRIPTAN 20 MG NASAL SPRAY  |                                 | Yes                        |
| SUMATRIPTAN 5 MG NASAL SPRAY   |                                 | Yes                        |
| SYNTHROID 100 MCG TABLET       | No                              |                            |
| 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% 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                             |                            |
| TOBRAMYCIN 300 MG/4 ML AMPULE  |                                 | Yes (eff 11/1/2020)        |
| 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                              |                            |

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

Effective: December 1, 2021

| LabelName                      | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|--------------------------------|---------------------------------|----------------------------|
| 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                             |                            |
| 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                             |                            |
| TRUVADA 100 MG-150 MG TABLET   | Yes                             |                            |
| TRUVADA 133 MG-200 MG TABLET   | Yes                             |                            |
| TRUVADA 167 MG-250 MG TABLET   | Yes                             |                            |
| TRUVADA 200 MG-300 MG TABLET   | Yes                             |                            |
| TYLENOL WITH CODEINE #3 TABLET | Yes                             |                            |
| ULTRACET TABLET                | Yes                             |                            |
| ULTRAM 50 MG TABLET            | 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                              |                            |
| URSO 250 MG TABLET             | Yes                             |                            |
| URSO FORTE 500 MG TABLET       | Yes                             |                            |
| VALTREX 1 GM CAPLET            | Yes                             |                            |

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

Effective: December 1, 2021

| LabelName                      | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|--------------------------------|---------------------------------|----------------------------|
| VALTREX 500 MG CAPLET          | Yes                             |                            |
| VANCOCIN HCL 125 MG CAPSULE    | Yes                             |                            |
| VANCOCIN 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                             |                            |
| VERELAN 120 MG CAP PELLET      | Yes                             |                            |
| VERELAN 180 MG CAP PELLET      | Yes                             |                            |
| VERELAN 240 MG CAP PELLET      | Yes                             |                            |
| VERELAN 360 MG CAP PELLET      | Yes                             |                            |
| VERELAN PM 100 MG CAP PELLET   | Yes                             |                            |
| VERELAN PM 200 MG CAP PELLET   | Yes                             |                            |
| VERELAN PM 300 MG CAP PELLET   | 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                             |                            |
| 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 6 MG CAPSULE          | Yes                             |                            |

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

Effective: December 1, 2021

| LabelName                     | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|-------------------------------|---------------------------------|----------------------------|
| ZARONTIN 250 MG CAPSULE       | No                              |                            |
| ZARONTIN 250 MG/5 ML SOLUTION | No                              |                            |
| ZEMPLAR 1 MCG CAPSULE         | Yes                             |                            |
| ZEMPLAR 2 MCG 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                             |                            |
| 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                             |                            |