

# 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, 2025

| 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                             |                            |
| ACTIVELLA 1 MG-0.5 MG TABLET | 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% OPTH SOL      | Yes                             |                            |
| ADCIRCA 20 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 |
|------------------------------|---------------------------------|----------------------------|
| AGRYLIN 0.5 MG CAPSULE       | Yes                             |                            |
| ALBUTEROL HFA 90 MCG INHALER |                                 | Yes (generic Ventolin)     |
| ALDACTONE 100 MG TABLET      | Yes                             |                            |
| ALDACTONE 25 MG TABLET       | Yes                             |                            |
| ALDACTONE 50 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                             |                            |
| AMITIZA 24 MCG CAPSULE       | Yes                             |                            |
| AMITIZA 8 MCG CAPSULE        | Yes                             |                            |
| AMPHETAMINE ER 12.5 MG ODT   |                                 | Yes                        |
| AMPHETAMINE ER 15.7 MG ODT   |                                 | Yes                        |
| AMPHETAMINE ER 18.8 MG ODT   |                                 | Yes                        |
| AMPHETAMINE ER 3.1 MG ODT    |                                 | Yes                        |
| AMPHETAMINE ER 6.3 MG ODT    |                                 | Yes                        |
| AMPHETAMINE ER 9.4 MG ODT    |                                 | Yes                        |
| AMPYRA ER 10 MG TABLET       | Yes                             |                            |
| ANAFRANIL 25 MG CAPSULE      | Yes                             |                            |
| ANAFRANIL 50 MG CAPSULE      | Yes                             |                            |
| ANAFRANIL 75 MG CAPSULE      | Yes                             |                            |
| APTOM 200 MG TABLET          | Yes                             |                            |
| APTOM 400 MG TABLET          | Yes                             |                            |
| APTOM 600 MG TABLET          | Yes                             |                            |
| APTOM 800 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                             |                            |
| ATACAND 16 MG TABLET         | 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 2 MG/ML VIAL          | Yes                             |                            |
| ATIVAN 20 MG/10 ML VIAL      | Yes                             |                            |
| AUBAGIO 14 MG TABLET         | Yes                             |                            |
| AUBAGIO 7 MG TABLET          | 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                             |                            |
| AZOR 10-20 MG TABLET         | Yes                             |                            |
| AZOR 10-40 MG TABLET         | Yes                             |                            |
| AZOR 5-20 MG TABLET          | Yes                             |                            |
| AZOR 5-40 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 |
|--------------------------------|---------------------------------|----------------------------|
| BACTRIM 400-80 MG TABLET       | Yes                             |                            |
| BACTRIM DS 800-160 MG TABLET   | Yes                             |                            |
| BARACLUDE 0.5 MG TABLET        | Yes                             |                            |
| BARACLUDE 1 MG TABLET          | 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                             |                            |
| BISMUTH-METRO-TETR 140-125-125 |                                 | Yes                        |
| BREYNA 160-4.5 MCG INHALER     |                                 | Yes                        |
| BREYNA 80-4.5 MCG INHALER      |                                 | Yes                        |
| BRIMONIDINE-TIMOLOL 0.2%-0.5%  |                                 | Yes                        |
| BRINZOLAMIDE 1% EYE DROPS      |                                 | 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 20 MCG/HR PATCH  |                                 | Yes                        |
| BUPRENORPHINE 5 MCG/HR PATCH   |                                 | Yes                        |
| BUPRENORPHINE 7.5 MCG/HR PATCH |                                 | 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                        |
| BYSTOLIC 10 MG TABLET          | Yes                             |                            |
| BYSTOLIC 2.5 MG TABLET         | Yes                             |                            |
| BYSTOLIC 20 MG TABLET          | Yes                             |                            |
| BYSTOLIC 5 MG TABLET           | Yes                             |                            |
| CANASA 1,000 MG SUPPOSITORY    | Yes                             |                            |
| CARAFATE 1 GM TABLET           | Yes                             |                            |
| CARBIDOPA-LEVO ER 23.75-95 CAP |                                 | Yes                        |
| CARBIDOPA-LEVO ER 36.25-145 CP |                                 | Yes                        |
| CARBIDOPA-LEVO ER 48.75-195 CP |                                 | Yes                        |
| CARBIDOPA-LEVO ER 61.25-245 CP |                                 | Yes                        |
| CARDURA 1 MG TABLET            | Yes                             |                            |
| CARDURA 2 MG TABLET            | Yes                             |                            |
| CARDURA 4 MG TABLET            | Yes                             |                            |
| CARDURA 8 MG TABLET            | Yes                             |                            |
| CARNITOR 1 GM/10 ML ORAL SOLN  | Yes                             |                            |
| CARNITOR 330 MG TABLET         | Yes                             |                            |
| CASODEX 50 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                             |                            |

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| LabelName                     | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|-------------------------------|---------------------------------|----------------------------|
| 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                             |                            |
| CIPRO 250 MG TABLET           | Yes                             |                            |
| CIPRO 500 MG TABLET           | Yes                             |                            |
| CIPROFLOX-DEXAMETH OTIC SUSP  |                                 | 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                             |                            |
| 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                             |                            |
| CLOZARIL 100 MG TABLET        | No                              |                            |
| CLOZARIL 25 MG TABLET         | No                              |                            |
| COLCHICINE 0.6 MG CAPSULE     |                                 | Yes                        |
| COLCRYS 0.6 MG TABLET         | Yes                             |                            |
| COLESTID 1 GM TABLET          | Yes                             |                            |
| COMBIVIR 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                        |
| CYCLOSPORINE 0.05% EYE EMULS  |                                 | Yes                        |
| CYMBALTA 20 MG CAPSULE        | Yes                             |                            |
| CYMBALTA 30 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 |
|--------------------------------|---------------------------------|----------------------------|
| 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                             |                            |
| DABIGATRAN ETEXILATE 110 MG CP |                                 | Yes                        |
| DABIGATRAN ETEXILATE 150 MG CP |                                 | Yes                        |
| DABIGATRAN ETEXILATE 75 MG CAP |                                 | Yes                        |
| DALIRESP 250 MCG TABLET        | Yes                             |                            |
| DALIRESP 500 MCG TABLET        | Yes                             |                            |
| DANTRium 25 MG CAPSULE         | Yes                             |                            |
| DASATINIB 100 MG TABLET        |                                 | Yes                        |
| DASATINIB 140 MG TABLET        |                                 | Yes                        |
| DASATINIB 20 MG TABLET         |                                 | Yes                        |
| DASATINIB 50 MG TABLET         |                                 | Yes                        |
| DASATINIB 70 MG TABLET         |                                 | Yes                        |
| DASATINIB 80 MG TABLET         |                                 | Yes                        |
| DAYPRO 600 MG CAPLET           | Yes                             |                            |
| DDAVP 0.1 MG TABLET            | Yes                             |                            |
| DDAVP 0.2 MG TABLET            | Yes                             |                            |
| DEFLAZACORT 18 MG TABLET       |                                 | Yes                        |
| DEFLAZACORT 22.75 MG/ML SUSP   |                                 | Yes                        |
| DEFLAZACORT 30 MG TABLET       |                                 | Yes                        |
| DEFLAZACORT 36 MG TABLET       |                                 | Yes                        |
| DEFLAZACORT 6 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                             |                            |
| DEXLANSOPRAZOLE DR 30 MG CAP   |                                 | Yes                        |
| DEXLANSOPRAZOLE DR 60 MG CAP   |                                 | Yes                        |
| DIFLUCAN 40 MG/ML SUSPENSION   | Yes                             |                            |
| DILAUDID 2 MG TABLET           | Yes                             |                            |
| DILAUDID 4 MG TABLET           | Yes                             |                            |
| DILAUDID 8 MG TABLET           | 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                             |                            |
| DIOVAN HCT 80-12.5 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 |
|--------------------------------|---------------------------------|----------------------------|
| DISKETTS 40 MG TABLET DISPR    | Yes                             |                            |
| DIVALPROEX DR 125 MG CAP SPRNK |                                 | Yes                        |
| DOXYLAMINE-PYRIDOXINE 10-10 MG |                                 | Yes                        |
| DRISDOL 1.25 MG (50,000 UNIT)  | Yes                             |                            |
| DUETACT 30-2 MG TABLET         | Yes                             |                            |
| DUETACT 30-4 MG TABLET         | Yes                             |                            |
| EFFEXOR XR 150 MG CAPSULE      | Yes                             |                            |
| EFFEXOR XR 75 MG CAPSULE       | Yes                             |                            |
| EFFIENT 10 MG TABLET           | Yes                             |                            |
| EFFIENT 5 MG TABLET            | Yes                             |                            |
| ELLENCE 200 MG/100 ML VIAL     | Yes                             |                            |
| ELLENCE 50 MG/25 ML VIAL       | Yes                             |                            |
| ELTROMBOPAG 12.5 MG SUSP PKT   |                                 | Yes                        |
| ELTROMBOPAG 12.5 MG TABLET     |                                 | Yes                        |
| ELTROMBOPAG 25 MG SUSP PACKET  |                                 | Yes                        |
| ELTROMBOPAG 25 MG TABLET       |                                 | Yes                        |
| ELTROMBOPAG 50 MG TABLET       |                                 | Yes                        |
| ELTROMBOPAG 75 MG TABLET       |                                 | Yes                        |
| EMEND 80 MG CAPSULE            | Yes                             |                            |
| EMEND TRIPACK                  | Yes                             |                            |
| ENTRESTO 24 MG-26 MG TABLET    | Yes                             |                            |
| ENTRESTO 49 MG-51 MG TABLET    | Yes                             |                            |
| ENTRESTO 97 MG-103 MG TABLET   | Yes                             |                            |
| EPANED 1 MG/ML ORAL SOLUTION   | Yes                             |                            |
| EPIVIR 10 MG/ML ORAL SOLN      | Yes                             |                            |
| EPIVIR 150 MG TABLET           | Yes                             |                            |
| EPIVIR 300 MG TABLET           | Yes                             |                            |
| ESBRIET 267 MG CAPSULE         | Yes                             |                            |
| ESBRIET 267 MG TABLET          | Yes                             |                            |
| ESBRIET 801 MG TABLET          | Yes                             |                            |
| ESOMEPRAZOLE DR 10 MG PACKET   |                                 | Yes                        |
| ESOMEPRAZOLE DR 2.5 MG PACKET  |                                 | Yes                        |
| ESOMEPRAZOLE DR 20 MG PACKET   |                                 | Yes                        |
| ESOMEPRAZOLE DR 40 MG PACKET   |                                 | Yes                        |
| ESOMEPRAZOLE DR 5 MG PACKET    |                                 | Yes                        |
| EVISTA 60 MG TABLET            | Yes                             |                            |
| EVOXAC 30 MG CAPSULE           | Yes                             |                            |
| EXENATIDE 10 MCG DOSE PEN INJ  |                                 | Yes                        |
| EXENATIDE 5 MCG DOSE PEN INJ   |                                 | 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

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| LabelName                      | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|--------------------------------|---------------------------------|----------------------------|
| FEBUXOSTAT 80 MG TABLET        |                                 | Yes                        |
| FELBAMATE 400 MG TABLET        |                                 | Yes                        |
| FELBAMATE 600 MG TABLET        |                                 | Yes                        |
| FELBAMATE 600 MG/5 ML SUSP     |                                 | Yes                        |
| FEMARA 2.5 MG TABLET           | Yes                             |                            |
| FIORICET 50-300-40 MG CAPSULE  | Yes                             |                            |
| FIORICET-COD 50-300-40-30 CAP  | Yes                             |                            |
| FIRAZYR 30 MG/3 ML SYRINGE     | Yes                             |                            |
| FLUTICASONE-SALMETEROL 100-50  |                                 | Yes                        |
| FLUTICASONE-SALMETEROL 115-21  |                                 | Yes                        |
| FLUTICASONE-SALMETEROL 230-21  |                                 | Yes                        |
| FLUTICASONE-SALMETEROL 250-50  |                                 | Yes                        |
| FLUTICASONE-SALMETEROL 45-21   |                                 | Yes                        |
| FLUTICASONE-SALMETEROL 500-50  |                                 | Yes                        |
| FLUTICASONE-VILANTEROL 100-25  |                                 | Yes                        |
| FLUTICASONE-VILANTEROL 200-25  |                                 | 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                             |                            |
| GILENYA 0.5 MG CAPSULE         | Yes                             |                            |
| GLATIRAMER 20 MG/ML SYRINGE    |                                 | Yes                        |
| GLATIRAMER 40 MG/ML SYRINGE    |                                 | Yes                        |
| GLUCOTROL XL 10 MG TABLET      | Yes                             |                            |
| GLUCOTROL XL 5 MG TABLET       | Yes                             |                            |
| GLYCEROL PHENYLBUT 1.1 GRAM/ML |                                 | Yes                        |
| GOLYTELY SOLUTION              | Yes                             |                            |
| HALCION 0.25 MG TABLET         | Yes                             |                            |
| HYDROCODONE ER 100 MG TABLET   |                                 | Yes                        |
| HYDROCODONE ER 120 MG TABLET   |                                 | Yes                        |
| HYDROCODONE ER 20 MG TABLET    |                                 | Yes                        |
| HYDROCODONE ER 30 MG TABLET    |                                 | Yes                        |
| HYDROCODONE ER 40 MG TABLET    |                                 | Yes                        |
| HYDROCODONE ER 60 MG TABLET    |                                 | Yes                        |
| HYDROCODONE ER 80 MG TABLET    |                                 | Yes                        |
| HYZAAR 100-12.5 TABLET         | Yes                             |                            |
| HYZAAR 100-25 TABLET           | Yes                             |                            |
| HYZAAR 50-12.5 TABLET          | Yes                             |                            |
| IDAMYCIN PFS 10 MG/10 ML VIAL  | Yes                             |                            |
| IDAMYCIN PFS 20 MG/20 ML VIAL  | Yes                             |                            |
| IDAMYCIN PFS 5 MG/5 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                             |                            |

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| LabelName                      | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|--------------------------------|---------------------------------|----------------------------|
| 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                             |                            |
| INSPRA 25 MG TABLET            | Yes                             |                            |
| INSULIN DEGLUDEC 100 UNIT/ML   |                                 | Yes                        |
| INSULIN DEGLUDEC PEN (U-100)   |                                 | Yes                        |
| INSULIN DEGLUDEC PEN (U-200)   |                                 | Yes                        |
| INSULIN GLARGINE MAX SOLO U300 |                                 | Yes                        |
| INSULIN GLARGINE SOLOSTAR U300 |                                 | 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 3 MG TABLET          | Yes                             |                            |
| INVEGA ER 6 MG TABLET          | Yes                             |                            |
| INVEGA ER 9 MG TABLET          | 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                              |                            |
| KUVAN 100 MG POWDER PACKET     | Yes                             |                            |
| KUVAN 100 MG TABLET            | Yes                             |                            |
| KUVAN 500 MG POWDER PACKET     | Yes                             |                            |
| 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                             |                            |
| LENALIDOMIDE 10 MG CAPSULE     |                                 | Yes                        |
| LENALIDOMIDE 15 MG CAPSULE     |                                 | Yes                        |
| LENALIDOMIDE 25 MG CAPSULE     |                                 | Yes                        |
| LENALIDOMIDE 5 MG CAPSULE      |                                 | Yes                        |



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

Effective: December 1, 2025

| LabelName                      | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|--------------------------------|---------------------------------|----------------------------|
| 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                             |                            |
| LIALDA DR 1.2 GM TABLET        | Yes                             |                            |
| LIDODERM 5% PATCH              | Yes                             |                            |
| LIPITOR 20 MG TABLET           | Yes                             |                            |
| LIPITOR 40 MG TABLET           | Yes                             |                            |
| LIPITOR 80 MG TABLET           | Yes                             |                            |
| LISDEXAMFETAMINE 10 MG CAPSULE |                                 | Yes                        |
| LISDEXAMFETAMINE 10 MG TB CHEW |                                 | Yes                        |
| LISDEXAMFETAMINE 20 MG CAPSULE |                                 | Yes                        |
| LISDEXAMFETAMINE 20 MG TB CHEW |                                 | Yes                        |
| LISDEXAMFETAMINE 30 MG CAPSULE |                                 | Yes                        |
| LISDEXAMFETAMINE 30 MG TB CHEW |                                 | Yes                        |
| LISDEXAMFETAMINE 40 MG CAPSULE |                                 | Yes                        |
| LISDEXAMFETAMINE 40 MG TB CHEW |                                 | Yes                        |
| LISDEXAMFETAMINE 50 MG CAPSULE |                                 | Yes                        |
| LISDEXAMFETAMINE 50 MG TB CHEW |                                 | Yes                        |
| LISDEXAMFETAMINE 60 MG CAPSULE |                                 | Yes                        |
| LISDEXAMFETAMINE 60 MG TB CHEW |                                 | Yes                        |
| LISDEXAMFETAMINE 70 MG CAPSULE |                                 | Yes                        |
| LITHOBID ER 300 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                             |                            |
| LORZONE 375 MG TABLET          | Yes                             |                            |
| LOTENSIN 10 MG TABLET          | Yes                             |                            |
| LOTENSIN 20 MG TABLET          | Yes                             |                            |
| LOTENSIN 40 MG TABLET          | Yes                             |                            |
| LOTENSIN HCT 10-12.5 MG TABLET | Yes                             |                            |

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

Effective: December 1, 2025

| LabelName                      | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|--------------------------------|---------------------------------|----------------------------|
| 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                             |                            |
| 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                             |                            |
| MACROBID 100 MG CAPSULE        | Yes                             |                            |
| MARINOL 2.5 MG CAPSULE         | Yes                             |                            |
| MAXALT 10 MG TABLET            | Yes                             |                            |
| MAXALT MLT 10 MG TABLET        | Yes                             |                            |
| MAXITROL EYE DROPS             | Yes                             |                            |
| MEDROL 4 MG DOSEPAK            | Yes                             |                            |
| MEDROL 4 MG TABLET             | Yes                             |                            |
| METROCREAM 0.75% CREAM         | Yes                             |                            |
| METYROSINE 250 MG CAPSULE      |                                 | Yes                        |
| MIRABEGRON ER 25 MG TABLET     |                                 | Yes                        |
| MIRABEGRON ER 50 MG TABLET     |                                 | Yes                        |
| MOTEGRITY 1 MG TABLET          | Yes                             |                            |
| MOTEGRITY 2 MG TABLET          | Yes                             |                            |
| MS CONTIN ER 100 MG TABLET     | Yes                             |                            |
| MS CONTIN ER 15 MG TABLET      | Yes                             |                            |
| MS CONTIN ER 30 MG TABLET      | Yes                             |                            |
| MS CONTIN ER 60 MG TABLET      | Yes                             |                            |
| MYDAYIS ER 12.5 MG CAPSULE     | Yes                             |                            |
| MYDAYIS ER 25 MG CAPSULE       | Yes                             |                            |
| MYDAYIS ER 37.5 MG CAPSULE     | Yes                             |                            |
| MYDAYIS ER 50 MG CAPSULE       | Yes                             |                            |
| MYFORTIC 180 MG TABLET         | No                              |                            |
| MYFORTIC 360 MG TABLET         | No                              |                            |
| NAMENDA 5-10 MG TITRATION PK   | Yes                             |                            |
| NAPROSYN 125 MG/5 ML SUSPEN    | 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 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                             |                            |

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

Effective: December 1, 2025

| LabelName                      | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|--------------------------------|---------------------------------|----------------------------|
| NEXIUM DR 40 MG CAPSULE        | Yes                             |                            |
| NILOTINIB 150 MG CAPSULE       |                                 | Yes                        |
| NILOTINIB 200 MG CAPSULE       |                                 | Yes                        |
| NILOTINIB 50 MG CAPSULE        |                                 | Yes                        |
| NITISINONE 10 MG CAPSULE       |                                 | Yes                        |
| NITISINONE 2 MG CAPSULE        |                                 | Yes                        |
| NITISINONE 20 MG CAPSULE       |                                 | Yes                        |
| NITISINONE 5 MG CAPSULE        |                                 | Yes                        |
| NORA-BE TABLET                 | No                              |                            |
| NORPACE 100 MG CAPSULE         | Yes                             |                            |
| NORVASC 10 MG TABLET           | Yes                             |                            |
| NORVASC 2.5 MG TABLET          | Yes                             |                            |
| NORVASC 5 MG TABLET            | Yes                             |                            |
| NORVIR 100 MG TABLET           | 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                              |                            |
| PAMELOR 10 MG CAPSULE          | Yes                             |                            |
| PAMELOR 25 MG CAPSULE          | Yes                             |                            |
| PAMELOR 50 MG CAPSULE          | Yes                             |                            |
| PAMELOR 75 MG CAPSULE          | Yes                             |                            |
| PANTOPRAZOLE DR 40 MG SUSP PKT |                                 | 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                             |                            |
| PERAMPANEL 10 MG TABLET        |                                 | Yes                        |
| PERAMPANEL 12 MG TABLET        |                                 | Yes                        |
| PERAMPANEL 2 MG TABLET         |                                 | Yes                        |
| PERAMPANEL 4 MG TABLET         |                                 | Yes                        |
| PERAMPANEL 6 MG TABLET         |                                 | Yes                        |
| PERAMPANEL 8 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                             |                            |
| PRED FORTE 1% EYE DROPS        | Yes                             |                            |
| PREVACID DR 30 MG CAPSULE      | Yes                             |                            |
| PRIMAXIN 500 MG VIAL           | Yes                             |                            |

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

Effective: December 1, 2025

| LabelName                     | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|-------------------------------|---------------------------------|----------------------------|
| 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                             |                            |
| 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                             |                            |
| QUESTRAN PACKET               | Yes                             |                            |
| QUESTRAN POWDER               | Yes                             |                            |
| RAPAMUNE 1 MG TABLET          | No                              |                            |
| 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                             |                            |
| RENVELA 0.8 GM POWDER PACKET  | Yes                             |                            |
| RENVELA 2.4 GM POWDER PACKET  | Yes                             |                            |
| RENVELA 800 MG TABLET         | Yes                             |                            |
| REVATIO 20 MG TABLET          | Yes                             |                            |
| REYATAZ 200 MG CAPSULE        | Yes                             |                            |
| REYATAZ 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                             |                            |
| RISPERIDONE ER 12.5 MG VIAL   |                                 | Yes                        |
| RISPERIDONE ER 25 MG VIAL     |                                 | Yes                        |

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

Effective: December 1, 2025

| LabelName                     | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|-------------------------------|---------------------------------|----------------------------|
| RISPERIDONE ER 37.5 MG VIAL   |                                 | Yes                        |
| RISPERIDONE ER 50 MG VIAL     |                                 | Yes                        |
| RITALIN 10 MG TABLET          | Yes                             |                            |
| RITALIN 20 MG TABLET          | Yes                             |                            |
| RITALIN 5 MG TABLET           | Yes                             |                            |
| RIVAROXABAN 2.5 MG TABLET     |                                 | Yes                        |
| ROBINUL 1 MG TABLET           | Yes                             |                            |
| ROBINUL FORTE 2 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                             |                            |
| ROZEREM 8 MG TABLET           | Yes                             |                            |
| SANDIMMUNE 100 MG CAPSULE     | No                              |                            |
| SANDIMMUNE 25 MG CAPSULE      | No                              |                            |
| SAPHRIS 10 MG TAB SUBLINGUAL  | Yes                             |                            |
| SAPHRIS 2.5 MG TAB SUBLINGUAL | Yes                             |                            |
| SAPHRIS 5 MG TAB SUBLINGUAL   | Yes                             |                            |
| 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                             |                            |
| 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                             |                            |
| SODIUM OXYBATE 0.5 G/ML SOLN  |                                 | Yes                        |
| SOMA 350 MG TABLET            | Yes                             |                            |
| SPORANOX 100 MG CAPSULE       | 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                             |                            |

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

Effective: December 1, 2025

| LabelName                      | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|--------------------------------|---------------------------------|----------------------------|
| SULAR ER 8.5 MG TABLET         | 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                              |                            |
| TECFIDERA DR 120 MG CAPSULE    | Yes                             |                            |
| TECFIDERA DR 240 MG CAPSULE    | Yes                             |                            |
| TECFIDERA STARTER PACK         | Yes                             |                            |
| TENORMIN 100 MG TABLET         | Yes                             |                            |
| TIOTROPIUM 18 MCG CAP-INHALER  |                                 | Yes                        |
| TOBI 300 MG/5 ML SOLUTION      | Yes                             |                            |
| TOBRAMYCIN 300 MG/4 ML AMPULE  |                                 | Yes                        |
| TOBRAMYCIN PAK 300 MG/5 ML     |                                 | 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% GEL             | Yes                             |                            |
| TOPICORT 0.25% CREAM           | Yes                             |                            |
| TOPIRAMATE ER 100 MG CAPSULE   |                                 | Yes                        |
| TOPIRAMATE ER 100MG SPRINK CAP |                                 | Yes                        |
| TOPIRAMATE ER 150MG SPRINK CAP |                                 | Yes                        |
| TOPIRAMATE ER 200 MG CAPSULE   |                                 | Yes                        |
| TOPIRAMATE ER 200MG SPRINK CAP |                                 | Yes                        |
| TOPIRAMATE ER 25 MG CAPSULE    |                                 | Yes                        |
| TOPIRAMATE ER 25MG SPRINKL CAP |                                 | Yes                        |
| TOPIRAMATE ER 50 MG CAPSULE    |                                 | Yes                        |
| TOPIRAMATE ER 50MG SPRINKL CAP |                                 | 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                             |                            |
| TOVIAZ ER 4 MG TABLET          | Yes                             |                            |
| TOVIAZ ER 8 MG TABLET          | 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                             |                            |

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

Effective: December 1, 2025

| LabelName                      | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|--------------------------------|---------------------------------|----------------------------|
| 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                              |                            |
| 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                             |                            |
| ULORIC 40 MG TABLET            | Yes                             |                            |
| ULORIC 80 MG TABLET            | Yes                             |                            |
| UMECLIDINIUM-VILANTERO 62.5-25 |                                 | 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 FORTE 500 MG TABLET       | Yes                             |                            |
| VALTREX 1 GM CAPLET            | Yes                             |                            |
| VALTREX 500 MG CAPLET          | Yes                             |                            |
| VANCOCIN HCL 125 MG CAPSULE    | Yes                             |                            |
| VANCOCIN HCL 250 MG CAPSULE    | 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                             |                            |
| VIGAMOX 0.5% EYE DROPS         | Yes                             |                            |
| VIIBRYD 10 MG TABLET           | Yes                             |                            |
| VIIBRYD 20 MG TABLET           | Yes                             |                            |
| VIIBRYD 40 MG TABLET           | Yes                             |                            |
| VIREAD 300 MG TABLET           | Yes                             |                            |
| VISTARIL 25 MG CAPSULE         | Yes                             |                            |
| WELCHOL 625 MG TABLET          | Yes                             |                            |
| WELLBUTRIN SR 100 MG TABLET    | Yes                             |                            |
| WELLBUTRIN SR 150 MG TABLET    | Yes                             |                            |
| WELLBUTRIN SR 200 MG TABLET    | Yes                             |                            |
| XANAX 0.25 MG TABLET           | Yes                             |                            |
| XANAX 0.5 MG TABLET            | Yes                             |                            |

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

Effective: December 1, 2025

| LabelName                     | Brand Medically Necessary Drugs | Brand Before Generic Drugs |
|-------------------------------|---------------------------------|----------------------------|
| XANAX 1 MG TABLET             | Yes                             |                            |
| XANAX 2 MG TABLET             | Yes                             |                            |
| XANAX XR 0.5 MG TABLET        | Yes                             |                            |
| XANAX XR 1 MG TABLET          | Yes                             |                            |
| XENAZINE 12.5 MG TABLET       | Yes                             |                            |
| XENAZINE 25 MG TABLET         | Yes                             |                            |
| YASMIN 28 TABLET              | No                              |                            |
| YAZ 28 TABLET                 | No                              |                            |
| ZANAFLEX 2 MG CAPSULE         | Yes                             |                            |
| ZANAFLEX 4 MG CAPSULE         | Yes                             |                            |
| 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                             |                            |
| ZESTORETIC 10-12.5 MG TABLET  | Yes                             |                            |
| ZESTORETIC 20-12.5 MG TABLET  | Yes                             |                            |
| ZESTORETIC 20-25 MG TABLET    | Yes                             |                            |
| ZETIA 10 MG TABLET            | 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                             |                            |
| ZITUVIO 100 MG TABLET         | Yes                             |                            |
| ZITUVIO 25 MG TABLET          | Yes                             |                            |
| ZITUVIO 50 MG TABLET          | Yes                             |                            |
| ZOCOR 10 MG TABLET            | Yes                             |                            |
| ZOCOR 20 MG TABLET            | Yes                             |                            |
| ZOCOR 40 MG TABLET            | Yes                             |                            |
| ZOLOFT 100 MG TABLET          | Yes                             |                            |
| ZOLOFT 20 MG/ML ORAL CONC     | Yes                             |                            |
| ZOLOFT 50 MG TABLET           | Yes                             |                            |
| ZOMIG 2.5 MG TABLET           | Yes                             |                            |
| ZOMIG 5 MG TABLET             | Yes                             |                            |
| ZYPREXA 2.5 MG TABLET         | Yes                             |                            |
| ZYPREXA 20 MG TABLET          | Yes                             |                            |
| ZYPREXA 5 MG TABLET           | Yes                             |                            |