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: August 1, 2024

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 400 MCG LOZENGE	Yes	
ACTOS 15 MG TABLET	Yes	
ACTOS 30 MG TABLET	Yes	
ACTOS 45 MG TABLET	Yes	
ACULAR 0.5% EYE DROPS	Yes	
ACULAR LS 0.4% OPHTH SOL	Yes	

ForwardHealth - Brand Medically Necessary Drugs and Brand Before Generic Drugs

Effective: August 1, 2024

LabelName	Brand Medically Necessary Drugs	Brand Before Generic Drugs
ADCIRCA 20 MG TABLET	Yes	
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	
ALTACE 1.25 MG CAPSULE	Yes	
ALTACE 10 MG CAPSULE	Yes	
ALTACE 2.5 MG CAPSULE	Yes	
ALTACE 5 MG CAPSULE	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	
AMPYRA ER 10 MG TABLET	Yes	
ANAFRANIL 25 MG CAPSULE	Yes	
ANAFRANIL 50 MG CAPSULE	Yes	
ANAFRANIL 75 MG CAPSULE	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 0.5 MG TABLET	Yes	
ATIVAN 1 MG TABLET	Yes	
ATIVAN 2 MG TABLET	Yes	
ATIVAN 2 MG/ML VIAL	Yes	
ATIVAN 20 MG/10 ML VIAL	Yes	
ATRIPLA TABLET	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	
AVAPRO 75 MG TABLET	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	

ForwardHealth - Brand Medically Necessary Drugs and Brand Before Generic Drugs

Effective: August 1, 2024

LabelName	Brand Medically Necessary Drugs	Brand Before Generic Drugs
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	
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 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 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	
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	

ForwardHealth - Brand Medically Necessary Drugs and Brand Before Generic Drugs

Effective: August 1, 2024

LabelName	Brand Medically Necessary Drugs	Brand Before Generic Drugs
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	
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 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	
COLAZAL 750 MG CAPSULE	Yes	
COLCHICINE 0.6 MG CAPSULE		Yes
COLCRYS 0.6 MG TABLET	Yes	
COLESTID 1 GM TABLET	Yes	
COMBIVIR TABLET	Yes	
COREG 25 MG TABLET	Yes	
COREG 6.25 MG TABLET	Yes	
CORGARD 20 MG TABLET	Yes	
CORGARD 40 MG TABLET	Yes	
CORTEF 10 MG TABLET	Yes	

Effective: August 1, 2024

LabelName	Brand Medically Necessary Drugs	Brand Before Generic Drugs
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	
CYCLOSPORINE 0.05% EYE EMULS		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	
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	
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
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
DEXTROAMPH-AMPHET ER 12.5MG CP		Yes
DEXTROAMPH-AMPHET ER 25 MG CAP		Yes
DEXTROAMPH-AMPHET ER 37.5MG CP		Yes
DEXTROAMPH-AMPHET ER 50 MG CAP		Yes

Effective: August 1, 2024

LabelName	Brand Medically Necessary Drugs	Brand Before Generic Drugs
DICLOFENAC 2% SOLUTION PUMP		Yes
DIFLUCAN 10 MG/ML SUSPENSION	Yes	
DIFLUCAN 100 MG TABLET	Yes	
DIFLUCAN 200 MG TABLET	Yes	
DIFLUCAN 40 MG/ML SUSPENSION	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	
DIOVAN 160 MG TABLET	Yes	
DIOVAN 320 MG TABLET	Yes	
DIOVAN 40 MG TABLET	Yes	
DIOVAN 80 MG TABLET	Yes	
DIOVAN HCT 160-12.5 MG TAB	Yes	
DIOVAN HCT 160-25 MG TABLET	Yes	
DIOVAN HCT 320-12.5 MG TAB	Yes	
DIOVAN HCT 320-25 MG TABLET	Yes	
DIOVAN HCT 80-12.5 MG TABLET	Yes	
DISKETS 40 MG TABLET DISPR	Yes	
DIVALPROEX DR 125 MG CAP SPRNK		Yes
DOXYLAMINE-PYRIDOXINE 10-10 MG		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	
ELURYNG VAGINAL RING		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	
EPIVIR HBV 100 MG TABLET	Yes	
ERYGEL 2% GEL	Yes	
ESBRIET 267 MG CAPSULE	Yes	
ESBRIET 267 MG TABLET	Yes	
ESBRIET 801 MG TABLET	Yes	
ESOMEPRAZOLE DR 10 MG PACKET		Yes
ESOMEPRAZOLE DR 20 MG PACKET		Yes
ESOMEPRAZOLE DR 40 MG PACKET		Yes
ETONOGESTREL-EE VAGINAL RING		Yes
EVISTA 60 MG TABLET	Yes	
EVOXAC 30 MG CAPSULE	Yes	
EXFORGE 10-160 MG TABLET	Yes	
EXFORGE 10-320 MG TABLET	Yes	

Effective: August 1, 2024

LabelName	Brand Medically Necessary Drugs	Brand Before Generic Drugs
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	
FEMARA 2.5 MG TABLET	Yes	
FESOTERODINE ER 4 MG TABLET		Yes
FESOTERODINE ER 8 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	
FLAGYL 375 CAPSULE	Yes	
FLOMAX 0.4 MG CAPSULE	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 2.5 MG TABLET	Yes	
GLUCOTROL XL 5 MG TABLET	Yes	
GLYCOPYRROLATE 1 MG/5 ML SOLN		Yes
GLYNASE 6 MG PRESTAB	Yes	
GOLYTELY SOLUTION	Yes	
HALCION 0.25 MG TABLET	Yes	
HALOETTE VAGINAL RING		Yes
HYDREA 500 MG CAPSULE	Yes	
HYDROCODONE ER 100 MG TABLET		Yes

Effective: August 1, 2024

LabelName	Brand Medically Necessary Drugs	Brand Before Generic Drugs
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	
ICOSAPENT ETHYL 1 GRAM CAPSULE		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	
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	
INSPRA 50 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	
ISORDIL TITRADOSE 5 MG TAB	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	

Effective: August 1, 2024

LabelName	Brand Medically Necessary Drugs	Brand Before Generic Drugs
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	
LANSOPRAZOLE DR 15 MG ODT		Yes
LANSOPRAZOLE DR 30 MG ODT		Yes
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
LENALIDOMIDE 10 MG CAPSULE		Yes
LENALIDOMIDE 15 MG CAPSULE		Yes
LENALIDOMIDE 25 MG CAPSULE		Yes
LENALIDOMIDE 5 MG CAPSULE		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	
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

Effective: August 1, 2024

LabelName	Brand Medically Necessary Drugs	Brand Before Generic Drugs
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	
LOCOID 0.1% LIPOCREAM	Yes	
LODOSYN 25 MG TABLET	Yes	
LOESTRIN 21 1.5-30 TABLET	No	
LOESTRIN FE 1.5-30 TABLET	No	
LOESTRIN FE 1-20 TABLET	No	
LOMOTIL 2.5-0.025 MG TABLET	Yes	
LOPID 600 MG TABLET	Yes	
LOPRESSOR 100 MG TABLET	Yes	
LOPRESSOR 50 MG TABLET	Yes	
LOPROX 0.77% CREAM	Yes	
LOPROX 0.77% TOPICAL SUSP	Yes	
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	
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	
MESTINON 60 MG TABLET	Yes	

Effective: August 1, 2024

LabelName	Brand Medically Necessary Drugs	Brand Before Generic Drugs
METHYLPHENIDATE 10 MG/9HR PTCH		Yes
METHYLPHENIDATE 15 MG/9HR PTCH		Yes
METHYLPHENIDATE 20 MG/9HR PTCH		Yes
METHYLPHENIDATE 30 MG/9HR PTCH		Yes
METYROSINE 250 MG CAPSULE		Yes
MINIPRESS 2 MG CAPSULE	Yes	
MINIPRESS 5 MG CAPSULE	Yes	
MIRABEGRON ER 25 MG TABLET		Yes
MIRABEGRON ER 50 MG TABLET		Yes
MIRAPEX ER 0.375 MG TABLET	Yes	
MIRAPEX ER 0.75 MG TABLET	Yes	
MIRAPEX ER 2.25 MG TABLET	Yes	
MIRAPEX ER 3 MG TABLET	Yes	
MIRAPEX ER 3.75 MG TABLET	Yes	
MIRCETTE 28 DAY TABLET	No	
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 5-10 MG TITRATION PK	Yes	
NAMENDA XR 14 MG CAPSULE	Yes	
NAMENDA XR 21 MG CAPSULE	Yes	
NAMENDA XR 28 MG CAPSULE	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	
NEXIUM DR 40 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	
NOXAFIL DR 100 MG TABLET	Yes	
NUVIGIL 150 MG TABLET	Yes	

Effective: August 1, 2024

LabelName	Brand Medically Necessary Drugs	Brand Before Generic Drugs
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	
ORLISTAT 120 MG CAPSULE		Yes
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	
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	
PRED FORTE 1% EYE DROPS	Yes	
PREVACID DR 30 MG CAPSULE	Yes	
PRIMAXIN 500 MG VIAL	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	
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	

Effective: August 1, 2024

LabelName	Brand Medically Necessary Drugs	Brand Before Generic Drugs
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	
REGLAN 10 MG TABLET	Yes	
REGLAN 5 MG TABLET	Yes	
RELPAX 20 MG TABLET	Yes	
RELPAX 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	
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
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	
ROBINUL 1 MG TABLET	Yes	
ROBINUL FORTE 2 MG TABLET	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	

Effective: August 1, 2024

LabelName	Brand Medically Necessary Drugs	Brand Before Generic Drugs
RYTHMOL SR 225 MG CAPSULE	Yes	
RYTHMOL SR 325 MG CAPSULE	Yes	
RYTHMOL SR 425 MG CAPSULE	Yes	
SANDIMMUNE 100 MG CAPSULE	No	
SANDIMMUNE 25 MG CAPSULE	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	
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	
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	
TACLONEX OINTMENT	Yes	
TASIMELTEON 20 MG CAPSULE		Yes

Effective: August 1, 2024

LabelName	Brand Medically Necessary Drugs	Brand Before Generic Drugs
TECFIDERA DR 120 MG CAPSULE	Yes	
TECFIDERA DR 240 MG CAPSULE	Yes	
TECFIDERA STARTER PACK	Yes	
TENORETIC 100 TABLET	Yes	
TENORETIC 50 TABLET	Yes	
TENORMIN 100 MG TABLET	Yes	
TENORMIN 25 MG TABLET	Yes	
TENORMIN 50 MG TABLET	Yes	
TERIPARATIDE 600 MCG/2.4ML PEN		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	
TIMOPTIC 0.25% EYE DROP	Yes	
TIMOPTIC 0.5% EYE DROP	Yes	
TIMOPTIC-XE 0.25% EYE GEL-SOLN	Yes	
TIMOPTIC-XE 0.5% GEL-SOLUTION	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 150 MG CAPSULE		Yes
TOPIRAMATE ER 200 MG CAPSULE		Yes
TOPIRAMATE ER 25 MG CAPSULE		Yes
TOPIRAMATE ER 50 MG CAPSULE		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	
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	

Effective: August 1, 2024

LabelName	Brand Medically Necessary Drugs	Brand Before Generic Drugs
TRILEPTAL 600 MG TABLET	No	
TRILIPIX DR 135 MG CAPSULE	Yes	
TRILIPIX DR 45 MG CAPSULE	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	
ULORIC 40 MG TABLET	Yes	
ULORIC 80 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	
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 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	
VIGAMOX 0.5% EYE DROPS	Yes	
VILAZODONE HCL 10 MG TABLET		Yes
VILAZODONE HCL 20 MG TABLET		Yes
VILAZODONE HCL 40 MG TABLET		Yes
VIREAD 300 MG TABLET	Yes	
VISTARIL 25 MG CAPSULE	Yes	
WELLBUTRIN SR 100 MG TABLET	Yes	

Effective: August 1, 2024

LabelName	Brand Medically Necessary Drugs	Brand Before Generic Drugs
WELLBUTRIN SR 150 MG TABLET	Yes	
WELLBUTRIN SR 200 MG TABLET	Yes	
WELLBUTRIN XL 150 MG TABLET	Yes	
WELLBUTRIN XL 300 MG TABLET	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	
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	
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	
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	

ForwardHealth - Brand Medically Necessary Drugs and Brand Before Generic Drugs

Effective: August 1, 2024

LabelName	Brand Medically Necessary Drugs	Brand Before Generic Drugs
ZOCOR 40 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	
ZOVIRAX 5% OINTMENT	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	