

# MEDICATION LISTS BY CARRIER

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## FOR TERM PRODUCTS:

### FORESTERS STRONG FOUNDATION

This list is not meant to be exhaustive but lists more commonly seen medications.

Medications	Used For	Life - (Non-medical)
Abilify	Anti-psychotic	Decline
Antabuse	Alcoholism	Decline
Aripiprazole	Anti-psychotic	Decline
Campral	Substance Abuse	Decline
Chlorpromazine	Anti-psychotic	Decline
Clozapine	Anti-psychotic	Decline
Clozaril	Anti-psychotic	Decline
Coumadin	Blood thinner	Decline
Digoxin	Heart Failure, Arrhythmias	Decline
Dopamine	Shock/Heart Attack	Decline
Eskalith	Bi-polar Disorder	Decline
Furosemide	Heart/Liver/Kidney Disorder	Decline
Geodon	Anti-psychotic	Decline
Haldol	Anti-psychotic	Decline
Haloperidol	Anti-psychotic	Decline
Halperidone	Anti-psychotic	Decline
Invega	Anti-psychotic	Decline
Isosorbide	Angina	Decline
Lanoxin	Heart Failure, Arrhythmias	Decline
Lasix	Heart/Liver/Kidney Disorder	Decline
Lithane	Bi-polar Disorder	Decline
Lithium	Bi-polar Disorder	Decline
Lithobid	Bi-polar Disorder	Decline
Morphine	Moderate/Severe Pain	Decline
Nitro-Dur	Angina/Chest pain	Decline
Nitroquick	Angina/Chest pain	Decline
Nitrostat	Angina/Chest pain	Decline
Olanzapine	Anti-psychotic	Decline
Paliperidone	Anti-psychotic	Decline
Perphenazine	Anti-psychotic	Decline
Plavix	Blood thinner	Decline
Quetiapine	Anti-psychotic	Decline
Ranexa	Angina	Decline
Ribavirin	Hepatitis C	Decline
Risperdal	Anti-psychotic	Decline
Risperidone	Anti-psychotic	Decline
Seroquel	Anti-psychotic	Decline
Symbyax	Anti-psychotic	Decline
Thorazine	Anti-psychotic	Decline
Trilafon	Anti-psychotic	Decline
Ziprasodone	Anti-psychotic	Decline
Zyprexa	Anti-psychotic	Decline



## Medication Guidelines

The following list is provided to help you determine whether a client may be eligible for SafeShield® coverage. This list is not all-inclusive and is subject to change as new drugs become available and existing drugs are used for additional conditions.

Medication	Medical Condition
Abilify	Major Depression likely
Amantadine HCL	Parkinson's
Ambisome	HIV Treatment likely
Anastrozole	Cancer
Antabuse	Alcoholism
Aptivus	HIV Treatment likely
Aranesp	Kidney Disease
Aricept	Alzheimer's/Dementia
Arimidex	Cancer
Aromasin	Cancer
Atamet	Parkinson's
Atgam	Organ/Tissue Transplant likely
Atripla	HIV Treatment likely
Avonex	Multiple Sclerosis
Belbuca	Drug Abuse
Betaseron	Multiple Sclerosis
BiDil	Congestive Heart Failure likely
Buprenex	Drug Abuse
Calcijex	Kidney Disease
Calcitriol	Kidney Disease
Calcium Acetate	Kidney Disease
Campath	Cancer
Campral	Substance Abuse
Carbidopa	Parkinson's
Carnitor	Kidney Disease / CHF / Cardiomyopathy
Casodex	Cancer
Chlorpromazine	Schizophrenia likely
Clopidogrel	Stroke, TIA or CAD
Clozapine	Schizophrenia
Clozaril	Schizophrenia
Cognex	Alzheimer's/Dementia
Combivir	HIV treatment likely
Copaxone	Multiple Sclerosis
Crofelemer	HIV treatment likely
Cyclosporine	Organ Transplant



Medication	Medical Condition
Cystagon	Kidney Disease
Cytogam	Organ Transplant
Daliresp	COPD
Digoxin	Congestive Heart Failure likely
Disulfiram	Alcoholism
Donepezil	Alzheimer's/Dementia
Dornase Alpha	Cystic Fibrosis
Emend	Cancer
Emsam	Major Depression likely
Emtriva	HIV treatment likely
Epivir	HIV treatment likely
Epzicom	HIV
Evzio	Alcohol or Drug Abuse
Exelon	Alzheimer's / Dementia
Fentanyl	Severe chronic pain
Femara	Cancer
Filgrastim	Cancer likely
Flutamide	Cancer
Foscavir	HIV treatment likely
Fosrenol	Kidney Disease
Fulyzaq	HIV treatment likely
Galantamine	Alzheimer's/Dementia
Ganciclovir	HIV Treatment likely / Organ Transplant
Gengraf	Organ Transplant
Geoden	Schizophrenia likely
Haldol	Schizophrenia likely
Haloperidol	Schizophrenia likely
Halperidone	Schizophrenia likely
Harvoni	Hepatitis C
Hectorol	Kidney Disease
Hydrea	Cancer
Hydromorphone	Severe chronic pain
Hydroxyurea	Cancer
Insulin prior to age 50	Diabetes
Interferon	Hepatitis likely
Intron-A	Cancer or Hepatitis C
Invega	Schizophrenia likely
Invirase	HIV treatment likely
Isosorbide	Heart Disease
Lamivudine-Zidovudine	HIV treatment likely



Medication	Medical Condition
Lanoxin	Congestive Heart Failure possible / Arrhythmia
Larodopa	Parkinson's
Latuda	Bipolar / Schizophrenia likely
Levodopa	Parkinson's
Lexiva	HIV treatment likely
Lupron	Cancer
Megestrol	Cancer or HIV
Memantine	Alzheimer's / Dementia
Mercaptopurine	Cancer
Methadone	Severe chronic pain
Namenda	Alzheimer's / Dementia
Narcan	Alcohol / Drugs
Naloxone	Alcohol / Drugs
Naltrexone	Alcohol / Drugs
Navane	Schizophrenia likely
Neupogen	Cancer likely
Nintedanib	Pulmonary Fibrosis likely
Nitrostat	Angina / Cardiac Chest Pain
Nitro	Angina / Cardiac Chest Pain
Nitroglycerin	Angina / Cardiac Chest Pain
Norvir	HIV treatment likely
Ofev	Pulmonary Fibrosis likely
OxyContin	Severe chronic pain
Oxymorphone	Severe chronic pain
PegIntron	Hepatitis / Melanoma
Peginterferon	Hepatitis / Melanoma
Perphenazine	Schizophrenia likely
PrismaSol	Kidney Disease
Prograf	Organ Transplant
Pulmozyme	Cystic Fibrosis
Quetiapine	Schizophrenia possible
Rapamune	Organ Transplant
Razadyne	Alzheimer's / Dementia
Rebif	Multiple Sclerosis
Reminyl	Alzheimer's/Dementia
Renagel	Kidney Disease
Renvela	Kidney Disease
Retrovir	HIV treatment likely
Ribapak	Liver disease



Medication	Medical Condition
Ribasphere	Liver Disease
Ribavirin	Hepatitis C
Riluzole	ALS likely
Rilutek	ALS likely
Risperdal	Schizophrenia likely
Risperidone	Schizophrenia likely
Roferon-A	Cancer or Hepatitis C
Sensipar	Kidney Disease/Failure
Seroquel	Schizophrenia likely
Sofosbuvir	Chronic Hepatitis
Sovaldi	Chronic Hepatitis
Spiriva	COPD likely
Stalevo	Parkinson's likely
Stelazine	Schizophrenia likely
Stribild	HIV
Suboxone	Substance abuse possible
Subutex	Substance abuse possible
Sustiva	HIV treatment likely
Tamoxifen	Cancer
Targretin	Cancer
Thiothixene	Schizophrenia likely
Tivicay	HIV
Trilafon	Schizophrenia likely
Trizivir	HIV treatment likely
Viracept	HIV treatment likely / Hepatitis
Viramune	HIV treatment likely / Hepatitis
Viread	HIV treatment likely / Hepatitis
Zemplar	Kidney Disease / Failure
Zidovudine	HIV
Zyprexa	Psychotic Disorder likely
Zytiga	Cancer



## > Life Express Products

### PRESCRIPTION DRUG EXCLUSIONS – BROKERAGE

#### TERM LIFE EXPRESS (TLE), GUARANTEED UNIVERSAL LIFE EXPRESS (GULE)

Proposed insureds currently taking any of the following medications are not eligible for TLE or GULE coverage. This is not an all-inclusive drug list. Additional medications or combinations of medications may be added to this list at the discretion of United of Omaha at any time.

Abacavir	Combivir	Geodon	Nabi-Hb	Spiriva
Abilify	Copaxone	Haldol	Naloxone Hcl	Stalevo
Adcirca	Crixivan	Haloperidol	Naltrexone Hcl	Stribild
Aggrenox	Cyclosporine	Hepsera	Namenda	Suboxone
Alkeran	Cytoxan	Humira	Neupogen	Sustiva
Amiodarone	Digitek	Hydrea	Panretin	Symbyax
Ampyra	Digoxin	Hydroxyurea	Pegasys	Tamoxifen
Antabuse	Dobutamine Hcl	Infergen	Peg-Intron	Targretin
Aricept	Donepezil	Invega	Perphenazine	Teslac
Arimidex	Droxia	Invirase	Pradaxa	Truvada
Atripla	Eligard	Kalydeco	Prograf	Tysabri
Avonex	Eliquis	Lanoxin	Ranexa	Viracept
Azilect	Eminase	Latuda	Razadyne	Viramune
Baraclude	Enbrel	Leucovorin Calcium	Rebif	Viread
Betaseron	Epivir Hbv	Lexiva	Retrovir	Xarelto
Calcium Acetate	Ergoloid Mesylates	Limbitrol	Revia	Xeljanz
Campath	Exelon	Lithium	Revlimid	Zenapax
Campral	Femara	Megestrol Acetate	Ribavirin	Zerit
Caprelsa	Floxuridine	(Megace)	Risperdal	Ziagen
Carbidopa/Levodopa	Fluorouracil	Methadone	Rituxan	Zidovudine
Casodex	Galantamine	Methotrexate	Sandimmune	Zoladex
Cellcept	Hydrobromide	Mitomycin	Saphris	Zyprexa
Chlorpromazine Hcl	Gammagard	Morphine Sulfate	Seroquel	
Clozapine	Gamunex	Mycophenolate Mofetil	Serzone	
Cognex	Gengraf	Myfortic	Sinemet	

#### ADDITIONAL INFORMATION REQUIRED

**If the proposed insured currently takes any of the following medications listed below, please include the reason(s) for the medication(s) on the application.** If this information is not included with the application, it will be obtained during the underwriting process in a pharmaceutical report, MIB reporting or, if needed, phone interview to help determine eligibility for coverage.

Carvedilol	Coreg	Enoxaparin Sodium	Plavix
Clopidogrel	Coumadin	Lovenox	Warfarin



**THE CHART BELOW APPLIES TO THE FOLLOWING PRODUCTS:**

Easy Term, Home Protector, OBA Team, Survivor Protector, Term Made Simple, Capital Legacy, & Express UL.

<b>PRESCRIPTION REFERENCE GUIDE</b>			
Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.			
If a timeframe appears in the " <b>RX FILL WITHIN</b> " column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If "N/A" appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.			
<b>MEDICATION</b>	<b>COMMON USE OF CONCERN</b>	<b>RX FILL WITHIN</b>	<b>PLAN ELIGIBILITY</b>
Abilify	Bi-Polar / Schizophrenia	N/A	Decline
Accupril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Accuretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Acebutolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Aceon	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Actoplus	Diabetes	N/A	See "#" Below
Actos	Diabetes	N/A	See "#" Below
Advair	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Aggrenox	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Albuterol	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Aldactazide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Aldactone	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Allopurinol	Gout	N/A	See Impairment Guide
Altace	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Amantadine HCL	Parkinson's	N/A	Decline
Amaryl	Diabetes	N/A	See "#" Below
Ambisome	AIDS	N/A	Decline
Amiloride HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Amlodipine Besylate/ Benaz	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Amyl Nitrate	Angina / CHF	N/A	Decline
Antabuse	Alcohol / Drugs	4 years	Decline
Apokyn	Parkinson's	N/A	Decline
Apresoline	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Aptivus	AIDS	N/A	Decline
* <b>High Blood Pressure</b> - If controlled with 2 or less medications, client could qualify for the plan. If controlled with 3 or more medications, the client will not be eligible for coverage.			
# <b>Diabetes</b> - If diagnosed, treated or taken medication for prior to age 35, client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in urine; client is not eligible for coverage.			





## PRESCRIPTION REFERENCE GUIDE (continued)

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Aranesp	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Arimidex	Cancer	8 years > 8 years	Decline Standard
Atacand	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Atamet	Parkinson's	N/A	Decline
Atenolol	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Atgam	Organ / Tissue Transplant	N/A	Decline
Atripla	AIDS	N/A	Decline
Atrovent/Atrovent HFA Atrovent (Nasal)	Allergies	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Avalide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Avandia	Diabetes	N/A	See "#" Below
Avapro	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Avonex	Multiple Sclerosis	N/A	Decline
Azasan	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Azathioprine	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Azilect	Parkinson's	N/A	Decline
Azmacort	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Azor	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Baclofen	Multiple Sclerosis	N/A	Decline
Baraclude	Liver Disorder / Hepatitis	N/A	Decline
	Liver Failure	N/A	Decline
Benazepril HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline



## PRESCRIPTION REFERENCE GUIDE (continued)

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Benicar	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Benlysta	Systemic Lupus (SLE)	N/A	Decline
Benztropine Mesylate	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Betapace	Heart Arrhythmia	N/A	Decline
	CHF	N/A	Decline
Betaseron	Multiple Sclerosis	N/A	Decline
Betaxolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
BiDil	CHF	N/A	Decline
Bisoprolol Fumarate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Bromocriptine Mesylate	Parkinson's	N/A	Decline
Bumetadine	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Bumex	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Buprenex	Alcohol / Drugs	4 years	Decline
Bystolic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Calan	High Blood Pressure (HTN)	N/A	See "*" Below
Calcium Acetate	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Campath	Cancer	8 years > 8 years	Decline Standard
Campral	Alcohol / Drugs	4 years	Decline
Capoten	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Capozide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Captopril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Carbamazepine	Seizures	N/A	See Impairment Guide
Carbatrol	Seizures	N/A	See Impairment Guide
Carbidopa	Parkinson's	N/A	Decline



## PRESCRIPTION REFERENCE GUIDE (continued)

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Cardizem	High Blood Pressure (HTN)	N/A	See "*" Below
Cardura	High Blood Pressure (HTN)	N/A	See "*" Below
Cartia	High Blood Pressure (HTN)	N/A	See "*" Below
Carvedilol	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Casodex	Cancer	8 years > 8 years	Decline Standard
Catapress	High Blood Pressure (HTN)	N/A	See "*" Below
Cellcept	Organ / Tissue Transplant	N/A	Decline
Chlorpromazine	Schizophrenia	N/A	Decline
Clopidogrel	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Cogentin	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Combivent	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Combivir	AIDS	N/A	Decline
Complera	AIDS	N/A	Decline
Copaxone	Multiple Sclerosis	N/A	Decline
Copegus	Liver Disorder / Hepatitis / Chronic Hepatitis	N/A	Decline
Cardarone	Irregular Heart Beat	N/A	Decline
Coreg	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Corgard	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Corzide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Coumadin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Cozaar	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Creon	Chronic Pancreatitis	N/A	Decline
Cyclosporine	Organ / Tissue Transplant	N/A	Decline
Cytosan	Cancer	8 years > 8 years	Decline Standard
Daliresp	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Demadex	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline



## PRESCRIPTION REFERENCE GUIDE (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the “**RX FILL WITHIN**” column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If “N/A” appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Depacon	Seizures	N/A	See Impairment Guide
Depade	Alcohol / Drugs	4 years	Decline
Depakene	Seizures	N/A	See Impairment Guide
Depakote	Seizures	N/A	See Impairment Guide
Diabeta	Diabetes	N/A	See “#” Below
Diabinese	Diabetes	N/A	See “#” Below
Digitek	Irregular Heart Beat	N/A	Decline
	CHF	N/A	Decline
Digoxin	Irregular Heart Beat	N/A	Decline
	CHF	N/A	Decline
Dilacor	High Blood Pressure (HTN)	N/A	See “*” Below
Dilantin	Seizures	N/A	See Impairment Guide
Dilatrate SR	Angina / CHF	N/A	Decline
Dilor	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Diovan	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Disulfiram	Alcohol / Drugs	4 years	Decline
Dolophine	Opioid Dependence	4 years	Decline
Donepezil HCL	Alzheimer's / Dementia	N/A	Decline
Duoneb	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Dyazide	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Dynacirc	High Blood Pressure (HTN)	N/A	See “*” Below
Dyrenium	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Edecrin	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Edurant	AIDS	N/A	Decline
Eldepryl	Parkinson's	N/A	Decline
Emtriva	AIDS	N/A	Decline
Enalapril Maleate	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Enalaprilat	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Epitol	Seizures	N/A	See Impairment Guide
Epivir	AIDS	N/A	Decline



## PRESCRIPTION REFERENCE GUIDE (continued)

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Eplerenone	CHF	N/A	Decline
Eskalith	Bi-Polar / Schizophrenia	N/A	Decline
Esmolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Exforge	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Felodipine	High Blood Pressure (HTN)	N/A	See "*" Below
Femara	Cancer	8 years > 8 years	Decline Standard
Foscavir	AIDS	N/A	Decline
Fosinopril Sodium	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Fosrenol	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Furosemide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Gabapentin	Seizures	N/A	See Impairment Guide
	Restless Leg Syndrome	N/A	Standard
Gleevec	Cancer	8 years > 8 years	Decline Standard
Glipizide	Diabetes	N/A	See "#" Below
Glucophage	Diabetes	N/A	See "#" Below
Glucotrol	Diabetes	N/A	See "#" Below
Glyburide	Diabetes	N/A	See "#" Below
Glynase	Diabetes	N/A	See "#" Below
Haldol	Schizophrenia	N/A	Decline
Haloperidol	Schizophrenia	N/A	Decline
HCTZ/Triamterene	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Hectoral	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Heparin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
Hepsera	Liver Disorder / Hepatitis	N/A	Decline
Hizentra	Immunodeficiency	N/A	Decline
Humalog	Diabetes	N/A	Decline
Humulin	Diabetes	N/A	Decline



## PRESCRIPTION REFERENCE GUIDE (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the “RX FILL WITHIN” column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If “N/A” appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Hydralazine HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Hydroxychloroquine	Systemic Lupus (SLE)	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
Hydroxyurea	Cancer	8 years > 8 years	Decline Standard
Hytrin	High Blood Pressure (HTN)	N/A	See "*" Below
Hyzaar	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Imdur	Angina / CHF	N/A	Decline
Imuran	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Inamrinone	CHF	N/A	Decline
Inderal	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Inderide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Inspra	CHF	N/A	Decline
Insulin	Diabetes	N/A	Decline
Intron-A	Cancer	8 years > 8 years	Decline Standard
	Hepatitis C	N/A	Decline
Invirase	AIDS	N/A	Decline
Ipratropium Bromide	Allergies	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Isoptin	High Blood Pressure (HTN)	N/A	See "*" Below
Isordil	Angina / CHF	N/A	Decline
Isosorbide Dinitrate/ Mononitrate	Angina / CHF	N/A	Decline
Janumet	Diabetes	N/A	See "#" Below
Januvia	Diabetes	N/A	See "#" Below
Kaletra	AIDS	N/A	Decline
Kemadrin	Parkinson's	N/A	Decline
Kerlone	High Blood Pressure (HTN)	N/A	See "*" Below
	Glaucoma	N/A	Standard
Labetalol	High Blood Pressure (HTN)	N/A	See "*" Below
	Angina	N/A	Decline



## PRESCRIPTION REFERENCE GUIDE (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the "RX FILL WITHIN" column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If "N/A" appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Lamictal	Seizures	N/A	See Impairment Guide
	Bi-polar / Major depression	N/A	Decline
Lamotrigine	Seizures	N/A	See Impairment Guide
	Bi-polar / Major depression	N/A	Decline
Lanoxicaps	Irregular Heart Beat	N/A	Decline
	CHF	N/A	Decline
Lanoxin	Irregular Heart Beat	N/A	Decline
	CHF	N/A	Decline
Lantus	Diabetes	N/A	Decline
Larodopa	Parkinson's	N/A	Decline
Lasix	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Leukeran	Cancer	8 years > 8 years	Decline Standard
Levadol	High Blood Pressure (HTN)	N/A	See "*" Below
	Angina	N/A	Decline
Levemir	Diabetes	N/A	Decline
Levodopa	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Levodopa	Parkinson's	N/A	Decline
Lexiva	AIDS	N/A	Decline
Lipitor	Cholesterol	N/A	Standard
Lisinopril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Lithium	Bi-Polar / Schizophrenia	N/A	Decline
Lodosyn	Parkinson's	N/A	Decline
Lopressor	High Blood Pressure (HTN)	N/A	See "*" Below
Losartan	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Lotensin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Loxapine	Schizophrenia	N/A	Decline
Loxitane	Schizophrenia	N/A	Decline
Lozol	High Blood Pressure (HTN)	N/A	See "*" Below
Lupron	Cancer	8 years > 8 years	Decline Standard
Lyrica	Seizures	N/A	See Impairment Guide



## PRESCRIPTION REFERENCE GUIDE (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the “RX FILL WITHIN” column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If “N/A” appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Mavik	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Maxzide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Mellaril	Schizophrenia	N/A	Decline
Metformin	Diabetes	N/A	See "#" Below
Methadone	Opioid Dependence	4 years	Decline
Methadose	Opioid Dependence	4 years	Decline
Methotrexate	Cancer	8 years > 8 years	Decline Standard
	Rheumatoid Arthritis	N/A	Decline
Metoprolol HCTZ	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Metoprolol Tartrate/ Succinate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Micardis	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Micronase	Diabetes	N/A	See "#" Below
Milrinone	CHF / Cardiomyopathy	N/A	Decline
Minipress	High Blood Pressure (HTN)	N/A	See "*" Below
Minitran	Angina / CHF	N/A	Decline
Mirapex	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Moban	Schizophrenia	N/A	Decline
Moduretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Moexipril HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Monoket	Angina / CHF	N/A	Decline
Monopril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Mysoline	Seizures	N/A	See Impairment Guide
Nadolol	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Naloxone	Alcohol / Drugs	4 years	Decline
Naltrexone	Alcohol / Drugs	4 years	Decline
Narcan	Alcohol / Drugs	4 years	Decline
Natrecor	CHF	N/A	Decline





## PRESCRIPTION REFERENCE GUIDE (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the “RX FILL WITHIN” column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If “N/A” appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Navane	Schizophrenia	N/A	Decline
Neurontin	Seizures	N/A	See Impairment Guide
Nifedipine	High Blood Pressure (HTN)	N/A	See "*" Below
Nimodipine	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Nimotop	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Nitrek	Angina / CHF	N/A	Decline
Nitro-bid	Angina / CHF	N/A	Decline
Nitro-dur	Angina / CHF	N/A	Decline
Nitroglycerine/ Nitrotab/ Nitroquick/Nitrostat	Angina / CHF	N/A	Decline
Nitrol	Angina / CHF	N/A	Decline
Normodyne	High Blood Pressure (HTN)	N/A	See "*" Below
Norpace	Irregular Heart Beat	N/A	Decline
Norvir	AIDS	N/A	Decline
Novolin	Diabetes	N/A	Decline
Novolog	Diabetes	N/A	Decline
Pacerone	Irregular Heart Beat	N/A	Decline
Pancrease	Chronic Pancreatitis	N/A	Decline
Parcopa	Parkinson's	N/A	Decline
Parlodel	Parkinson's	N/A	Decline
Pegasys	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Peg-Intron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Pentam 300	AIDS	N/A	Decline
Pentamidine Isethionate	AIDS	N/A	Decline
Pergolide Mesylate	Parkinson's	N/A	Decline
Permax	Parkinson's	N/A	Decline
Phenobarbital	Seizures	N/A	See Impairment Guide
Phoslo	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Plaquenil	Systemic Lupus (SLE)	N/A	Decline
	Malaria	N/A	Standard
	Rheumatoid Arthritis	N/A	Decline
Plavix	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline



## PRESCRIPTION REFERENCE GUIDE (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the "RX FILL WITHIN" column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If "N/A" appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Plendil	High Blood Pressure (HTN)	N/A	See "*" Below
Prandin	Diabetes	N/A	See "#" Below
Prazosin	High Blood Pressure (HTN)	N/A	See "*" Below
Primacor	CHF	N/A	Decline
Prinivil	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Prinzide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Procardia	High Blood Pressure (HTN)	N/A	See "*" Below
Prograf	Organ / Tissue Transplant	N/A	Decline
Proleukin	Cancer	8 years > 8 years	Decline Standard
Prolixin	Schizophrenia	N/A	Decline
Propranolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Proventil	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Prozac	Depressive Disorder	N/A	Standard
Quinapril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Quinaretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Ramipril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Ranexa	Angina / CHF	N/A	Decline
Rapamune	Organ / Tissue Transplant	N/A	Decline
Rebetol	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Rebetron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Rebif	Multiple Sclerosis	N/A	Decline
Renagel	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Renvela	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Requip	Parkinson's	N/A	Decline
	Restless Leg Syndrome	N/A	Standard
Ribavirin	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline



## PRESCRIPTION REFERENCE GUIDE (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Rilutek	ALS / Motor Neuron Disease	N/A	Decline
Risperdal	Bi-Polar / Schizophrenia	N/A	Decline
Risperidone	Bi-Polar / Schizophrenia	N/A	Decline
Rituxan	Cancer	8 years > 8 years	Decline Standard
	Rheumatoid Arthritis	N/A	Decline
Ropinirole	Parkinson's	N/A	Decline
	Restless Leg Syndrome	N/A	Standard
Rythmol	Irregular Heart Beat	N/A	Decline
Serevent	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Seroquel	Bi-Polar / Schizophrenia	N/A	Decline
Sinemet/Sinemet CR	Parkinson's	N/A	Decline
Sodium Edecrin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Soltalol Hydrochloride	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Sotalol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Spiriva	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Spironolactone	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Sprycel	Cancer	8 years > 8 years	Decline Standard
Stalevo	Parkinson's	N/A	Decline
Starlix	Diabetes	N/A	See "#" Below
Suboxone	Alcohol / Drugs	4 years	Decline
Subutex	Alcohol / Drugs	4 years	Decline
Sustiva	AIDS	N/A	Decline
Symbicort	Asthma	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Symmetrel	Parkinson's	N/A	Decline
Tambocor	Irregular Heart Beat	N/A	Decline
Tamoxifen	Cancer	8 years > 8 years	Decline Standard
	High Blood Pressure (HTN)	N/A	See "*" Below
Tarka	CHF	N/A	Decline
	Parkinson's	N/A	Decline



## PRESCRIPTION REFERENCE GUIDE (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the "RX FILL WITHIN" column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If "N/A" appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Tegretol	Seizures	N/A	See Impairment Guide
Tenex	High Blood Pressure (HTN)	N/A	See "*" Below
Tenoretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Tenormin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Theodur	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Theophylline	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Thioridazine	Schizophrenia	N/A	Decline
Thiothixene	Schizophrenia	N/A	Decline
Thorazine	Schizophrenia	N/A	Decline
Tiazac	High Blood Pressure (HTN)	N/A	See "*" Below
Tolazamide	Diabetes	N/A	See "#" Below
Tolbutamide	Diabetes	N/A	See "#" Below
Tolinase	Diabetes	N/A	See "#" Below
Toprol XL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Toremide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Trandate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Trimterene	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Tribenzor	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Trihexyphenidyl HCL	Parkinson's	N/A	Decline
Tresiba (Insulin)	Diabetes	N/A	Decline
Truvada	AIDS	N/A	Decline
Tyzeka	Liver Disorder / Hepatitis	N/A	Decline
Uniretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Univasc	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Valcyte	AIDS	N/A	Decline
Valproic Acid	Seizures	N/A	See Impairment Guide



## PRESCRIPTION REFERENCE GUIDE (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the "RX FILL WITHIN" column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If "N/A" appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Valstar	Cancer	8 years > 8 years	Decline Standard
Valturna	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Vascor	Angina	N/A	Decline
Vaseretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Vasotec	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Ventolin	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Verapamil	High Blood Pressure (HTN)	N/A	See "*" Below
Viaspan	Organ / Tissue Transplant	N/A	Decline
Viracept	AIDS	N/A	Decline
Viramune	AIDS	N/A	Decline
Viread	AIDS	N/A	Decline
Visken	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Vivitrol	Alcohol / Drugs	4 years	Decline
Warfarin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
	Stroke / Heart or Circulatory Disease or Disorder / Heart Valve Disease	N/A	Decline
Xeloda	Cancer	8 years > 8 years	Decline Standard
Xopenex	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Zelapar	Parkinson's	N/A	Decline
Zemplar	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Zestoretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Zestril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Ziac	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Zyprexa	Bi-Polar / Schizophrenia	N/A	Decline

\* **High Blood Pressure** - If controlled with 2 or less medications, client could qualify for the plan. If controlled with 3 or more medications, the client will not be eligible for coverage.

# **Diabetes** - If diagnosed, treated or taken medication for prior to age 35, client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in urine; client is not eligible for coverage.



## Drug Combinations

Applicants with a history of Congestive Heart Failure (CHF) are not eligible for PlanRight, regardless of when diagnosed or treated. Any applicant who has been prescribed certain combinations of 3 or more medications may not be offered coverage, depending on the drug combinations. There are a few rare 2-drug CHF combinations which could also lead to no coverage.

If a client has been prescribed a medication from List A, B and C at the same time, they may not be eligible for coverage.

List A	List B	List C
ACCUPRIL	ZIAC	ALDACTAZIDE
ACCURETIC; QUINARETIC	BISOPROLOL FUMARATE; ZEBETA	ALDACTONE; CAROSPIR; SPIRONOLACTONE
ACEON	BYVALSON	BUMETANIDE; BUMEX
ALTACE; RAMIPRIL	CARVEDILOL; COREG	DEMADEX; TORSEMIDE
LOTREL	COREG CR	EDECIN
EXFORGE	METOPROLOL; LOPRESSOR; METOPROLOL TARTRATE	EPLERENONE; INSPRA
AZOR	METOPROLOL SUCCINATE ER; TOPROL XL	ETHACRYNIC ACID
ATACAND		FUROSEMIDE/SODIUM CHLORID
AVALIDE		FUROSEMIDE; FUROSEMIDE-CARPUJECT; LASIX
AVAPRO; IRBESARTAN		SODIUM EDECIN
BENAZEPRIL HCL; LOTENSIN		
BENICAR		
CAPOTEN; CAPTOPRIL		
Captopril		
COZAAR; LOSARTAN POTASSIUM		
DIOVAN; VALSARTAN		
ENALAPRIL MALEATE; VASOTEC		
FOSINOPRIL SODIUM; MONOPRIL		
HYZAAR; LOSARTAN		
LEXXEL		
LISINOPRIL; PRINIVIL; ZESTRIL		
MICARDIS; TELMISARTAN		
PRESTALIA		
TWYNSTA		
VALTURNA		



## Diabetes

Applicants who have diabetic kidney disease (nephropathy), diabetic nerve/circulatory (neuropathy) disease or diabetic eye (retinopathy) disease may be eligible for the Basic death benefit.

Any applicant, who is taking medications from the nephropathy list and diabetes list, or medications from the neuropathy list and diabetes list, within the past 2 years, may be offered the Basic death benefit.

<b>Nephropathy</b>	<b>Neuropathy</b>	<b>Diabetes</b>
ARANESP	GABAPENTIN	ACTOS
AURYXIA	GRALISE	AMARYL
CALCIFEDIOL	LYRICA	AVANDAMET
CALCITRIOL	NEURONTIN	AVANDARYL
CALCIUM ACETATE	PREGABALIN	AVANDIA
FERRIC CITRATE		BASAGLAR
FOSRENOL		BYETTA
HECTOROL/DOXERCALCIFEROL		FARXIGA
KUVAN		FORTAMET
PHOSLO		GLIMEPIRIDE
RENAGEL		GLIPIZIDE
SENSIPAR		GLUCOPHAGE
TRIFERIC		GLUCOTROL
VELPHORO		GLUCOVANCE
ZEMPLAR		GLYBURIDE
		GLYNASE
		GLYSET
		GLYXAMBI
		HUMALOG
		HUMULIN
		INVOKANA
		JANUMET
		JANUVIA
		JARDIANCE
		LANTUS
		LEVEMIR
		METFORMIN
		NOVOLIN
		NOVOLOG
		ONGLYZA
		PRANDIN
		PRECOSE
		STARLIX
		TOUJEO
		TRADJENTA
		TRESIBA
		TRULICITY
		VICTOZA



## Alphabetical Drug List

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage has been indicated, except when there are many possible conditions.

The "Medication Fill Within" column means the drug was prescribed within the time period noted. For some circulatory/heart and cancer medications, the "Medication Fill Within" column notes "First Fill". This refers to when the medication was originally prescribed.

Medication	If client is taking medication for	Medication Fills Within	Benefit Eligibility
<b>A</b>			
Abilify	Psychotic Disorder	Anytime	Preferred
Accupril	CHF Other	Anytime	No Coverage Depends on condition
Accuretic	CHF Other	Anytime	No Coverage Depends on condition
Acebutolol HCL	CHF Other	Anytime	No Coverage Depends on condition
Aceon	CHF Other	Anytime	No Coverage Depends on condition
Acetyl L-Carnitine	Alzheimer's / Dementia	Anytime	No Coverage
Actoplus	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime	Preferred Basic
Actos	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime	Preferred Basic
Adalat	Hypertension	Anytime	Preferred
Advair	Asthma COPD / Emphysema	Anytime	Preferred Standard
Afinitor	Cancer	3 years Current Use	Basic No Coverage
Agenerase	HIV	Anytime	No Coverage
Aggrastat	Cardiovascular	First Fill <1 year First Fill < 2 years First Fill > 2 years	Basic Standard Preferred
Aggrenox	Cardiovascular	First Fill <1 year First Fill < 2 years First Fill > 2 years	Basic Standard Preferred
Agrylin	Cancer	3 years Current Use	Basic No Coverage
Akineton	Parkinson's	Anytime	Standard





Medication	If client is taking medication for	Medication Fills Within	Benefit Eligibility
Azmacort	Asthma COPD / Emphysema	Anytime	Preferred Standard
Azor	CHF Other	Anytime	No Coverage Depends on condition
<b>B</b>			
Baclofen	Multiple Sclerosis	Anytime	Preferred
Baraclude	Liver Disorder	Anytime	Standard
Benazepril HCL	CHF Other	Anytime	No Coverage Depends on condition
Benicar	CHF Other	Anytime	No Coverage Depends on condition
Benlysta	Systemic Lupus	Anytime	Standard
Betaseron	Multiple Sclerosis	Anytime	Preferred
Bevespi Aerosphere	COPD	Anytime	Standard
BiDil	CHF	Anytime	No Coverage
Blocadren	CHF Cirrhosis Other	Anytime	No Coverage Standard Depends on condition
Brevibloc	CHF Other	Anytime	No Coverage Depends on condition
Brilinta	Cardiovascular	First Fill < 1 year First Fill < 2 years First Fill > 2 years	Basic Standard Preferred
Brovana	COPD	Anytime	Standard
Breo Ellipta	Asthma COPD / Emphysema	Anytime	Preferred Standard
Bromocriptine Mesylate	Parkinson's	Anytime	Standard
Bumetadine /Bumex	CHF Other	Anytime	No Coverage Depends on condition
Buprenex / Buprenorphine	Alcohol / Drugs	2 years	Basic
Bystolic	CHF Other	Anytime	No Coverage Depends on condition
<b>C</b>			
Calcitriol	Kidney Disease/Failure Diabetic Nephropathy	Anytime 2 years	Standard Basic
Calcium Acetate	Kidney Disease/Failure Diabetic Nephropathy	Anytime 2 years	Standard Basic
Calan	Hypertension	Anytime	Preferred
Campath	Cancer	3 years Current Use	Basic No Coverage
Campral	Alcohol / Drugs	2 years	Basic
Camptosar	Cancer	3 years Current Use	Basic No Coverage



<b>Medication</b>	<b>If client is taking medication for</b>	<b>Medication Fills Within</b>	<b>Benefit Eligibility</b>
Capoten / Captopril	CHF Other	Anytime	No Coverage Depends on condition
Carbidopa	Parkinson's	Anytime	Standard
Carboplatin	Cancer	3 years Current Use	Basic No Coverage
Cardizem	Hypertension	Anytime	Preferred
Cardura	Hypertension	Anytime	Preferred
Cartia	Hypertension	Anytime	Preferred
Cartrol	CHF Cirrhosis Other	Anytime	No Coverage Standard Depends on condition
Carvedilol	CHF Other	Anytime	No Coverage Depends on condition
Catapress	Hypertension	Anytime	Preferred
Casodex	Cancer	3 years Current Use	Basic No Coverage
Celebrex	Arthritis	Anytime	Preferred
Cellcept	Organ / Tissue Transplant Other	Anytime	No coverage Depends on condition
Cesamet	Cancer Cancer Other	3 years Current Use Anytime	Basic No Coverage Preferred
Chantix	Smoking Cessation	1 year	Smoker Rates
Chlorambucil	Cancer	3 years Current Use	Basic No Coverage
Cisplatin	Cancer	3 years Current Use	Basic No Coverage
Citalopram	Depressive Disorder	Anytime	Preferred
Clopidogrel	Cardiovascular	First Fill < 1 year First Fill < 2 years First Fill > 2 years	Basic Standard Preferred
Cogentin	Parkinson's Other Use	Anytime	Standard Preferred
Cognex	Alzheimer's/Dementia	Anytime	No coverage
Combivent	COPD	Anytime	Standard
Combivir	HIV	Anytime	No Coverage
Commit	Smoking Cessation	1 year	Smoker Rates
Complera	HIV	Anytime	No Coverage
Comtan	Parkinson's	Anytime	Standard
Copaxone	Multiple Sclerosis	Anytime	Preferred
Copegus	Liver Disorder	Anytime	Standard
Cardarone	Arrhythmia	Anytime	Preferred



Medication	If client is taking medication for	Medication Fills Within	Benefit Eligibility
Coreg	CHF Other	Anytime	No Coverage Depends on condition
Corgard	CHF Cirrhosis Other	Anytime	No Coverage Standard Depends on condition
Corlanor	CHF	Anytime	No Coverage
Coumadin	Cardiac Valve Replacement TIA/Stroke	1 year 2 years	Basic Standard
	Pulmonary Embolism Thrombosis	Anytime Anytime	Preferred
Cozaar	CHF Other	Anytime	No Coverage Depends on condition
Cyclophosphamide	Cancer	3 years Current Use	Basic No Coverage
Cyclosporine	Organ / Tissue Transplant Other	Anytime	No coverage Depends on condition
Cystagon	Kidney Disease/Failure Diabetic Nephropathy	Anytime 2 years	Standard Basic
Cytogam	Organ / Tissue Transplant	Anytime	No coverage
Cytoxan	Cancer	3 years Current Use	Basic No Coverage
<b>D</b>			
Daliresp	COPD	Anytime	Standard
Daunoxome	Cancer	3 years Current Use	Basic No Coverage
Demadex	CHF Other	Anytime	No Coverage Depends on condition
Depade	Alcohol / Drugs	2 years	Basic
Depakote	Seizure Disorder	Anytime	Preferred
Depocyt	Cancer	3 years Current Use	Basic No Coverage
Diabeta	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
Diabinese	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
Digitek	Atrial Fibrillation CHF	Anytime	Preferred No Coverage
Digoxin	Atrial Fibrillation CHF	Anytime	Preferred No Coverage
Dilantin	Seizure Disorder	Anytime	Preferred



Medication	If client is taking medication for	Medication Fills Within	Benefit Eligibility
Dilatrate SR	Angina Angina CHF	1 year 2 years Anytime	Basic Standard No Coverage
Diltiazem	Hypertension	Anytime	Preferred
Diovan	CHF Other	Anytime	No Coverage Depends on condition
Disulfiram	Alcohol / Drugs	2 years	Basic
Donepezil HCL	Alzheimer's / Dementia	Anytime	No coverage
Dronabinol	Cancer Cancer Other	3 years Current Use Anytime	Basic No Coverage Preferred
Duoneb	COPD	Anytime	Standard
Dyazide	CHF Other	Anytime	No Coverage Depends on condition
Dynacirc	Hypertension	Anytime	Preferred
<b>E</b>			
Edecrin	CHF Other	Anytime	No Coverage Depends on condition
Edurant	HIV	Anytime	No Coverage
Effient	Cardiovascular	First Fill < 1 year First Fill < 2 years First Fill > 2 years	Basic Standard Preferred
Eldepryl	Parkinson's	Anytime	Standard
Eligard	Cancer	3 years Current Use	Basic No Coverage
Eliphos	Kidney Disease/Failure Diabetic Nephropathy	Anytime 2 years	Standard Basic
Eliquis	Atrial Fibrillation Post orthopedic Surgery	Anytime	Preferred
Ellence	Cancer	3 years Current Use	Basic No Coverage
Eloxatin	Cancer	3 years Current Use	Basic No Coverage
Elspar	Cancer	3 years Current Use	Basic No Coverage
Emend	Cancer Cancer Other	3 years Current Use Anytime	Basic No Coverage Preferred
Emtriva	HIV	Anytime	No coverage
Enalapril Maleate / Enalaprilat	CHF Other	Anytime	No Coverage Depends on condition
Entresto	CHF	Anytime	No Coverage
Epclusa	Liver Disorder	Anytime	Standard
Epivir	HIV Liver Disorder	Anytime	No coverage Standard



<b>Medication</b>	<b>If client is taking medication for</b>	<b>Medication Fills Within</b>	<b>Benefit Eligibility</b>
Epizicom	HIV	Anytime	No coverage
Eplerenone	CHF Kidney	Anytime	No Coverage Standard
Ergoloid Mesylates	Alzheimer's / Dementia	Anytime	No coverage
Eskalith	Bipolar Disorder	Anytime	Preferred
Exelon	Alzheimer's / Dementia	Anytime	No coverage
Exemestane	Cancer	First Fill <3 years First Fill >3 years	Basic Preferred
Exforge	CHF Other	Anytime	No Coverage Depends on condition
<b>F</b>			
Fareston	Cancer	3 years Current Use	Basic No Coverage
Farxiga	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
Faslodex	Cancer	3 years Current Use	Basic No Coverage
Felodipine	Hypertension	Anytime	Preferred
Femara	Cancer	First Fill <3 years First Fill >3 years	Basic Preferred
Fentanyl Citrate	Cancer Pain Severe Pain	3 years Anytime	Basic Preferred
Fentora	Cancer Pain Severe Pain	3 years Anytime	Basic Preferred
Floxuridine	Cancer	3 years Current Use	Basic No Coverage
Fludara	Cancer	3 years Current Use	Basic No Coverage
Flutamide	Cancer	3 years Current Use	Basic No Coverage
Fortamet	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
Fortovase	HIV	Anytime	No coverage
Foscavir	HIV	Anytime	No coverage
Fosrenol	Kidney Disease/Failure Diabetic Nephropathy	Anytime 2 years	Standard Basic
FUDR	Cancer	3 years Current Use	Basic No Coverage



<b>Medication</b>	<b>If client is taking medication for</b>	<b>Medication Fills Within</b>	<b>Benefit Eligibility</b>
Furosemide	CHF Other	Anytime	No Coverage Depends on condition
Fusilev	Cancer	3 years Current Use	Basic No Coverage
Fuzeon	HIV	Anytime	No coverage
<b>G</b>			
Gabapentin	Seizures Diabetic Neuropathy	Anytime	Preferred Basic
Gabitril	Seizure Disorder	Anytime	Preferred
Galantamine	Alzheimer's / Dementia	Anytime	No coverage
Gemzar	Cancer	3 years Current Use	Basic No Coverage
Gengraf	Organ / Tissue Transplant Other	Anytime	No coverage Depends on condition
Gleevec	Cancer	3 years Current Use	Basic No Coverage
Glipizide	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
Glucophage	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
Glucotrol	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
Glyburide	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
Glynase	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
Gralise	Seizures Diabetic Neuropathy	Anytime	Preferred Basic
Granisetron / Granisol	Cancer Cancer Other	3 years Current Use Anytime	Basic No Coverage Preferred
<b>H</b>			
Haldol	Psychotic Disorder	Anytime	Preferred
Haloperidol	Psychotic Disorder	Anytime	Preferred
Harvoni	Liver Disorder	Anytime	Standard
HCTZ	Hypertension	Anytime	Preferred
Hectoral	Kidney Disease/Failure Diabetic Nephropathy	Anytime 2 years	Standard Basic



<b>Medication</b>	<b>If client is taking medication for</b>	<b>Medication Fills Within</b>	<b>Benefit Eligibility</b>
Heparin	Pulmonary Embolism Thrombosis	Anytime	Preferred Preferred
Hepsera	Liver Disorder	Anytime	Standard
Herceptin	Cancer	3 years Current Use	Basic No Coverage
Hexalen	Cancer	3 years Current Use	Basic No Coverage
Hivid	HIV	Anytime	No coverage
Humalog	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
Humulin	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
Hydralazine HCL	CHF Other	Anytime	No Coverage Depends on condition
Hydrea	Cancer	3 years Current Use	Basic No Coverage
Hydroxyurea	Cancer	3 years Current Use	Basic No Coverage
Hydroxychloroquine	Systemic Lupus Malaria Rheumatoid Arthritis	Anytime	Standard Preferred Preferred
Hytrin	Hypertension	Anytime	Preferred
Hyzaar	CHF Other	Anytime	No Coverage Depends on condition
<b>I</b>			
Ibrance	Cancer	3 years Current Use	Basic No Coverage
Iletin	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
Imbruvica	Cancer	3 years Current Use	Basic No Coverage
Imdur	Angina Angina CHF	1 year 2 years Anytime	Basic Standard No Coverage
Imuran	Organ / Tissue Transplant Rheumatoid Arthritis Systemic Lupus	Anytime	No coverage Preferred Standard
Incruse Ellipta	COPD	Anytime	Standard
Inderal	Hypertension CHF Liver	Anytime	Preferred No Coverage Standard
Inderide	CHF Other	Anytime	No Coverage Depends on condition



Medication	If client is taking medication for	Medication Fills Within	Benefit Eligibility
Infergen	Liver Disorder	Anytime	Standard
Innopran XL	Hypertension CHF Liver	Anytime	Preferred No Coverage Standard
Inspira	CHF Kidney	Anytime	No Coverage Standard
Insulin	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
Integrilin	Cardiovascular	First Fill < 1 year First Fill < 2 years First Fill > 2 years	Basic Standard Preferred
Intron-A	Cancer Cancer Liver Disorder	3 years Current Use Anytime	Basic No Coverage Standard
Invirase	HIV	Anytime	No coverage
Invokana	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
Ipratropium Bromide	COPD Allergies	Anytime	Standard Preferred
Isordil	Angina Angina CHF	1 year 2 years Anytime	Basic Standard No Coverage
Isosorbide Dinitrate/Mononitrate	Angina Angina CHF	1 year 2 years Anytime	Basic Standard No Coverage
<b>J</b>			
Jakafi	Cancer	3 years Current Use	Basic No Coverage
Janumet	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
Januvia	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
Jardiance	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic





Medication	If client is taking medication for	Medication Fills Within	Benefit Eligibility
<b>K</b>			
Kaletra	HIV	Anytime	No coverage
Kemadrin	Parkinson's Other Use	Anytime	Standard Preferred
Kepivance	Cancer	3 years Current Use	Basic No Coverage
Keytruda	Cancer	3 years Current Use	Basic No Coverage
<b>L</b>			
Labetalol	CHF Other	Anytime	No Coverage Depends on condition
Lamictal	Seizures	Anytime	Preferred
Lamotrigine	Seizures	Anytime	Preferred
Lanoxin	Atrial Fibrillation CHF	Anytime	Preferred No Coverage
Lantus	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
Lasix	CHF Other	Anytime	No Coverage Depends on condition
Larodopa	Parkinson's	Anytime	Standard
Letrozole	Cancer	First Fill <3 years First Fill >3 years	Basic Preferred
Leucovorin Calcium	Cancer Cancer Other	3 years Current Use Anytime	Basic No Coverage Preferred
Leukeran	Cancer	3 years Current Use	Basic No Coverage
Leukine	Cancer	3 years Current Use	Basic No Coverage
Leuprolide	Cancer	3 years Current Use	Basic No Coverage
Levatol	CHF Cirrhosis Other	Anytime	No Coverage Standard Depends on condition
Levodopa	Parkinson's	Anytime	Standard
Levemir	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
Levothyroxine	Thyroid	Anytime	Preferred
Lexiva	HIV	Anytime	No coverage
Lexxel	CHF Other	Anytime	No Coverage Depends on condition
Lipitor	Cholesterol	Anytime	Preferred



Medication	If client is taking medication for	Medication Fills Within	Benefit Eligibility
Lisinopril	CHF Other	Anytime	No Coverage Depends on condition
Lithium	Bipolar Disorder	Anytime	Preferred
Lodosyn	Parkinson's	Anytime	Standard
Lopressor	Hypertension	Anytime	Preferred
Losartan Potassium	CHF Other	Anytime	No Coverage Depends on condition
Lotensin	CHF Other	Anytime	No Coverage Depends on condition
Lotrel	CHF Other	Anytime	No Coverage Depends on condition
Lozol	Hypertension	Anytime	Preferred
Lupron	Cancer	3 years Current Use	Basic No Coverage
Lyrica	Seizures Diabetic Neuropathy	Anytime	Preferred Basic
<b>M</b>			
Marinol	Cancer Cancer Other	3 years Current Use Anytime	Basic No Coverage Preferred
Maxzide	CHF Other	Anytime	No Coverage Depends on condition
Mellaril	Psychotic Disorder	Anytime	Preferred
Memantine HCL	Alzheimer's /Dementia	Anytime	No Coverage
Mercaptopurine	Cancer Cancer Other	3 years Current Use Anytime	Basic No Coverage Preferred
Metformin	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
Methadone /Methadose	Alcohol / Drugs	2 years	Basic
Methotrexate	Cancer Cancer Rheumatoid Arthritis	3 years Current Use Anytime	Basic No Coverage Preferred
Methyldopa	Hypertension	Anytime	Preferred
Metolazone	CHF Other	Anytime	No Coverage Depends on condition
Metoprolol Tartrate/Succinate	CHF Other	Anytime	No Coverage Depends on condition
Metoprolol HCTZ	CHF Other	Anytime	No Coverage Depends on condition
Mevacor	Cholesterol	Anytime	Preferred
Micardis	CHF Other	Anytime	No Coverage Depends on condition
Micronase	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic



<b>Medication</b>	<b>If client is taking medication for</b>	<b>Medication Fills Within</b>	<b>Benefit Eligibility</b>
Midamor	CHF Other	Anytime	No Coverage Depends on condition
Milrinone	CHF	Anytime	No Coverage
Minipress	Hypertension	Anytime	Preferred
Minitran	Angina Angina CHF	1 year 2 years Anytime	Basic Standard No Coverage
Mitomycin	Cancer	3 years Current Use	Basic No Coverage
Moban	Psychotic Disorder	Anytime	Preferred
Moduretic	CHF Other	Anytime	No Coverage Depends on condition
Monopril	CHF Other	Anytime	No Coverage Depends on condition
Mustargen	Cancer	3 years Current Use	Basic No Coverage
Mutamycin	Cancer	3 years Current Use	Basic No Coverage
Mycophenolate Mofetil	Organ / Tissue Transplant Other	Anytime	No coverage Depends on Condition
Myfortic	Organ / Tissue Transplant Other	Anytime	No coverage Depends on condition
Myleran	Cancer	3 years Current Use	Basic No Coverage
<b>N</b>			
Nadolol	CHF Cirrhosis Other	Anytime	No Coverage Standard Depends on condition
Namenda	Alzheimer's /Dementia	Anytime	No Coverage
Namzaric	Alzheimer's /Dementia	Anytime	No Coverage
Narcan / Naloxone	Alcohol / Drugs Other	2 years	Basic Preferred
Naltrexone	Alcohol / Drugs	2 years	Basic
Navelbine	Cancer	3 years Current Use	Basic No Coverage
Neosar	Cancer	3 years Current Use	Basic No Coverage
Neulasta	Cancer	3 years Current Use	Basic No Coverage
Neumega	Cancer	3 years Current Use	Basic No Coverage
Neupogen	Cancer	3 years Current Use	Basic No Coverage
Neupro	Parkinson's	Anytime	Standard
Neurontin	Seizures Diabetic Neuropathy	Anytime	Preferred Basic
Nexavar	Cancer	3 years Current Use	Basic No Coverage
Nicotine / Nicoderm	Smoking Cessation	1 year	Smoker Rates
Nifedipine	Hypertension	Anytime	Preferred



Medication	If client is taking medication for	Medication Fills Within	Benefit Eligibility
Nimodipine / Nimotop	Stroke/TIA/Aneurysm	First Fill <1 years First Fill <2 years First Fill >2 years	Basic Standard Preferred
Nitrek / Nitro-bid / Nitro-dur / Nitroglycerin / Nitrotab / Nitroquick / Nitrostat / Nitrol / Nitromist	Angina Angina CHF	1 year 2 years Anytime	Basic Standard No Coverage
Nolvadex	Cancer	First Fill <3 years First Fill >3 years	Basic Preferred
Normodyne	CHF Other	Anytime	No Coverage Depends on condition
Norpace	Arrhythmia	Anytime	Preferred
Norvasc	Hypertension	Anytime	Preferred
Norvir	HIV	Anytime	No coverage
Novolin	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
Novolog	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
<b>O</b>			
Olanzapine	Psychotic Disorder	Anytime	Preferred
Olyso	Liver Disorder	Anytime	Standard
Omontys	Kidney Disease/Failure Diabetic Nephropathy	Anytime 2 years	Standard Basic
Ondansetron	Cancer Cancer Other	3 years Current Use Anytime	Basic No Coverage Preferred
Onxol	Cancer	3 years Current Use	Basic No Coverage
Opdivo	Cancer	3 years Current Use	Basic No Coverage
Orlam	Alcohol / Drugs	2 years	Basic
Oseni	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
<b>P</b>			
Pacerone	Arrhythmia	Anytime	Preferred
Parcopa	Parkinson's	Anytime	Standard



<b>Medication</b>	<b>If client is taking medication for</b>	<b>Medication Fills Within</b>	<b>Benefit Eligibility</b>
Parlodel	Parkinson's	Anytime	Standard
Paxil	Depressive Disorder	Anytime	Preferred
Pegasys	Liver Disorder	Anytime	Standard
Pepcid	Stomach Disorder	Anytime	Preferred
Pergolide Mesylate	Parkinson's	Anytime	Standard
Perjeta	Cancer	3 years Current Use	Basic No Coverage
Phenobarbital	Seizure Disorder	Anytime	Preferred
Phoslo	Kidney Disease/Failure Diabetic Nephropathy	Anytime 2 years	Standard Basic
Pindolol	CHF Cirrhosis Other	Anytime	No Coverage Standard Depends on condition
Plaquenil	Systemic Lupus Malaria Rheumatoid Arthritis	Anytime	Standard Preferred Preferred
Plavix	Stroke/TIA/Heart Attack	First Fill <1 years First Fill <2 years First Fill >2 years	Basic Standard Preferred
Plenaxis	Cancer	3 years Current Use	Basic No Coverage
Plendil	Hypertension	Anytime	Preferred
Prandin	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
Prastera	Systemic Lupus	Anytime	Standard
Pravachol	Cholesterol	Anytime	Preferred
Prazosin	Hypertension	Anytime	Preferred
Pregabalin	Seizures Diabetic Neuropathy	Anytime	Preferred Basic
Prezista	HIV	Anytime	No coverage
Prinivil	CHF Other	Anytime	No Coverage Depends on condition
Prinzide	CHF Other	Anytime	No Coverage Depends on condition
Procardia	Hypertension	Anytime	Preferred
Prograf	Organ / Tissue Transplant Other	Anytime	No Coverage Depends on condition
Proleukin	Cancer	3 years Current Use	Basic No Coverage
Propranolol HCL	Hypertension CHF Liver	Anytime	Preferred No Coverage Standard



<b>Medication</b>	<b>If client is taking medication for</b>	<b>Medication Fills Within</b>	<b>Benefit Eligibility</b>
Provenge	Cancer	3 years Current Use	Basic No Coverage
Proventil	Asthma COPD / Emphysema	Anytime	Preferred Standard
Prozac	Depressive Disorder	Anytime	Preferred
Purinethol	Cancer Cancer Other	3 years Current Use Anytime	Basic No Coverage Preferred
<b>Q</b>			
Quetiapine	Psychotic Disorder	Anytime	Preferred
Quinapril	CHF Other	Anytime	No Coverage Depends on condition
<b>R</b>			
Radicava	ALS	Anytime	No Coverage
Ramipril	CHF Other	Anytime	No Coverage Depends on condition
Ranexa	Angina	1 year 2 years	Basic Standard
Ranitidine	Stomach Disorder	Anytime	Preferred
Rapamune	Organ / Tissue Transplant	Anytime	No Coverage
Razadyne	Alzheimer's / Dementia	Anytime	No Coverage
Rebetol / Rebetron	Liver Disorder	Anytime	Standard
Rebif	Multiple Sclerosis	Anytime	Preferred
Reglan	Stomach Disorder	Anytime	Preferred
Requip	Parkinson's Other Use	Anytime	Standard Preferred
Reminyl	Alzheimer's / Dementia	Anytime	No Coverage
Renagel	Kidney Disease/Failure Diabetic Nephropathy	Anytime 2 years	Standard Basic
Renvela	Kidney Disease/Failure Diabetic Nephropathy	Anytime 2 years	Standard Basic
Rescriptor / Retrovir	HIV	Anytime	No Coverage
Revex / Revia	Alcohol / Drugs	2 years	Basic
Revlimid	Cancer	3 years Current Use	Basic No Coverage
Reyataz	HIV	Anytime	No Coverage
Ribasphere	Liver Disorder	Anytime	Standard
Ribavirin	Liver Disorder	Anytime	Standard
Rilutek	ALS	Anytime	No Coverage
Risperdal	Psychotic Disorder	Anytime	Preferred
Risperidone	Psychotic Disorder	Anytime	Preferred
Rituxan	Cancer Cancer Rheumatoid Arthritis	3 years Current Use N/A	Basic No Coverage Preferred
Rivastigmine Tartrate	Alzheimer's / Dementia	Anytime	No Coverage
Rocaltrol	Kidney Disease/Failure Diabetic Nephropathy	Anytime 2 years	Standard Basic



Medication	If client is taking medication for	Medication Fills Within	Benefit Eligibility
Roferon	Cancer Cancer Liver Disorder	3 years Current Use Anytime	Basic No Coverage Standard
Ropinirole	Parkinson's Other Use	Anytime	Standard Preferred
Rythmol	Arrhythmia	Anytime	Preferred
<b>S</b>			
Sancuso	Cancer	3 years Current Use	Basic No Coverage
Sandimmune	Organ / Tissue Transplant Other	Anytime	No coverage Depends on condition
Sectral	CHF Other	Anytime	No coverage Depends on condition
Seebri Neohaler	COPD	Anytime	Standard
Selzentry	HIV	Anytime	No Coverage
Sensipar	Kidney Disease/Failure Diabetic Nephropathy	Anytime 2 years	Standard Basic
Serevent	Asthma COPD / Emphysema	Anytime	Preferred Standard
Seroquel	Psychotic Disorder	Anytime	Preferred
Simvastatin	Cholesterol	Anytime	Preferred
Simulect	Organ / Tissue Transplant	Anytime	No Coverage
Sinemet	Parkinson's	Anytime	Standard
Sodium Edecrin	CHF Other	Anytime	No coverage Depends on condition
Soltalol Hydrochloride	CHF Other	Anytime	No coverage Depends on condition
Soltamox	Cancer	First Fill <3 years First Fill >3 years	Basic Preferred
Solvaldi	Liver Disorder	Anytime	Standard
Spiriva	COPD	Anytime	Standard
Spirolactone	CHF Liver Kidney Other	Anytime	No Coverage Standard Standard Depends on condition
Stalevo	Parkinson's	Anytime	Standard
Starlix	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
Stiolto Respimat	COPD	Anytime	Standard
Striverdi Respimat	COPD	Anytime	Standard
Suboxone / Subutex	Alcohol / Drugs	2 years	Basic
Sustiva	HIV	Anytime	No Coverage
Symbicort	Asthma COPD / Emphysema	Anytime	Preferred Standard



<b>Medication</b>	<b>If client is taking medication for</b>	<b>Medication Fills Within</b>	<b>Benefit Eligibility</b>
Symmetrel	Parkinson's Other Uses	Anytime	Standard Preferred
<b>T</b>			
Tabloid	Cancer	3 years Current Use	Basic No Coverage
Tacrolimus	Organ / Tissue Transplant Other	Anytime	No Coverage Depends on condition
Tagamet	Stomach Disorder	Anytime	Preferred
Tambocor	Arrhythmia	Anytime	Preferred
Tamoxifen	Cancer	First Fill <3 years First Fill >3 years	Basic Preferred
Tarceva	Cancer	3 years Current Use	Basic No Coverage
Targretin	Cancer	3 years Current Use	Basic No Coverage
Tarka	CHF Other	Anytime	No Coverage Depends on condition
Tasigna	Cancer	3 years Current Use	Basic No Coverage
Tasmar	Parkinson's	Anytime	Standard
Tegretol	Seizures	Anytime	Preferred
Temodar	Cancer	3 years Current Use	Basic No Coverage
Tenex	Hypertension	Anytime	Preferred
Tenoretic	CHF Other	Anytime	No Coverage Depends on condition
Tenormin	CHF Other	Anytime	No Coverage Depends on condition
Teveten	CHF Other	Anytime	No Coverage Depends on condition
Thalomid	Cancer	3 years Current Use	Basic No Coverage
Theodur	Asthma COPD / Emphysema	Anytime	Preferred Standard
Theophylline	Asthma COPD / Emphysema	Anytime	Preferred Standard
Thymoglobulin	Organ / Tissue Transplant	Anytime	No Coverage
Tiazac	Hypertension	N/A	Preferred
Ticlid	Cardiovascular	First Fill <2years First Fill >2 years	Basic Preferred
Timolide	CHF Other	Anytime	No Coverage Depends on condition
Timolol Maleate	CHF Cirrhosis Other	Anytime	No Coverage Standard Depends on condition





Medication	If client is taking medication for	Medication Fills Within	Benefit Eligibility
Tolinase	Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy	Anytime 2 years	Preferred Basic
Torsemide	CHF Other	Anytime	No Coverage Depends on condition
Toprol XL	CHF Other	Anytime	No Coverage Depends on condition
Trandolapril	CHF Other	Anytime	No Coverage Depends on condition
Treanda	Cancer	3 years Current Use	Basic No Coverage
Trelegy Ellipta	COPD	Anytime	Standard
Trelstar	Cancer	3 years Current Use	Basic No Coverage
Tretinoin	Cancer	3 years Current Use	Basic No Coverage
Trexall	Cancer Cancer Rheumatoid Arthritis	3 years Current Use Anytime	Basic No Coverage Preferred
Triamterene	CHF Other	Anytime	No Coverage Depends on condition
Triamterene/HCTZ	CHF Other	Anytime	No Coverage Depends on condition
Tribenzor	CHF Other	Anytime	No Coverage Depends on condition
Truvada	HIV Other	Anytime	No Coverage Preferred
Tudorza Pressair	COPD	Anytime	Standard
Twynsta	CHF Other	Anytime	No Coverage Depends on condition
Tykerb	Cancer	3 years Current Use	Basic No Coverage
Tyzeka	Liver Disorder	Anytime	Standard
<b>U</b>			
Uniretic	CHF Other	Anytime	No Coverage Depends on condition
Univasc	CHF Other	Anytime	No Coverage Depends on condition
Utibron Neohaler	COPD	Anytime	Standard
Uvadex	Cancer	3 years Current Use	Basic No Coverage
<b>V</b>			
Valstar	Cancer	3 years Current Use	Basic No Coverage
Valturna	CHF Other	Anytime	No Coverage Depends on condition



<b>Medication</b>	<b>If client is taking medication for</b>	<b>Medication Fills Within</b>	<b>Benefit Eligibility</b>
Vascor	Angina	1 year 2 years	Basic Standard
Vaseretic	CHF Other	Anytime	No Coverage Depends on condition
Vasotec	CHF Other	Anytime	No Coverage Depends on condition
Velcade	Cancer	3 years Current Use	Basic No Coverage
Ventolin	Asthma COPD / Emphysema	Anytime	Preferred Standard
Verapamil	Hypertension	Anytime	Preferred
Viracept / Viramune	HIV	Anytime	No Coverage
Viread	HIV Liver Disorder	Anytime	No Coverage Standard
Vivitrol	Alcohol / Drugs	2 years	Basic
<b>W</b>			
Warfarin	Cardiac Valve Replacement TIA/Stroke	1 year 2 years	Basic Standard
	Pulmonary Embolism Thrombosis	Anytime Anytime	Preferred Preferred
<b>X</b>			
Xarelto	Atrial Fibrillation Post orthopedic Surgery Pulmonary Embolism Thrombosis Other	Anytime	Preferred
			Depends on condition
Xeloda	Cancer	3 years Current Use	Basic No Coverage
Xgeva	Cancer	3 years Current Use	Basic No Coverage
Xopenex	Asthma COPD / Emphysema	Anytime	Preferred Standard
Xtandi	Cancer	3 years Current Use	Basic No Coverage
<b>Z</b>			
Zanosar	Cancer	3 years Current Use	Basic No Coverage
Zantac	Stomach Disorder	Anytime	Preferred
Zebeta	CHF Other	Anytime	No Coverage Depends on condition
Zelapar	Parkinson's	Anytime	Standard
Zemplar	Kidney Disease/Failure Diabetic Nephropathy	Anytime 2 years	Standard Basic
Zestoretic	CHF Other	Anytime	No Coverage Depends on condition



<b>Medication</b>	<b>If client is taking medication for</b>	<b>Medication Fills Within</b>	<b>Benefit Eligibility</b>
Zestril	CHF Other	Anytime	No Coverage Depends on condition
Ziac	CHF Other	Anytime	No Coverage Depends on condition
Ziagen	HIV	Anytime	No Coverage
Zocor	Cholesterol	Anytime	Preferred
Zofran	Cancer Cancer Other	3 years Current Use Anytime	Basic No Coverage Preferred
Zoloft	Depressive Disorder	Anytime	Preferred
Zortress	Organ / Tissue Transplant	Anytime	No Coverage
Zyprexa	Psychotic Disorder	Anytime	Preferred
Zytiga	Cancer	3 years Current Use	Basic No Coverage



**LIVING PROMISE**

Proposed insureds currently taking any of the following medications are not eligible for Living Promise coverage. This is not an all-inclusive drug list. Additional medications or combinations of medications may be added to this list at the discretion of United of Omaha at any time.

**Note: Proposed insureds taking medications marked with an asterisk ( \*) may qualify for the Graded benefit product.**

Abacavir	Combivir	Hydrea	Peg-Intron*	Sustiva
Abilify*	Copaxone*	Hydroxyurea	Perphenazine*	Symbyax*
Alkeran	Crixivan	Infergen*	Pradaxa*	Targretin
Amiodarone*	Cyclosporine	Invega*	Prograf	Teslac
Ampyra*	Cytoxan	Invirase	Ranexa*	Truvada
Antabuse*	Donepezil	Latuda*	Razadyne	Viracept
Aricept	Droxia	Leucovorin Calcium	Rebif*	Viramune
Atripla	Eligard	Lexiva	Retrovir	Viread
Avonex*	Eminase*	Limbitrol*	Revia*	Zenapax
Azilect*	Epivir Hbv	Lithium*	Revlimid	Zerit
Baraclude*	Ergoloid Mesylates	Megace	Ribavirin*	Ziagen
Betaseron*	Exelon	Megestrol Acetate	Risperdal*	Zidovudine
Calcium Acetate*	Floxuridine	(Megace)	Rituxan	Zoladex
Campath	Fluorouracil	Mitomycin	Sandimmune	Zyprexa*
Campral*	Galantamine	Mycophenolate Mofetil	Saphris*	
Caprelsa	Hydrobromide	Myfortic	Seroquel*	
Carbidopa/Levodopa*	Gammagard	Naloxone Hcl*	Serzone*	
Casodex	Gamunex	Naltrexone Hcl*	Sinemet*	
Cellcept	Gengraf	Namenda	Spiriva*	
Chlorpromazine Hcl*	Geodon*	Neupogen	Stalevo*	
Clozapine*	Haldol*	Panretin	Stribild	
Cognex	Haloperidol*	Pegasys*	Suboxone*	

**ADDITIONAL INFORMATION REQUIRED**

**If the proposed insured currently takes any of the following medications listed below, please include the reason(s) for the medication(s) on the application.** If this information is not included with the application, it will be obtained during the underwriting process in a pharmaceutical report, MIB reporting or, if needed, phone interview to help determine eligibility for coverage.

Aggrenox	Coreg	Eliquis	Lovenox	Xarelto
Arimidex	Coumadin	Enoxaparin Sodium	Plavix	
Carvedilol	Digitek	Femara	Tamoxifen	
Clopidogrel	Digoxin	Lanoxin	Warfarin	



GO TO [HTTP://RX.MPREMCALC.COM](http://rx.mpremcalc.com)  
TO CHECK MEDS FOR TRANSAMERICA



## Prescribed Medicine

Some application health questions ask if the Proposed Insured has received treatment for medical conditions. Prescription medicines are considered treatment. In order to help best assess eligibility, it is important that you ask if medicine has been prescribed and for what reason. The following list is provided to help you determine whether a client is eligible to be considered for a Classic Elite or Classic Select plan. This list is not all inclusive and is subject to change. **For the fastest and easiest way to prequalify your clients, use Columbian's Risk Qualifier, which is built into the Final Expense Calculator.** The Risk Qualifier, which includes hundreds of drugs, is updated periodically as new medicines become available and existing medicines are used for additional conditions.

Medication	Time Period	Medical Condition	Decision for Elite and Select Plans
Aggrenox	24 months	Stroke or TIA	Decline if stroke or TIA within 2 years
Amantadine HCL	36 months	Parkinson's	Decline
Ambisome	Ever	HIV Treatment likely	Decline
Anastrozole	Diagnosed or treated 24 months	Cancer	Decline if first fill within 2 years
Antabuse	Diagnosed or treated 36 months	Alcoholism	Decline
Aprepitant/Emend	Diagnosed or treated 24 months	Cancer induced nausea likely	Decline
Aptivus	Ever	HIV Treatment likely	Decline
Aranesp	36 months	Kidney Disease	Decline
Aricept	Ever	Alzheimers/Dementia	Decline
Armasin	Diagnosed or treated 24 months	Cancer	Decline
Arimidex	Diagnosed or treated 24 months	Cancer	Decline if first fill within 2 years
Atamet	36 months	Parkinson's	Decline
Atgam	Ever	Organ/Tissue Transplant likely	Decline
Atripla	Ever	HIV Treatment likely	Decline
Avenox	36 months	Multiple Sclerosis	Decline
Avonex/Rebif	36 months	Multiple Sclerosis	Decline
Baclofen	36 months	Multiple Sclerosis	Decline
Belimumab/Benlysta	36 months	Systemic Lupus likely	Decline
Benlysta	36 months	Systemic Lupus likely	Decline
Betaseron	36 months	Multiple Sclerosis	Decline
Bidil	Ever	Congestive Heart Failure likely	Decline
Calcijex	36 months	Kidney Disease	Decline
Calcitriol	36 months	Kidney Disease	Decline
Calcium Acetrate	36 months	Kidney Disease	Decline
Campath	Diagnosed or treated 24 months	Cancer	Decline
Campral	36 months	Substance Abuse	Decline
Carbidopa	36 months	Parkinson's likely	Decline
Carnitor	36 months	Kidney Disease	Decline
Carvedilol	Ever	Congestive Heart Failure possible	Decline if used for CHF
Casodex	Diagnosed or treated 24 months	Cancer	Decline
Chlorpromazine	36 months	Schizophrenia likely	Decline if used for Schizophrenia
Clopidogrel	24 months	Stroke or TIA	Decline if stroke or TIA within 2 years
Clozapine	36 months diagnosed or treated for schizophrenia	Schizophrenia	Decline
Clozafil	36 months	Schizophrenia likely	Decline
Clozaril	36 months	Schizophrenia	Decline
Cognex	Ever	Alzheimers/Dementia	Decline
Combivir	Ever	HIV treatment likely	Decline



## Prescribed Medicine

Medication	Time Period	Medical Condition	Decision for Elite and Select Plans
Copaxone	36 months	Multiple Sclerosis	Decline
Crofelemer/Fulyzaq	Ever	HIV treatment likely	Decline
Cyclosporine	Ever	Organ Transplant	Decline
Cystagon	36 months	Kidney Disease	Decline
Cytogam	Ever	Organ Transplant	Decline
Digoxin/Lanoxin	Ever	Congestive Heart Failure likely	Decline if used for CHF
Disulfiram	Diagnosed or treated 36 months	Alcoholism	Decline
Donepezil	Ever	Alzheimers/Dementia	Decline
Domase alpha	Ever	Cystic Fibrosis	Decline
Emend	Diagnosed or treated 24 months	Cancer	Decline
Emtriva	Ever	HIV treatment likely	Decline
Epiriv	Ever	HIV treatment likely	Decline
Esylate	Ever	Pulmonary Fibrosis likely	Decline
Exelon	Ever	Alzheimers/Dementia	Decline
Femara	Diagnosed or treated 24 months	Cancer	Decline if first fill within 2 years
Filgrastim/Neupogen	Diagnosed or treated 24 months	Cancer likely	Decline
Foscavir	Ever	HIV treatment likely	Decline
Flutamide	Diagnosed or treated 24 months	Cancer	Decline
Fosrenol	36 months	Kidney Disease	Decline
Furosemide	Ever or 36 months	CHF/Kidney Disease likely	Decline if used for CHF
Galantamine	Ever	Alzheimers/Dementia	Decline
Ganciclovir	Ever	HIV Treatment likely	Decline
Gengraf	Ever	Organ Transplant	Decline
Geoden	36 months	Schizophrenia likely	Decline if used for Schizophrenia
Haldol	36 months	Schizophrenia likely	Decline
Halperidol/Halperidone	36 months	Schizophrenia likely	Decline if used for Schizophrenia
Hectoral	36 months	Kidney Disease	Decline
Hydrea	Diagnosed or treated 24 months	Cancer	Decline
Hydroxyurea	Diagnosed or treated 24 months	Cancer	Decline
Interferon/Ribavirin	Diagnosed or treated 36 months	Hepatitis likely	Decline
Intron-A	24 or 36 months	Cancer or Hepatitis C	Decline
Invega	36 months	Schizophrenia likely	Decline if used for schizophrenia
Invirase	Ever	HIV treatment likely	Decline
Isosorbide & Hydralazine	Ever	Congestive Heart Failure likely	Decline if used in combination
Lamivudine-Zidovudine	Ever	HIV treatment likely	Decline
Lanoxin	Ever	Congestive Heart Failure possible	Decline if used for CHF
Laradopa/Levodopa	36 months	Parkinsons	Decline
Lasix	Diagnosed or treated 36 months	Heart/Liver/Kidney disease likely	Decline if used for CHF, liver or kidney disease
Lexiva	Ever	HIV treatment likely	Decline
Lupron	Diagnosed or treated 24 months	Cancer	Decline
Marijuana (smoked)	12 months		Tobacco rates apply
Mercaptopurine	Diagnosed or treated 24 months	Cancer	Decline
Methadone	Diagnosed or treated 36 months	Substance abuse possible	Decline
Namenda	Ever	Alzheimers/Dementia	Decline
Naltrexone	Diagnosed or treated 36 months	Alcohol/Drugs	Decline
Navene	36 months	Schizophrenia likely	Decline



## Prescribed Medicine

Medication	Time Period	Medical Condition	Decision for Elite and Select Plans
Nintedanib	Ever	Pulmonary Fibrosis likely	Decline
Nitro-Dur/Nitroquick/Nitrostat	24 months	Angina/chest pain	Decline if used for chest pain/angina in the last 24 months
Nitroglycerin	24 months	Angina/Chest pain	Decline if used for chest pain/angina in the last 24 months
Norvir	Ever	HIV treatment likely	Decline
Ofev	Ever	Pulmonary Fibrosis likely	Decline
Olanzapine	36 months	Schizophrenia possible	Decline if used for Schizophrenia
Ondansetron	Diagnosed or treated 24 months	Cancer	Decline
Pegasys/Peg-Intron	36 months	Liver Disease	Decline
Perphenazine	36 months	Schizophrenia likely	Decline
Prograf	Ever	Organ Transplant	Decline
Pulmozyme	Ever	Cystic Fibrosis	Decline
Quetiapine	36 months	Schizophrenia possible	Decline if used for schizophrenia
Rapamune	Ever	Organ Transplant	Decline
Razadyne	Ever	Alzheimers/Dementia	Decline
Rebif	36 months	Multiple Sclerosis	Decline
Reminyl	Ever	Alzheimers/Dementia	Decline
Renagel	36 months	Kidney Disease	Decline
Retrovir	Ever	HIV treatment likely	Decline
Ribapak	36 months	Liver disease	Decline
Ribasphere	36 months	Liver Disease	Decline
Ribavirin	Diagnosed or treated 36 months	Hepatitis C	Decline
Riluzole/Rilutek	Ever	ALS likely	Decline
Roferon	24 or 36 months	Cancer or Hepatitis C	Decline
Seroquel	36 months	Schizophrenia likely	Decline if used for schizophrenia
Spirivia	Ever	COPD likely	Decline
Spironolactone	Ever	Congestive Heart Failure possible	Decline if used for CHF
Stalevo	36 months	Parkinson's likely	Decline
Stelazine	36 months	Schizophrenia likely	Decline
Suboxone	Diagnosed or treated 36 months	Substance abuse possible	Decline
Sulfadiazine/Primasol	36 months	Kidney Disease	Decline
Sustiva	Ever	HIV treatment likely	Decline
Tamoxifen	Diagnosed or treated 24 months	Cancer	Decline if first fill within 2 years
Targetin	Diagnosed or treated 24 months	Cancer	Decline
Thiothixene	36 months	Schizophrenia likely	Decline
Thorazine	36 months	Schizophrenia likely	Decline
Trilafon	36 months	Schizophrenia likely	Decline if used for Schizophrenia
Trizivir	Ever	HIV treatment likely	Decline
Viracept/Viramune/Viread	Ever	HIV treatment likely	Decline
Viracept/Viread	Ever	HIV treatment likely	Decline
Zyprexa	36 months	Schizophrenia possible	Decline if used for schizophrenia





## Appendix

Several factors determine whether a client is eligible for Assurance Plus coverage. These examples may help you evaluate your client's health history to gauge whether they should buy an Assurance Plus or Guaranteed Assurance plan. More examples and application details can be found on page 9.

	Conditions	Medications	Health Status	Eligibility
1	Heart attack 8 years ago	Started Metoprolol for hypertension and Simvastatin for cholesterol	No changes in medications since onset; still taking medication daily	Eligible for Assurance Plus
2	Diagnosed with hypertension September 2018	Started Atenolol, 40 mg	Still taking medication daily	Eligible for Assurance Plus
3	Diabetes diagnosed 12 years ago	Treated with Metformin, Glyburide, and Pioglitazone	No changes in medications in last 24 months	Not eligible for Assurance Plus due to three medications to treat diabetes
4	Insulin-dependent diabetes diagnosed 5 years ago	Treated with Novalog daily on a sliding scale		Not eligible for Assurance Plus due to insulin-dependent diabetes
5	Iron deficiency anemia diagnosed August 2019	Started ferrous sulfate	Still taking medication daily	Eligible for Assurance Plus
6	COPD diagnosed 6 years ago	Started Qvar, Pulmacort, and Flovent	No changes to medications in last 24 months	Not eligible for Assurance Plus due to COPD diagnosis with current treatment
7	HIV positive diagnosis 13 years ago	Treated with Truvada	No changes in medications in last 24 months	Not eligible for Assurance Plus due to HIV diagnosis and current treatment
8	Seizure disorder diagnosed January 2019; hospitalized for one night	Keppra prescribed January 2019	Still taking medication daily	Eligible for Assurance Plus
9	Alcohol abuse diagnosed and had inpatient treatment 4 years ago	Started Antabuse 3 years ago	Still taking medication; no changes to medication in 24 months	Not eligible for Assurance Plus due to alcohol abuse with current treatment
10	Asthma diagnosed February 2019	Started Albuterol	Still taking medication as needed	Eligible for Assurance Plus
11	Essential tremor diagnosed February 2020	Started Primidone	Still taking medication daily	Eligible for Assurance Plus



# Individual Whole Life Insurance

Underwritten by Accendo Insurance Company,  
part of the CVS Health family of companies and an Aetna affiliate

## Drug List

- We provide this list of the most commonly prescribed medications for declinable conditions to help you when you're completing applications. New drugs for declinable conditions are regularly produced. These drugs may be unacceptable even if they aren't included in the list of declinable medications.
- If you aren't sure whether or not a medication is unacceptable, please contact the underwriting department.
- Your applicant may not be aware of a declinable condition based on their application. Their prescribed medications may indicate a declinable condition exists.
- Some medications can be prescribed for multiple conditions. If your applicant is prescribed a medication that has multiple uses, you must provide the condition the medication is prescribed.
- There are duplicate listings for several medications. For some products the medication is always unacceptable, and for others, it is unacceptable when prescribed for any of the listed conditions.
- Final Expense has multiple plans available. If a medication is unacceptable for the Level Preferred plan, make sure to check the Level Standard or Modified Plans. Your applicant may be eligible for one of those two plans.

Medication	Condition	Preferred	Standard	Modified
	If no condition noted, is unacceptable for any condition prescribed.			
abacavir		•	•	•
abacavir, dolutegravir and almitudine		•	•	•
abemaciclib		•	•	•
abiraterone		•	•	•
Abstral	Cancer	•	•	•
acamprosate		•	•	
AccessPak		•	•	•
Accupril	Congestive heart failure	•	•	•
Aceon	Congestive heart failure	•	•	•
aclidinium	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
Actigall		•	•	
Actiq	Cancer	•	•	•
Adakveo		•	•	•
Adalat	angina	•	•	
Adcetris		•	•	•
Adriamycin		•	•	•
Adrucil		•	•	•
Advair	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
Afeditab	angina	•	•	
Afinitor		•	•	•
Airmir	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
Akineton		•		
albuterol	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		



Medication	Condition	Preferred	Standard	Modified
	If no condition noted, is unacceptable for any condition prescribed.			
albuterol and ipratropium	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
Aldactone	Congestive heart failure	•	•	•
Aldactone	Liver or kidney disease	•	•	
Aldactone	Cardiomyopathy	•	•	
alemtuzumab	Cancer	•	•	•
alemtuzumab		•		
Alferon	Cancer	•	•	•
Alferon		•	•	
Alkeran		•	•	•
Altace	Congestive heart failure	•	•	•
amantadine	Parkinson's disease	•		
aminosalicylic acid		•	•	•
amlodipine	angina	•	•	
Ampyra		•		
Anandron		•	•	•
anastrozole		•	•	•
Anoro Elipta	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
Antabuse		•	•	
apalutamide		•	•	•
Apokyn		•		
apomorphine		•		
arabinosylcytosine		•	•	•
Aranesp		•	•	•
Aricept		•	•	•
Arimidex		•	•	•
Aristocort		•		
Aromasin		•	•	•
Artane		•		
aspirin	angina	•	•	
Astagraf	Organ transplant	•	•	•
Atacand	Congestive heart failure	•	•	•
Atamet	Parkinson's disease	•		
atenolol	angina	•	•	
atezolizumab		•	•	•
Atripla		•	•	•
Atrovent	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
Aubagio		•		
Auryxia		•	•	•
Austedo		•	•	•
Avastin		•	•	•
Avonex		•		
Axona		•	•	•
Azapin	Organ transplant	•	•	•
Azapin	Systemic Lupus (SLE)	•		
Azasan	Organ transplant	•	•	•
Azasan	Systemic Lupus (SLE)	•		
azathioprine	Organ transplant	•	•	•
azathioprine	Systemic Lupus (SLE)	•		
azidothymidine (AZT)		•	•	•
Azilect		•		
baclofen		•	•	•
baclofen	Multiple sclerosis	•		
Balversa		•	•	•
Baycadron		•		



Medication	Condition	Preferred	Standard	Modified
	If no condition noted, is unacceptable for any condition prescribed.			
BCG (Bacillus Calmette and Guérin)		•	•	•
bedaquiline		•	•	•
belimumab		•		
Benlysta		•		
benztropine	Parkinson's disease	•		
Betaseron		•	•	•
Betaseron	Multiple sclerosis	•		
bevacizumab		•	•	•
bexarotene		•	•	•
Bexxar		•	•	•
bicalutamide		•	•	•
Bidil	Congestive heart failure	•	•	•
Biktarvy		•	•	•
biperiden		•		
bisoprolol	Congestive heart failure	•	•	•
Blenoxane		•	•	•
bleomycin		•	•	•
brentuximab vedotin		•	•	•
Breo Elipta	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
Bricanyl	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
Brilinta	angina	•	•	
bromocriptine	Parkinson's disease	•		
budesonide and formoterol	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
bumetanide	Congestive heart failure	•	•	•
bumetanide	Liver or kidney disease	•	•	
bumetanide, more than 1 mg		•	•	•
Bumex	Congestive heart failure	•	•	•
Bumex	Liver or kidney disease	•	•	
Bumex, more than 1 mg		•	•	•
Bunavail		•	•	
busulfan		•	•	•
Busulfex		•	•	•
Calan	Congestive heart failure	•	•	•
Calan	angina	•	•	
Calan	Cardiomyopathy	•	•	
calcifediol		•	•	
Calcijex		•	•	
calcitriol		•	•	
calcium acetate		•	•	
Campath	Cancer	•	•	•
Campral		•	•	
candesartan	Congestive heart failure	•	•	•
Capastat Sulfate		•	•	•
capecitabine		•	•	•
Capoten	Congestive heart failure	•	•	•
Capoten	Kidney disease	•	•	
capreomycin		•	•	•
caprylidene		•	•	•
captopril	Congestive heart failure	•	•	•
captopril	Kidney disease	•	•	
carbidopa	Parkinson's disease	•		
carbidopa, entacapone, levodopa		•		
carbiopa, levodopa		•		



Medication	Condition	Preferred	Standard	Modified
	If no condition noted, is unacceptable for any condition prescribed.			
Cardizem	angina	•	•	
Cardoxin	Congestive heart failure	•	•	•
Carimune		•	•	•
CaroSpir	Congestive heart failure	•	•	•
CaroSpir	Liver or kidney disease	•	•	
Cartia	angina	•	•	
carvedilol	Congestive heart failure	•	•	•
Casodex		•	•	•
CeeNu		•	•	•
CellCept	Organ transplant	•	•	•
CellCept	Systemic Lupus (SLE)	•		
Cerespan	angina	•	•	
Cerubidine		•	•	•
chlorambucil		•	•	•
cinacalcet		•	•	
cisplatin		•	•	•
cladribine		•	•	•
cladribine	Multiple sclerosis	•		
clopidogrel	Angina	•	•	
cobicistat		•	•	•
cobicistat, elvitegravir, emtricitabine, and tenofovir		•	•	•
Cogentin	Parkinson's disease	•		
Cognex		•	•	•
Combivent	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
Combivir		•	•	•
Comtan		•		
Copaxone		•		
Copegus		•	•	
Coreg	Congestive heart failure	•	•	•
Corlanor	Congestive heart failure	•	•	•
Cosmegen		•	•	•
Cotazym	Cystic Fibrosis	•	•	•
Coumadin	Congestive heart failure	•	•	•
Covera	angina	•	•	
Cozaar	Congestive heart failure	•	•	•
Creon	Cystic Fibrosis	•	•	•
Crixivan		•	•	•
crizanlizumab		•	•	•
cyclophosphamide		•	•	•
cycloserine		•	•	•
cyclosporine		•	•	•
cytarabine		•	•	•
Cytosar		•	•	•
Cytosar-U		•	•	•
Cytosan		•	•	•
daclatasvir		•	•	
dactinomycin		•	•	•
dalfampridine		•		
Dantrium		•		
dantrolene		•		
darbepoetin alfa		•	•	
darunavir		•	•	•
dasabuvir		•	•	
dasabuvir, ombitasvir, paritaprevir, and ritonavir		•	•	



Medication	Condition	Preferred	Standard	Modified
	If no condition noted, is unacceptable for any condition prescribed.			
daunorubicin		•	•	•
Decadron		•		
Deltasone		•		
Demadex	Congestive heart failure	•	•	•
Demadex	Liver or kidney disease	•	•	
Demadex, more than 10 mg		•	•	•
Depade		•	•	
Descovy		•	•	•
deutetrabenzine		•	•	•
dexamethasone		•		
didanosine		•	•	•
dideoxyinosine		•	•	•
Digitek	Congestive heart failure	•	•	•
Digitek	Cardiomyopathy	•	•	
Digox	Congestive heart failure	•	•	•
Digox	Cardiomyopathy	•	•	
digoxin	Congestive heart failure	•	•	•
digoxin	Cardiomyopathy	•	•	
diltiazem	angina	•	•	
dimethyl fumarate		•		
Diovan	Congestive heart failure	•	•	•
diroximel fumarate		•		
Disipal		•		
dispyramide	Cardiomyopathy	•	•	
disulfiram		•	•	
Docefrez		•	•	•
docetaxel		•	•	•
dolutegravir		•	•	•
donepezil		•	•	•
donepezil and memantine		•	•	•
Dopar		•		
Dovato		•	•	•
doxercalciferol	Congestive heart failure	•	•	•
doxercalciferol	Liver or kidney disease	•	•	
doxorubicin		•	•	•
dronabinol	Cancer	•	•	•
Droxia		•	•	•
Duopa		•		
Dygase	Cystic Fibrosis	•	•	•
edaravone		•	•	•
Edecrin	Congestive heart failure	•	•	•
Edecrin	Liver or kidney disease	•	•	
Edecrin, more than 50 mg		•	•	•
efavirenz		•	•	•
efavirenz, emtricitabine, and tenofovir		•	•	•
Effient	angina	•	•	
Efudex		•	•	•
elbasvir		•	•	
elbasvir and grazoprevir		•	•	
Eldepryl		•		
Eligard		•	•	•
Eliphos		•	•	•
Eloxatin		•	•	•
Emcyt		•	•	•
emtricitabine		•	•	•



Medication	Condition	Preferred	Standard	Modified
	If no condition noted, is unacceptable for any condition prescribed.			
emtricitabine and tenofovir disoproxil fumarate		•	•	•
Emtriva		•	•	•
enalapril	Congestive heart failure	•	•	•
Encron-10	Cystic Fibrosis	•	•	•
Endari		•	•	•
enoxaparin	angina	•	•	
entacapone		•		
Entresto	Congestive heart failure	•	•	•
Envarsus		•	•	•
enzalutamide		•	•	•
Epclusa		•	•	
Epivir		•	•	•
eplerenone	Congestive heart failure	•	•	•
eplerenone	Cardiomyopathy	•	•	
epoetin alfa		•	•	•
Epogen		•	•	•
Epzicom		•	•	•
erdafitinib		•	•	•
ergoloid mesylates		•	•	•
Erleada		•	•	•
erlotinib		•	•	•
erythropoietin		•	•	•
estramustine		•	•	•
ethacrynic acid	Congestive heart failure	•	•	•
ethacrynic acid	Liver or kidney disease	•	•	
ethacrynic acid, more than 50 mg		•	•	•
ethionamide		•	•	•
Etopophos		•	•	•
etoposide		•	•	•
Eulexin		•	•	•
everolimus		•	•	•
Exelon	Alzheimer's disease, dementia	•	•	•
Exelon		•		
exemestane		•	•	•
Exservan		•	•	•
Extavia		•		
Fareston		•	•	•
Faslodex		•	•	•
Femara		•	•	•
fentanyl	Cancer	•	•	•
Fentora	Cancer	•	•	•
ferric citrate		•	•	•
filgrastim		•	•	•
filgrastim		•	•	•
fingolimod		•		
floxuridine		•	•	•
fluorouracil		•	•	•
flutamide		•	•	•
fluticasone and salmeterol	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
fluticasone and vilanterol	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
fluticasone, umeclidinium and vilanterol	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
Folex PFS	Cancer	•	•	•



Medication	Condition	Preferred	Standard	Modified
	If no condition noted, is unacceptable for any condition prescribed.			
Foradil	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
formoterol	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
fosinopril	Congestive heart failure	•	•	•
Fosrenol		•	•	•
FUDR		•	•	•
fulvestrant		•	•	•
furosemide	Congestive heart failure	•	•	•
furosemide	Liver or kidney disease	•	•	
furosemide, more than 40 mg		•	•	•
Gablofen		•		
galantamine		•	•	•
GamaSTAN S/D		•	•	
gefitinib		•	•	•
gemtuzumab		•	•	•
Gengraf		•	•	•
Genvoya		•	•	•
Gilenya		•		
glatiramer		•		
glatiramer acetate		•		
Glatopa		•		
glecaprevir and pibrentasvir		•	•	
Gleevec		•	•	•
glycopyrrolate	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
Gocovri		•		
GoNitro	angina	•	•	
goserelin		•	•	•
Granix		•	•	•
grazoprevir		•	•	
Harvoni		•	•	
Hecoria		•	•	•
Hectorol		•	•	
Herceptin		•	•	•
histrelin		•	•	•
Hydergine		•	•	•
Hydrea		•	•	•
hydroxychloroquine		•		
hydroxyurea		•	•	•
Ibrance		•	•	•
ibrutinib		•	•	•
Ilozyme	Cystic Fibrosis	•	•	•
imatinib		•	•	•
Imbruvica		•	•	•
Imdur	angina	•	•	
Imuran	Organ transplant	•	•	•
Imuran	Systemic Lupus (SLE)	•		
Inbrija		•		
Incruse	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
indacaterol	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
indapamide	Congestive heart failure	•	•	•
Inderal	angina	•	•	
indinavir		•	•	•
Inspra	Congestive heart failure	•	•	•





Medication	Condition	Preferred	Standard	Modified
	If no condition noted, is unacceptable for any condition prescribed.			
Inspira	cardiomyopathy			
interferon alfa-2a	Cancer	•	•	•
interferon alfa-2b		•	•	•
interferon alfa-2b		•	•	
interferon beta-1a		•		
interferon beta-1b		•		
Intron A		•	•	•
Intron A		•	•	
iodine I 131		•	•	•
ipratropium	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
Iressa		•	•	•
Isentress		•	•	•
Isoptin	angina	•	•	
isosorbide	angina	•	•	
istradefylline		•		
ivabradine	Congestive heart failure	•	•	•
Jakafi		•	•	•
Jantoven	Congestive heart failure	•	•	•
JULUCA (Dolutegravir and Rilpivirine)		•	•	•
Kaletra		•	•	•
Katerzia	angina	•	•	
Kemadrin		•		
Keytruda		•	•	•
Kisqali		•	•	•
Kutrase	Cystic Fibrosis	•	•	•
Ku-Zyme	Cystic Fibrosis	•	•	•
lamivudine		•	•	•
lamivudine + zidovudine (ZDV)		•	•	•
Lanoxin	Congestive heart failure	•	•	•
Lanoxin	Cardiomyopathy	•	•	
lanthanum carbonate		•	•	•
Lapase	Cystic Fibrosis	•	•	•
Larodopa		•		
Lasix	Congestive heart failure	•	•	•
Lasix	Liver or kidney disease	•	•	
Lasix, more than 40 mg		•	•	•
ledipasvir		•	•	
ledipasvir and sofosbuvir		•	•	
Lemtrada	Cancer	•	•	•
Lemtrada	Multiple sclerosis	•		
lenalidomide		•	•	•
letrozole		•	•	•
Leukeran		•	•	•
leuprolide		•	•	•
levodopa	Parkinson's disease	•		
Lioresal		•		
Lipram	Cystic Fibrosis	•	•	•
lisinopril	Congestive heart failure	•	•	•
Lodosyn		•		
lomustine		•	•	•
lopinavir and ritonavir		•	•	•
Lopressor	angina	•	•	
losartan	Congestive heart failure	•	•	•
losartan	Kidney disease	•	•	
Lovenox	angina	•	•	



Medication	Condition	Preferred	Standard	Modified
	If no condition noted, is unacceptable for any condition prescribed.			
Lozol	congestive heart failure	•	•	•
Lupron		•	•	•
Lysodren		•	•	•
Mab Thera		•	•	•
Matulane		•	•	•
Mavenclad		•	•	•
Mavenclad	Multiple sclerosis	•		
Mavik	congestive heart failure	•	•	•
Mavyret		•	•	
Mayzent		•		
mechlorethamine		•	•	•
melphalan		•	•	•
memantine		•	•	•
mercaptopurine (6-MP)		•	•	•
methotrexate	Organ Transplant, cancer	•	•	•
metolazone	congestive heart failure	•	•	•
metoprolol	congestive heart failure	•	•	•
metoprolol	angina	•	•	
Mirapex	Parkinson's disease	•		
Mithracin		•	•	•
mitomycin		•	•	•
mitotane		•	•	•
mitoxantrone		•		
Moderiba		•	•	
Monket	angina	•	•	
Monopril	congestive heart failure	•	•	•
Mycobutin		•	•	•
mycophenolate mofetil	Systemic Lupus (SLE)	•		
mycophenolate mofetil	Organ transplant	•	•	•
Myleran		•	•	•
Mylocel	Sickle Cell Anemia	•	•	•
Mylotarg		•	•	•
naloxone		•	•	
naltrexone		•	•	
Namenda		•	•	•
Namzaric		•	•	•
natalizumab		•		
Nebupent	Pneumocystis pneumonia-PCP	•		
Neoral		•	•	•
Neosar		•	•	•
Neulasta		•	•	•
Neupogen		•	•	•
Neupro	Parkinson's disease	•		
Nifediac	angina	•	•	
Nifedical	angina	•	•	
nifedipine	angina	•	•	
Nilandron		•	•	•
nilutamide		•	•	•
nitroglycerin	angina	•	•	
Nitrolingual	angina	•	•	
Nitrostat	angina	•	•	
Nitro-Time	angina	•	•	
Nivestym		•	•	•
nivolumab		•	•	•
Norpace	Cardiomyopathy	•	•	
Norvasc	angina	•	•	
Norvir		•	•	•



<b>Medication</b>	If no condition noted, is unacceptable for any condition prescribed.	<b>Preferred</b>	<b>Standard</b>	<b>Modified</b>
Nourianz		•		
Novantrone		•		
Nuplazid		•		
ocrelizumab		•	•	•
ocrelizumab	Multiple sclerosis	•		
Ocrevus		•	•	•
Ocrevus	Multiple sclerosis	•		
octreotide		•	•	•
ofosbuvir and velpatasvir		•	•	
olodaterol	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
ombitasvir		•	•	
ombitasvir, paritaprevir, and ritonavir		•	•	
Onbrez	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
Oncovin		•	•	•
Onxol		•	•	•
Opdivo		•	•	•
orphenadrine		•		
Osmolex	Parkinson's disease	•		
oxaliplatin		•	•	•
Oxbryta		•	•	•
Oxygen		•	•	•
paclitaxel		•	•	•
palbociclib		•	•	•
Palcaps	Cystic Fibrosis	•	•	•
Panase	Cystic Fibrosis	•	•	•
Pancrease	Cystic Fibrosis	•	•	•
Pancrease	Cystic Fibrosis	•	•	•
Pancrecarb	Cystic Fibrosis	•	•	•
pancrelipase	Cystic Fibrosis	•	•	•
Pancron D/R	Cystic Fibrosis	•	•	•
Pangestyme	Cystic Fibrosis	•	•	•
Panocaps	Cystic Fibrosis	•	•	•
Panokase	Cystic Fibrosis	•	•	•
Papacon	angina	•	•	
papaverine	Angina	•	•	
Parcopa	Parkinson's disease	•		
paricalcitol		•	•	
paritaprevir		•	•	
Parlodel	Parkinson's disease	•		
Paser		•	•	•
Pavabid	Angina	•	•	
Pavacot	Angina	•	•	
Pavagen	Angina	•	•	
Pegasys		•	•	
pegfilgrastim		•	•	•
peginterferon alfa-2a		•	•	
peginterferon alfa-2b		•	•	
peginterferon beta-1a		•		
PegIntron		•	•	
pembrolizumab		•	•	•
Pentam	Pneumocystis jiroveci	•		
pentamidine	Pneumocystis jiroveci	•		
Pentopak	Angina	•	•	
perindopril	Congestive heart failure	•	•	•



<b>Medication</b>	If no condition noted, is unacceptable for any condition prescribed.	<b>Preferred</b>	<b>Standard</b>	<b>Modified</b>
Pertzye	Cystic Fibrosis	•	•	•
PhosLo		•	•	
Phoslyra		•	•	•
pimavanserin		•		
Plaquenil		•		
Plaretase	Cystic Fibrosis	•	•	•
Platinol		•	•	•
Plavix	Angina	•	•	
Plegridy		•		
plicamycin		•	•	•
pramipexole	Parkinson's disease	•		
prasugrel	angina	•	•	
prednisone	Kidney disease	•	•	
prednisone	Systemic Lupus	•		
pretomanid		•	•	•
Prezista		•	•	•
Priftin		•	•	•
Prinivil	Congestive heart failure	•	•	•
procarbazine		•	•	•
Procardia	angina	•	•	
procyclidine		•		
Prograf		•	•	•
promethazine HCl (Hydrochloride)	emphysema, COPD	•		
propranolol	angina	•	•	
Protilase	Cystic Fibrosis	•	•	•
Purinethol		•	•	•
Purixan		•	•	•
Qbrelis	Congestive heart failure	•	•	•
quinapril	Congestive heart failure	•	•	•
Quineprox		•		
Radicava		•	•	•
raltegravir		•	•	•
ramipril	Congestive heart failure	•	•	•
Ranexa	angina	•	•	
ranolazine	angina	•	•	
Rapamune		•	•	•
rasagiline		•		
Rayaldee		•	•	
Rayos		•	•	
Razadyne		•	•	•
Rebetol		•	•	
Rebif		•		
Reminyl		•	•	•
Renagel		•	•	•
Renvela		•	•	•
Requip	Parkinson's disease	•		
Retrovir		•	•	•
ReVia		•	•	
Revlimid		•	•	•
RibaPak		•	•	
Ribasphere		•	•	
ribavirin		•	•	
ribociclib		•	•	•
rifabutin		•	•	•
Rifamate		•	•	•
rifampin and isoniazid		•	•	•



<b>Medication</b>	If no condition noted, is unacceptable for any condition prescribed.	<b>Preferred</b>	<b>Standard</b>	<b>Modified</b>
rifampin, isoniazid and pyrazinamide		•	•	•
rifapentine		•	•	•
Rifater		•	•	•
Rilutek		•	•	•
riluzole		•	•	•
ritonavir		•	•	•
Rituxan	Cancer	•	•	•
rituximab	Cancer	•	•	•
rivastigmine	Alzheimer's disease, dementia	•	•	•
rivastigmine	Parkinson's disease	•		
Rlutek		•	•	•
Rocaltrol		•	•	
Roferon-A	Cancer	•	•	•
Roferon-A	Liver disease	•	•	
ropinirole	Parkinson's disease	•		
rotigotine	Parkinson's disease	•		
Rubex		•	•	•
ruxolitinib		•	•	•
Rytary		•		
sacubitril and valsartan	Congestive heart failure	•	•	•
saquinamide		•		
salmeterol	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
Samsca	Congestive heart failure	•	•	•
SandIMMUNE		•	•	•
Sandostatin		•	•	•
Savelamer		•	•	
Seebri	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
selegiline		•		
Sensipar		•	•	
Serevent	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
Seromycin		•	•	•
sevelamer		•	•	•
Siklos		•	•	•
simeprevir		•	•	
Sinemet	Parkinson's disease	•		
siponimod		•		
sirolimus		•	•	•
Sirturo		•	•	•
sofosbuvir		•	•	
sofosbuvir, velpatasvir, and voxilaprevir		•	•	
Sovaldi		•	•	
Spiriva	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
spironolactone	Congestive heart failure	•	•	•
spironolactone	Liver or kidney disease	•	•	
spironolactone	Cardiomyopathy	•	•	
Stalevo		•		
Sterapred		•		
Stribild		•	•	•
Striverdi	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
Suboxone		•	•	



<b>Medication</b>	If no condition noted, is unacceptable for any condition prescribed.	<b>Preferred</b>	<b>Standard</b>	<b>Modified</b>
sucroferric oxyhydroxide		•	•	•
sunitinib		•	•	•
Supprelin		•	•	•
Sutent		•	•	•
Sylatron		•	•	
Symbicort	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
Symmetrel	Parkinson's disease	•		
Tabloid		•	•	•
tacrine		•	•	•
tacrolimus		•	•	•
Tarabine		•	•	•
Tarabine PFS		•	•	•
Tarceva		•	•	•
Targretin		•	•	•
Tasmar		•		
Taxol		•	•	•
Taxotere		•	•	•
Tayos		•		
Taztia	angina	•	•	
tbo-filgrastim		•	•	•
Tecentriq		•	•	•
Tecfidera		•		
Technivie		•	•	
tenofovir disoproxil fumarate		•	•	•
Tenormin	angina	•	•	
Tensilon		•	•	•
teriflunomide		•		
Teslac		•	•	•
testolactone		•	•	•
tetrabenazine		•	•	•
thalidomide		•	•	•
Thalomid		•	•	•
TheraCys		•	•	•
thioguanine		•	•	•
Thioplex		•	•	•
thiotepa		•	•	•
Tiazac	angina	•	•	
ticagrelor	angina	•	•	
Tice BCG, BCG Live		•	•	•
Tiglutik		•	•	•
tiotropium	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	•		
Tivicay		•	•	•
tolcapone		•		
tolvaptan	Congestive heart failure	•	•	•
Toprol	Congestive heart failure	•	•	•
Toprol	angina	•	•	
toremifene		•	•	•
toremide	Congestive heart failure	•	•	•
toremide	Liver or kidney disease	•	•	
toremide, more than 10 mg		•	•	•
tositumomab		•	•	•
trandolapril	Congestive heart failure	•	•	•
trastuzumab		•	•	•
Trecator		•	•	•



Medication	Condition	Preferred	Standard	Modified
	If no condition noted, is unacceptable for any condition prescribed.			
Trelegy	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	.		
Trelstar LA		.	.	.
Trexall	Organ Transplant, cancer	.	.	.
triamcinolone		.		
Trihexane		.		
trihexyphenidyl		.		
Trilafon		.	.	.
triptorelin pamoate		.	.	.
Tritane		.		
Triumeq		.	.	.
Truvada		.	.	.
Tudorza	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	.		
Tybost		.	.	.
Tysabri		.		
Ultrase	Cystic Fibrosis	.	.	.
Ultresa	Cystic Fibrosis	.	.	.
umeclidinium	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	.		
umeclidinium and vilanterol	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	.		
Urso		.	.	
ursodiol		.	.	
Valcyte		.	.	.
valganciclovir		.	.	.
valsartan	Congestive heart failure	.	.	.
valsartan + sacubitril	Congestive heart failure	.	.	.
Vantas		.	.	.
Vasotec	Congestive heart failure	.	.	.
Velban		.	.	.
Velphoro		.	.	.
Ventolin	COPD, Chronic bronchitis, emphysema, chronic respiratory condition	.		
VePesid		.	.	.
verapamil	Congestive heart failure	.	.	.
verapamil	angina	.	.	
verapamil	Cardiomyopathy	.	.	
Verelan	angina	.	.	
Verzenio		.	.	.
Viadur		.	.	.
Videx		.	.	.
Viekira		.	.	
vinblastine		.	.	.
Vincasar		.	.	.
vincristine		.	.	.
Viokace	Cystic Fibrosis	.	.	.
Viokase	Cystic Fibrosis	.	.	.
Vio-Moore	Cystic Fibrosis, Cancer	.	.	.
Viread		.	.	.
Vivitrol		.	.	
Vosevi		.	.	
voxelotor		.	.	.
Vumerity		.		
warfarin	Congestive heart failure	.	.	.
Wellferon	Cancer	.	.	.
Wellferon	Liver disease	.	.	



<b>Medication</b>	If no condition noted, is unacceptable for any condition prescribed.	<b>Preferred</b>	<b>Standard</b>	<b>Modified</b>
Xatmep	Organ Transplant, cancer	•	•	•
Xeloda		•	•	•
Xenazine		•	•	•
Xtandi		•	•	•
Zaroxolyn	Congestive heart failure	•	•	•
Zarxio		•	•	•
Zebeta	Congestive heart failure	•	•	•
Zelapar		•		
Zemplar		•	•	
Zenpep	Cystic Fibrosis	•	•	•
Zepatier		•	•	
Zestril	Congestive heart failure	•	•	•
Ziagen		•	•	•
zidovudine		•	•	•
zidovudine (ZDV)		•	•	•
Zoladex		•	•	•
Zubsolv		•	•	
Zymase	Cystic Fibrosis	•	•	•
Zytiga		•	•	•





PRESCRIPTION REFERENCE GUIDE			
Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage has been indicated.			
The "Rx Fill Within" column means the drug was prescribed within the time period noted. For some circulatory/heart medications, the "Rx Fill Within" column notes "First Fill". "First Fill" refers to when the medication was originally prescribed.			
Medication	Common Uses	RX Fill Within	Plan Eligibility
Abilify	Psychotic Disorder	N/A	Immediate
Accupril	Hypertension CHF	N/A N/A	Immediate No Coverage
Accuretic	Hypertension CHF	N/A N/A	Immediate No Coverage
Acebutolol HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Aceon	Hypertension CHF	N/A N/A	Immediate No Coverage
Actoplus	Diabetes *	N/A	Immediate
Actos	Diabetes *	N/A	Immediate
Advair	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Aggrenox	Stroke / TIA	2 years 3 years > 3 years	Return of Premium Graded Immediate
Albuterol	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Aldactazide	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Aldactone	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Allopurinol	Gout	N/A	Immediate
Altace	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Amantadine HCL	Parkinson's	N/A	Graded
Amaryl	Diabetes *	N/A	Immediate
Ambisome	AIDS	N/A	No Coverage
Amiloride HCL	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Amlodipine Besylate/Benaz	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
NOTE: Proposed Insureds taking both a medication marked with an asterisk (*) representing "diabetes" and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as YES (Return of Premium section). Question #4 asks - "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"			



**AMERICAN AMICABLE - AMERICAN LEGACY**

<b>Medication</b>	<b>Common Uses</b>	<b>RX Fill Within</b>	<b>Plan Eligibility</b>
Amyl Nitrate	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Antabuse	Alcohol / Drugs	2 years	Return of Premium
Apokyn	Parkinson's	N/A	Graded
Apresoline	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Aptivus	AIDS	N/A	No Coverage
Aranesp	Kidney Dialysis	N/A	No coverage
	Renal Insufficiency/Failure	N/A	Return of Premium
	Diabetic Nephropathy #	N/A	Return of Premium
Aricept	Alzheimer's / Dementia	N/A	No Coverage
Arimidex	Cancer	2 years	Return of Premium
		3 years	Graded
		> 3 years	Immediate
Atacand	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Atamet	Parkinson's	N/A	Graded
Atenolol	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Atgam	Organ / Tissue Transplant	N/A	No coverage
Atripla	AIDS	N/A	No coverage
Atrovent/Atrovent HFA Atrovent (Nasal)	Allergies	N/A	Immediate
	COPD	2 years 3 years > 3 years	Return of Premium Graded Immediate
Avalide	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Avandia	Diabetes *	N/A	Immediate
Avapro	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Avonex	Multiple Sclerosis	N/A	Graded
Azasan	Organ / Tissue Transplant	N/A	No coverage
	Rheumatoid Arthritis	N/A	Immediate
	Systemic Lupus	N/A	Return of Premium
Azathioprine	Organ / Tissue Transplant	N/A	No coverage
	Rheumatoid Arthritis	N/A	Immediate
	Systemic Lupus	N/A	Return of Premium
Azilect	Parkinson's	N/A	Graded
Azmacort	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate

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**AMERICAN AMICABLE - AMERICAN LEGACY**

<b>Medication</b>	<b>Common Uses</b>	<b>RX Fill Within</b>	<b>Plan Eligibility</b>
Azor	Hypertension CHF	N/A N/A	Immediate No Coverage
Baclofen	Multiple Sclerosis	N/A	Graded
Baraclude	Liver Disorder / Hepatitis	2 years 3 years > 3 years	Return of Premium Graded Immediate
Benazepril HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Benicar	Hypertension CHF	N/A N/A	Immediate No Coverage
Benlysta	Systemic Lupus	N/A	Return of Premium
Benzotropine Mesylate	Parkinson's Other Use	N/A N/A	Graded Immediate
Betapace	Heart Arrhythmia CHF	N/A N/A	Immediate No Coverage
Betaseron	Multiple Sclerosis	N/A	Graded
Betaxolol HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
BiDil	CHF	N/A	No Coverage
Bisoprolol Fumarate	Hypertension CHF	N/A N/A	Immediate No Coverage
Bromocriptine Mesylate	Parkinson's	N/A	Graded
Bumetadine	Hypertension CHF	N/A N/A	Immediate No Coverage
Bumex	Hypertension CHF	N/A N/A	Immediate No Coverage
Buprenex	Alcohol / Drugs	2 years	Return of Premium
Bystolic	Hypertension CHF	N/A N/A	Immediate No Coverage
Calcium Acetate	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy #	N/A N/A N/A	No coverage Return of Premium Return of Premium
Campath	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Campral	Alcohol / Drugs	2 years	Return of Premium
Capoten	Hypertension CHF	N/A N/A	Immediate No Coverage
Capozide	Hypertension CHF	N/A N/A	Immediate No Coverage
Captopril	Hypertension CHF	N/A N/A	Immediate No Coverage
Carbamazepine	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium

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**AMERICAN AMICABLE - AMERICAN LEGACY**

<b>Medication</b>	<b>Common Uses</b>	<b>RX Fill Within</b>	<b>Plan Eligibility</b>
Carbatrol	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Carbidopa	Parkinson's	N/A	Graded
Carvedilol	Hypertension CHF	N/A N/A	Immediate No Coverage
Casodex	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Celebrex	Arthritis	N/A	Immediate
Cellcept	Organ / Tissue Transplant	N/A	No coverage
Clopidogrel	Stroke/TIA/Heart Attack Stroke/Heart Attack Stroke/Heart Attack	First Fill 2 years First Fill 3 years First Fill > 3 years	Return of Premium Graded Immediate
Cogentin	Parkinson's Other Use	N/A N/A	Graded Immediate
Cognex	Alzheimer's/Dementia	N/A	No coverage
Combivent	COPD	2 years 3 years > 3 years	Return of Premium Graded Immediate
Combivir	AIDS	N/A	No Coverage
Complera	AIDS	N/A	No Coverage
Copaxone	Multiple Sclerosis	N/A	Graded
Copegus	Liver Disorder / Hepatitis C	2 years 3 years > 3 years	Return of Premium Graded Immediate
Cordarone	Arrhythmia	N/A	Immediate
Coreg	Hypertension CHF	N/A N/A	Immediate No Coverage
Corgard	Hypertension CHF	N/A N/A	Immediate No Coverage
Corzide	Hypertension CHF	N/A N/A	Immediate No Coverage
Coumadin	Pulmonary Embolism Thrombosis	NA NA	Immediate Immediate
	Cardiac Valve Replacement/ TIA/Stroke/Heart Attack	First Fill 2 years	Return of Premium
	Cardiac Valve Replacement/ Stroke/Heart Attack	First Fill 3 years First Fill > 3 years	Graded Immediate
Cozaar	Hypertension CHF	N/A N/A	Immediate No Coverage
Cyclosporine	Organ / Tissue Transplant	N/A	No Coverage
Cyclosporine Modified	Organ / Tissue Transplant	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Cytoxan	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Demadex	Hypertension CHF	N/A N/A	Immediate No Coverage
Depacon	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Depade	Alcohol / Drugs	2 years	Return of Premium
Depakene	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Depakote	Seizure Disorder	3 years	Graded
Diabeta	Diabetes *	N/A	Immediate
Diabinese	Diabetes *	N/A	Immediate
Digitek	Atrial Fibrillation CHF	N/A N/A	Immediate No Coverage
Digoxin	Atrial Fibrillation CHF	N/A N/A	Immediate No Coverage
Dilantin	Seizure Disorder	N/A	Graded
Dilatrate SR	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Dilor	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Diovan	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Disulfiram	Alcohol / Drugs	2 years	Return of Premium
Dolophine	Opioid Dependence	2 years	Return of Premium
Donepezil HCL	Alzheimer's / Dementia	N/A	No coverage
Duoneb	COPD	2 years	Return of Premium
		3 years	Graded
		> 3 years	Immediate
Dyazide	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Dynacirc	Hypertension	N/A	Immediate
Dyrenium	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Edecrin	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Edurant	AIDS	N/A	No Coverage
Eldepryl	Parkinson's	N/A	Graded

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Emtriva	AIDS	N/A	No coverage
Enalapril Maleate	Hypertension CHF	N/A N/A	Immediate No Coverage
Enalaprilat	Hypertension CHF	N/A N/A	Immediate No Coverage
Epitol	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Epivir	AIDS	N/A	No coverage
Eskalith	Bipolar Disorder	N/A	Immediate
Esmolol HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Exelon	Alzheimer's / Dementia	N/A	No coverage
Exforge	Hypertension CHF	N/A N/A	Immediate Return of Premium
Femara	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Foscavir	AIDS	N/A	No coverage
Fosinopril Sodium	Hypertension CHF	N/A N/A	Immediate No Coverage
Fosrenol	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy #	N/A N/A N/A	No coverage Return of Premium Return of Premium
Furosemide	Hypertension CHF	N/A N/A	Immediate No Coverage
Gabapentin	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Galantamine	Alzheimer's / Dementia	N/A	No coverage
Gleevec	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Glipizide	Diabetes *	N/A	Immediate
Glucophage	Diabetes *	N/A	Immediate
Glucotrol	Diabetes *	N/A	Immediate
Glyburide	Diabetes *	N/A	Immediate
Glynase	Diabetes *	N/A	Immediate
Haldol	Psychotic Disorder	N/A	Immediate
Haloperidol	Psychotic Disorder	N/A	Immediate
HCTZ	Hypertension	N/A	Immediate
HCTZ/Triamterene	Hypertension CHF	N/A N/A	Immediate No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Hectoral	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy #	N/A N/A N/A	No coverage Return of Premium Return of Premium
Heparin	Pulmonary Embolism Thrombosis	N/A N/A	Immediate Immediate
Hepsera	Liver Disorder / Hepatitis	2 years 3 years > 3 years	Return of Premium Graded Immediate
Hizentra	Immunodeficiency	N/A	Decline
Humalog	Diabetes *	N/A	Immediate
Humulin	Diabetes *	N/A	Immediate
Hydralazine HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Hydroxyurea	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Hydergine	Alzheimer's /Dementia	N/A	No coverage
Hydroxychloroquine	Systemic Lupus Malaria Rheumatoid Arthritis	N/A N/A N/A	Return of Premium Immediate Immediate
Hyzaar	Hypertension CHF	N/A N/A	Immediate No Coverage
Imdur	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Imuran	Organ / Tissue Transplant	N/A	No coverage
	Rheumatoid Arthritis	N/A	Immediate
	Systemic Lupus	N/A	Return of Premium
Inamrinone	CHF	N/A	No Coverage
Inderal	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Inderide	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Innopran XL	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Inspra	CHF	N/A	No Coverage
Insulin	Diabetes *	N/A	Immediate
Intron-A	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
	Hepatitis C	2 year 3 years > 3 years	Return of Premium Graded Immediate

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<b>Medication</b>	<b>Common Uses</b>	<b>RX Fill Within</b>	<b>Plan Eligibility</b>
Invirase	AIDS	N/A	No coverage
Ipratropium Bromide	Allergies	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Isordil	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Isosorbide Dinitrate/Mononitrate	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Janumet	Diabetes *	N/A	Immediate
Januvia	Diabetes *	N/A	Immediate
Kaletra	AIDS	N/A	No coverage
Kemadrin	Parkinson's	N/A	Graded
	Other Use	N/A	Immediate
Kerlone	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Labetalol	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Lamictal	Seizures	3 years	Graded
	Diabetic Neuropathy #	N/A	Return of Premium
Lamtroline	Seizures	3 years	Graded
	Diabetic Neuropathy #	N/A	Return of Premium
Lanoxicaps	Atrial Fibrillation	N/A	Immediate
	CHF	N/A	No Coverage
Lanoxin	Atrial Fibrillation	N/A	Immediate
	CHF	N/A	No Coverage
Lantus	Diabetes *	N/A	Immediate
Larodopa	Parkinson's	N/A	Graded
Lasix	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Leukeran	Cancer	2 years	Return of Premium
		3 years	Graded
		> 3 years	Immediate
Levatol	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Levemir	Diabetes *	N/A	Immediate
Levocarnitine	Kidney Dialysis	N/A	No coverage
	Renal Insufficiency/Failure	N/A	Return of Premium
	Diabetic Nephropathy #	N/A	Return of Premium
Levodopa	Parkinson's	N/A	Graded

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**AMERICAN AMICABLE - AMERICAN LEGACY**

<b>Medication</b>	<b>Common Uses</b>	<b>RX Fill Within</b>	<b>Plan Eligibility</b>
Lexiva	AIDS	N/A	No coverage
Lexxel	Hypertension CHF	N/A N/A	Immediate No Coverage
Lipitor	Cholesterol	N/A	Immediate
Lisinopril	Hypertension CHF	N/A N/A	Immediate No Coverage
Lithium	Bipolar Disorder	N/A	Immediate
Lodosyn	Parkinson's	N/A	Graded
Losartan Potassium	Hypertension CHF	N/A N/A	Immediate No Coverage
Lotensin	Hypertension CHF	N/A N/A	Immediate No Coverage
Loxapine	Psychotic Disorder	N/A	Immediate
Loxitane	Psychotic Disorder	N/A	Immediate
Lupron	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Lyrica	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Mavik	Hypertension CHF	N/A N/A	Immediate No Coverage
Maxzide	Hypertension CHF	N/A N/A	Immediate No Coverage
Mellaril	Psychotic Disorder	N/A	Immediate
Mepron	AIDS	N/A	No coverage
Metformin	Diabetes *	N/A	Immediate
Methadone	Opioid Dependence	2 years	Return of Premium
Methadose	Opioid Dependence	2 year	Return of Premium
Methotrexate	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
	Rheumatoid Arthritis	N/A	Immediate
Metolazone	Hypertension CHF	N/A N/A	Immediate No Coverage
Metoprolol HCTZ	Hypertension CHF	N/A N/A	Immediate No Coverage
Metoprolol Tartrate/Suc-cinate	Hypertension CHF	N/A N/A	Immediate No Coverage
Micardis	Hypertension CHF	N/A N/A	Immediate No Coverage
Micronase	Diabetes *	N/A	Immediate
Midamor	Hypertension CHF	N/A N/A	Immediate No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Milrinone	CHF	N/A	No Coverage
Minitran	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Mirapex	Parkinson's	N/A	Graded
	Other Use	N/A	Immediate
Moban	Psychotic Disorder	N/A	Immediate
Moduretic	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Moexipril HCL	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Monoket	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Monopril	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Mykrok	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Mysoline	Seizure Disorder	N/A	Graded
Nadolol	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Naloxone	Alcohol / Drugs	2 years	Return of Premium
Naltrexone	Alcohol / Drugs	2 years	Return of Premium
Namenda	Alzheimer's /Dementia	N/A	No coverage
Narcan	Alcohol / Drugs	2 years	Return of Premium
Natrecor	CHF	N/A	No Coverage
Navane	Psychotic Disorder	N/A	Immediate
Neurontin	Seizures	3 years	Graded
	Diabetic Neuropathy #	N/A	Return of Premium
Nimodipine	Stroke/TIA/Heart Attack	First Fill 2 years	Return of Premium
	Stroke/Heart Attack	First Fill 3 years	Graded
	Stroke/Heart Attack	First Fill > 3 years	Immediate
Nimotop	Stroke/TIA/Heart Attack	First Fill 2 year	Return of Premium
	Stroke/Heart Attack	First Fill 3 years	Graded
	Stroke/Heart Attack	First Fill > 3 years	Immediate
Nitrek	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage

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<b>Medication</b>	<b>Common Uses</b>	<b>RX Fill Within</b>	<b>Plan Eligibility</b>
Nitro-bid	Angina	2 year 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Nitro-dur	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Nitroglycerine/Nitrota b/ Nitroquick/Nitrostat	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Nitrol	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Nitromist	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Normodyne	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Norpace	Arrythmia	N/A	Immediate
Norvir	AIDS	N/A	No coverage
Novolin	Diabetes *	N/A	Immediate
Novolog	Diabetes *	N/A	Immediate
Pacerone	Arrythmia	NA	Immediate
Parcopa	Parkinson's	N/A	Graded
Parlodel	Parkinson's	N/A	Graded
Paxil	Depressive Disorder	N/A	Immediate
Pegasys	Liver Disorder / Hepatitis C	2 years 3 years > 3 years	Return of Premium Graded Immediate
Peg-Intron	Liver Disorder / Hepatitis C	2 years 3 years > 3 years	Return of Premium Graded Immediate
Pentam 300	AIDS	N/A	No coverage
Pentamidine Isethionate	AIDS	N/A	No coverage
Pepcid	Stomach Disorder	N/A	Immediate
Pergolide Mesylate	Parkinson's	N/A	Graded
Perindopril Erbumine	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Permax	Parkinson's	N/A	Graded

NOTE: Proposed Insureds taking both a medication marked with an asterisk (\*) representing "diabetes" and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as YES (Return of Premium section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"



**AMERICAN AMICABLE - AMERICAN LEGACY**

<b>Medication</b>	<b>Common Uses</b>	<b>RX Fill Within</b>	<b>Plan Eligibility</b>
Phenobarbital	Seizures	N/A	Graded
Phoslo	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy #	N/A N/A N/A	No coverage Return of Premium Return of Premium
Pindolol	Hypertension CHF	N/A N/A	Immediate No Coverage
Plaquenil	Systemic Lupus Malaria Rheumatoid Arthritis	N/A N/A N/A	Return of Premium Immediate Immediate
Plavix	Stroke/TIA/Heart Attack Stroke/Heart Attack Stroke/Heart Attack	First Fill 2 years First Fill 3 years First Fill > 3 years	Return of Premium Graded Immediate
Prandin	Diabetes *	N/A	Immediate
Primacor	CHF	N/A	No Coverage
Prinivil	Hypertension CHF	N/A N/A	Immediate No Coverage
Prinzide	Hypertension CHF	N/A N/A	Immediate No Coverage
Prograf	Organ / Tissue Transplant	N/A	No Coverage
Proleukin	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Prolixin	Psychotic Disorder	N/A	Immediate
Propranolol HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Proventil	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Prozac	Depressive Disorder	N/A	Immediate
Quinapril	Hypertension CHF	N/A N/A	Immediate No Coverage
Quinaretic	Hypertension CHF	N/A N/A	Immediate No Coverage
Ramipril	Hypertension CHF	N/A N/A	Immediate Return of Premium
Rapamune	Organ / Tissue Transplant	N/A	No Coverage
Razadyne	Alzheimer's / Dementia	N/A	No Coverage
Rebetol	Liver Disorder / Hepatitis C	2 years 3 years > 3 years	Return of Premium Graded Immediate
Rebetron	Liver Disorder / Hepatitis C	2 years 3 years > 3 years	Return of Premium Graded Immediate

NOTE: Proposed Insureds taking both a medication marked with an asterisk (\*) representing "diabetes" and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as YES (Return of Premium section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"



**AMERICAN AMICABLE - AMERICAN LEGACY**

<b>Medication</b>	<b>Common Uses</b>	<b>RX Fill Within</b>	<b>Plan Eligibility</b>
Rebif	Multiple Sclerosis	N/A	Graded
Reminyl	Alzheimer's / Dementia	N/A	No Coverage
Renagel	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy #	N/A N/A N/A	No coverage Return of Premium Return of Premium
Renvela	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy #	N/A N/A N/A	No coverage Return of Premium Return of Premium
Requip	Parkinson's Other Use	N/A N/A	Graded Immediate
Ribavirin	Liver Disorder / Hepatitis C	2 year 3 years > 3 years	Return of Premium Graded Immediate
Rilutek	ALS (Lou Gehrig's Disease)	N/A	No Coverage
Risperdal	Psychotic Disorder	N/A	Immediate
Risperidone	Psychotic Disorder	N/A	Immediate
Rituxan	Cancer	2 year 3 years > 3 years	Return of Premium Graded Immediate
	Rheumatoid Arthritis	N/A	Immediate
Rivastigmine Tartrate	Alzheimer's / Dementia	N/A	No Coverage
Ropinirole	Parkinson's	N/A	Graded
	Diabetic Neuropathy #	N/A	Return of Premium
	Other Use	N/A	Immediate
Rythmol	Arrhythmia	N/A	Immediate
Sectral	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Serevent	Asthma	N/A	Immediate
	COPD / Emphysema	2 year 3 years > 3 years	Return of Premium Graded Immediate
Seroquel	Psychotic Disorder	N/A	Immediate
Sinemet/Sinemet CR	Parkinson's	N/A	Graded
Sodium Edecrin	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Soltalol Hydrochloride	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Sotalol HCL	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Spiriva	COPD	2 year	Return of Premium
		3 years	Graded
		> 3 years	Immediate

NOTE: Proposed Insureds taking both a medication marked with an asterisk (\*) representing "diabetes" and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as YES (Return of Premium section). Question #4 asks - "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"



Medication	Common Uses	RX Fill Within	Plan Eligibility
Spironolactone	Hypertension CHF	N/A N/A	Immediate No Coverage
Sprycel	Cancer	2 year 3 years > 3 years	Return of Premium Graded Immediate
Stalevo	Parkinson's	N/A	Graded
Starlix	Diabetes *	N/A	Immediate
Suboxone	Alcohol / Drugs	2 years	Return of Premium
Subutex	Alcohol / Drugs	2 years	Return of Premium
Sustiva	AIDS	N/A	No Coverage
Symbicort	Asthma	N/A	Immediate
	COPD / Emphysema	2 year 3 years > 3 years	Return of Premium Graded Immediate
Symmetrel	Parkinson's	N/A	Graded
Tambocor	Arrythmia	N/A	Immediate
Tamoxifen	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Tarka	Hypertension CHF	N/A N/A	Immediate No Coverage
Tasmar	Parkinson's	N/A	Graded
Tegretol	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Tenoretic	Hypertension CHF	N/A N/A	Immediate No Coverage
Tenormin	Hypertension CHF	N/A N/A	Immediate No Coverage
Teveten	Hypertension CHF	N/A N/A	Immediate No Coverage
Theodur	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Theophylline	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Thioridazine	Psychotic Disorder	N/A	Immediate
Thiothixene	Psychotic Disorder	N/A	Immediate
Thorazine	Psychotic Disorder	N/A	Immediate
Tolazamide	Diabetes *	N/A	Immediate
Tolbutamide	Diabetes *	N/A	Immediate

NOTE: Proposed Insureds taking both a medication marked with an asterisk (\*) representing "diabetes" and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as YES (Return of Premium section). Question #4 asks - "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"



**AMERICAN AMICABLE - AMERICAN LEGACY**

<b>Medication</b>	<b>Common Uses</b>	<b>RX Fill Within</b>	<b>Plan Eligibility</b>
Tolinase	Diabetes *	N/A	Immediate
Toprol XL	Hypertension CHF	N/A N/A	Immediate No Coverage
Torseamide	Hypertension CHF	N/A N/A	Immediate No Coverage
Trandate	Hypertension CHF	N/A N/A	Immediate No Coverage
Trandolapril	Hypertension CHF	N/A N/A	Immediate No Coverage
Trimterene	Hypertension CHF	N/A N/A	Immediate No Coverage
Triamterene/HCTZ	Hypertension CHF	N/A N/A	Immediate No Coverage
Tribenzor	Hypertension CHF	N/A N/A	Immediate No Coverage
Trihexyphenidyl HCL	Parkinson's Other Use	N/A N/A	Graded Immediate
Truvada	AIDS	N/A	No Coverage
Twynsta	Hypertension CHF	N/A N/A	Immediate No Coverage
Tyzeka	Liver Disorder / Hepatitis	2 years 3 years > 3 years	Return of Premium Graded Immediate
Uniretic	Hypertension CHF	N/A N/A	Immediate No Coverage
Univasc	Hypertension CHF	N/A N/A	Immediate No Coverage
Valcyte	AIDS	N/A	No Coverage
Valproic Acid	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Valstar	Cancer	2 year 3 years > 3 years	Return of Premium Graded Immediate
Valturna	Hypertension CHF	N/A N/A	Immediate No Coverage
Vascor	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
Vaseretic	Hypertension CHF	N/A N/A	Immediate No Coverage
Vasotec	Hypertension CHF	N/A N/A	Immediate No Coverage

NOTE: Proposed Insureds taking both a medication marked with an asterisk (\*) representing "diabetes" and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as YES (Return of Premium section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"



**AMERICAN AMICABLE - AMERICAN LEGACY**

Medication	Common Uses	RX Fill Within	Plan Eligibility
Ventolin	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Viaspan	Organ / Tissue Transplant	N/A	No Coverage
Viracept	AIDS	N/A	No Coverage
Viramune	AIDS	N/A	No Coverage
Viread	AIDS	N/A	No Coverage
Visken	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Vivitrol	Alcohol / Drugs	2 years	Return of Premium
Warfarin	Pulmonary Embolism	NA	Immediate
	Thrombosis	NA	Immediate
	Cardiac Valve Replacement/ TIA/Stroke/Heart Attack	First Fill 2 years	Return of Premium
	Cardiac Valve Replacement/ Stroke/Heart Attack	First Fill 3 years First Fill > 3 years	Graded Immediate
Xeloda	Cancer	2 years	Return of Premium
		3 years > 3 years	Graded Immediate
Xopenex	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Zantac	Stomach Disorder	N/A	Immediate
Zaroxolyn	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Zebeta	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Zelapar	Parkinson's	N/A	Graded
Zemplar	Kidney Dialysis	N/A	No coverage
	Renal Insufficiency/Failure	N/A	Return of Premium
	Diabetic Nephropathy #	N/A	Return of Premium
Zestoretic	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Zestril	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Ziac	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Zocor	Cholesterol	N/A	Immediate
Zoloff	Depressive Disorder	N/A	Immediate
Zyprexa	Psychotic Disorder	N/A	Immediate

NOTE: Proposed Insureds taking both a medication marked with an asterisk (\*) representing "diabetes" and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as YES (Return of Premium section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"





**ALPHABETICAL DRUG LIST**

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage has been indicated.

The "Rx Fill Within" column means the drug was prescribed within the time period noted.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Abilify	Bi-Polar / Schizophrenia	N/A	No Coverage
Accupril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Accuretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Acebutolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Aceon	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Actoplus	Diabetes	N/A	See "#" Below
Actos	Diabetes	N/A	See "#" Below
Advair	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Aggrenox	Blood Clot	3 years	Return of Premium
	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Albuterol	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Aldactazide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Aldactone	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Allopurinol	Gout	N/A	Immediate
Altace	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Amantadine HCL	Parkinson's	N/A	Return of Premium
Amaryl	Diabetes	N/A	See "#" Below
Ambisome	AIDS	N/A	No Coverage
Amiloride HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Amlodipine Besylate/Benaz	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Amyl Nitrate	Angina / CHF	N/A	No Coverage
Antabuse	Alcohol / Drugs	2 years	No Coverage
Apokyn	Parkinson's	N/A	Return of Premium



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<b>Medication</b>	<b>Common Uses</b>	<b>RX Fill Within</b>	<b>Plan Eligibility</b>
Apresoline	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Aptivus	AIDS	N/A	No Coverage
Aranesp	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency/Failure	N/A	No Coverage
	Diabetic Nephropathy	N/A	No Coverage
Arimidex	Cancer	5 years > 5 years	No Coverage Immediate
Atacand	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Atamet	Parkinson's	N/A	Return of Premium
Atenolol	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Atgam	Organ / Tissue Transplant	N/A	No Coverage
Atripla	AIDS	N/A	No Coverage
Atrovent/Atrovent HFA Atrovent (Nasal)	Allergies	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Avalide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Avandia	Diabetes	N/A	See "#" Below
Avapro	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Avonex	Multiple Sclerosis	N/A	Return of Premium
Azasan	Organ / Tissue Transplant	N/A	No Coverage
	Rheumatoid Arthritis	N/A	Return of Premium
	Systemic Lupus (SLE)	N/A	No Coverage
Azathioprine	Organ / Tissue Transplant	N/A	No Coverage
	Rheumatoid Arthritis	N/A	Return of Premium
	Systemic Lupus (SLE)	N/A	No Coverage
Azilect	Parkinson's	N/A	Return of Premium
Azmacort	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Azor	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Baclofen	Multiple Sclerosis	N/A	Return of Premium
Baraclude	Liver Disorder / Hepatitis	N/A	Return of Premium
	Liver Failure	N/A	No Coverage
Benazepril HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Benicar	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage



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<b>Medication</b>	<b>Common Uses</b>	<b>RX Fill Within</b>	<b>Plan Eligibility</b>
Benlysta	Systemic Lupus (SLE)	N/A	No Coverage
Benzotropine Mesylate	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Betapace	Irregular Heart Beat CHF	3 years N/A	Return of Premium No Coverage
Betaseron	Multiple Sclerosis	N/A	Return of Premium
Betaxolol HCL	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
BiDil	CHF	N/A	No Coverage
Bisoprolol Fumarate	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Bromocriptine Mesylate	Parkinson's	N/A	Return of Premium
Bumetadine	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Bumex	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Buprenex	Alcohol / Drugs	2 years	No Coverage
Bystolic	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Calan	High Blood Pressure (HTN)	N/A	See "*" Below
Calcium Acetate	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Campath	Cancer	5 years > 5 years	No Coverage Immediate
Campral	Alcohol / Drugs	2 years	No Coverage
Capoten	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Capozide	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Captopril	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Carbamazepine	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Carbatrol	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Carbidopa	Parkinson's	N/A	Return of Premium
Cardizem	High Blood Pressure (HTN)	N/A	See "*" Below
Cardura	High Blood Pressure (HTN)	N/A	See "*" Below
Cartia	High Blood Pressure (HTN)	N/A	See "*" Below
Carvedilol	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage



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<b>Medication</b>	<b>Common Uses</b>	<b>RX Fill Within</b>	<b>Plan Eligibility</b>
Casodex	Cancer	5 years > 5 years	No Coverage Immediate
Catapress	High Blood Pressure (HTN)	N/A	See "*" Below
Cellcept	Organ / Tissue Transplant	N/A	No Coverage
Chlorpromazine	Schizophrenia	N/A	No Coverage
Clopidogrel	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Cogentin	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Combivent	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Combivir	AIDS	N/A	No Coverage
Complera	AIDS	N/A	No Coverage
Copaxone	Multiple Sclerosis	N/A	Return of Premium
Copegus	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Cordarone	Irregular Heart Beat	3 years	Return of Premium
Coreg	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Corgard	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Corzide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Coumadin	Blood Clot	3 years	Return of Premium
	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Cozaar	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Creon	Chronic Pancreatitis	N/A	Return of Premium
Cyclosporine	Organ / Tissue Transplant	N/A	No Coverage
Cyclosporine Modified	Organ / Tissue Transplant	N/A	No Coverage
Cytoxan	Cancer	5 years > 5 years	No Coverage Immediate
Daliresp	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Demadex	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Depacon	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Depade	Alcohol / Drugs	2 years	No Coverage
Depakene	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Depakote	Seizures	3 years	Return of Premium



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<b>Medication</b>	<b>Common Uses</b>	<b>RX Fill Within</b>	<b>Plan Eligibility</b>
Diabeta	Diabetes	N/A	See "*" Below
Diabinese	Diabetes	N/A	See "*" Below
Digitek	Irregular Heart Beat CHF	3 years N/A	Return of Premium No Coverage
Digoxin	Irregular Heart Beat CHF	3 years N/A	Return of Premium No Coverage
Dilacor	High Blood Pressure (HTN)	N/A	See "*" Below
Dilantin	Seizures	3 years	Return of Premium
Dilatrate SR	Angina / CHF	N/A	No Coverage
Dilor	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Diovan	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Disulfiram	Alcohol / Drugs	2 years	No Coverage
Dolophine	Opioid Dependence	2 years	No Coverage
Duoneb	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Dyazide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Dynacirc	High Blood Pressure (HTN)	N/A	See "*" Below
Dyrenium	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Edecrin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Edurant	AIDS	N/A	No Coverage
Eldepryl	Parkinson's	N/A	Return of Premium
Emtriva	AIDS	N/A	No Coverage
Enalapril Maleate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Enalaprilat	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Epitol	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Epivir	AIDS	N/A	No Coverage
Eplerenone	CHF	N/A	No Coverage
Eskalith	Bi-Polar / Schizophrenia	N/A	No Coverage
Esmolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Exforge	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Felodipine	High Blood Pressure (HTN)	N/A	See "*" Below



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<b>Medication</b>	<b>Common Uses</b>	<b>RX Fill Within</b>	<b>Plan Eligibility</b>
Femara	Cancer	5 years > 5 years	No Coverage Immediate
Foscavir	AIDS	N/A	No Coverage
Fosinopril Sodium	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Fosrenol	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Furosemide	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Gabapentin	Seizures Diabetic Neuropathy Restless Leg Syndrome	3 years N/A N/A	Return of Premium No Coverage Immediate
Gleevec	Cancer	5 years > 5 years	No Coverage Immediate
Glipizide	Diabetes	N/A	See "#" Below
Glucophage	Diabetes	N/A	See "#" Below
Glucotrol	Diabetes	N/A	See "#" Below
Glyburide	Diabetes	N/A	See "#" Below
Glynase	Diabetes	N/A	See "#" Below
Haldol	Schizophrenia	N/A	No Coverage
Haloperidol	Schizophrenia	N/A	No Coverage
HCTZ/Triamterene	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Hectoral	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Heparin	Blood Clot	3 years	Return of Premium
Hepsera	Liver Disorder / Hepatitis	N/A	Return of Premium
Humalog (Insulin)	Diabetes	N/A	No Coverage
Humulin (Insulin)	Diabetes	N/A	No Coverage
Hydralazine HCL	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Hydroxyurea	Cancer	5 years > 5 years	No Coverage Immediate
Hydroxychloroquine	Systemic Lupus (SLE) Rheumatoid Arthritis	N/A N/A	No Coverage Return of Premium
Hytrin	High Blood Pressure (HTN)	N/A	See "*" Below
Hyzaar	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Imdur	Angina / CHF	N/A	No Coverage
Imuran	Organ / Tissue Transplant Rheumatoid Arthritis Systemic Lupus (SLE)	N/A N/A N/A	No Coverage Return of Premium No Coverage



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<b>Medication</b>	<b>Common Uses</b>	<b>RX Fill Within</b>	<b>Plan Eligibility</b>
Inamrinone	CHF	N/A	No Coverage
Inderide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Inspra	CHF	N/A	No Coverage
Insulin	Diabetes	N/A	No Coverage
Intron-A	Cancer	5 years > 5 years	No Coverage Immediate
	Hepatitis C	N/A	Return of Premium
Invirase	AIDS	N/A	No Coverage
Ipratropium Bromide	Allergies	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Isoptin	High Blood Pressure (HTN)	N/A	See "*" Below
Isordil	Angina / CHF	N/A	No Coverage
Isosorbide Dinitrate/ Mononitrate	Angina / CHF	N/A	No Coverage
Janumet	Diabetes	N/A	See "#" Below
Januvia	Diabetes	N/A	See "#" Below
Kaletra	AIDS	N/A	No Coverage
Kemadrin	Parkinson's	N/A	Return of Premium
	Other Use	N/A	Immediate
Kerlone	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Labetalol	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Lamictal	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Lamtroline	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Lanoxicaps	Irregular Heart Beat	3 years	Return of Premium
	CHF	N/A	No Coverage
Lanoxin	Irregular Heart Beat	3 years	Return of Premium
	CHF	N/A	No Coverage
Lantus (Insulin)	Diabetes	N/A	No Coverage
Larodopa	Parkinson's	N/A	Return of Premium
Lasix	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Leukeran	Cancer	5 years > 5 years	No Coverage Immediate
Levatol	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Levemir (Insulin)	Diabetes	N/A	No Coverage



**AMERICAN AMICABLE - AMERICAN GUARDIAN**

<b>Medication</b>	<b>Common Uses</b>	<b>RX Fill Within</b>	<b>Plan Eligibility</b>
Levocarnitine	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Levodopa	Parkinson's	N/A	Return of Premium
Lexiva	AIDS	N/A	No Coverage
Lipitor	Cholesterol	N/A	Immediate
Lisinopril	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Lithium	Bi-Polar / Schizophrenia	N/A	No Coverage
Lodosyn	Parkinson's	N/A	Return of Premium
Lopressor	High Blood Pressure (HTN)	N/A	See "*" Below
Losartan	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Lotensin	CHF	N/A	No Coverage
Loxapine	Schizophrenia	N/A	No Coverage
Lotensin	High Blood Pressure (HTN)	N/A	See "*" Below
Loxitane	Schizophrenia	N/A	No Coverage
Lozol	High Blood Pressure (HTN)	N/A	See "*" Below
Lupron	Cancer	5 years > 5 years	No Coverage Immediate
Lyrica	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Mavik	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Maxzide	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Mellaril	Schizophrenia	N/A	No Coverage
Metformin	Diabetes	N/A	See "#" Below
Methadone	Opioid Dependence	2 years	No Coverage
Methadose	Opioid Dependence	2 years	No Coverage
Methotrexate	Cancer	5 years > 5 years	No Coverage Immediate
	Rheumatoid Arthritis	N/A	Return of Premium
Metoprolol HCTZ	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Metoprolol Tartrate/ Succinate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Micardis	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Micronase	Diabetes	N/A	See "#" Below
Milrinone	CHF / Cardiomyopathy	N/A	No Coverage
Minipress	High Blood Pressure (HTN)	N/A	See "*" Below





**AMERICAN AMICABLE - AMERICAN GUARDIAN**

<b>Medication</b>	<b>Common Uses</b>	<b>RX Fill Within</b>	<b>Plan Eligibility</b>
Minitran	Angina / CHF	N/A	No Coverage
Mirapex	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Moban	Schizophrenia	N/A	No Coverage
Moduretic	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Moexipril HCL	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Monoket	Angina / CHF	N/A	No Coverage
Monopril	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Mysoline	Seizures	3 years	Return of Premium
Nadolol	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Naloxone	Alcohol / Drugs	2 years	No Coverage
Naltrexone	Alcohol / Drugs	2 years	No Coverage
Narcan	Alcohol / Drugs	2 years	No Coverage
Natrecor	CHF	N/A	No Coverage
Navane	Schizophrenia	N/A	No Coverage
Neurontin	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Nifedipine	High Blood Pressure (HTN)	N/A	See "*" Below
Nimodipine	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Nimotop	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Nitrek	Angina / CHF	N/A	No Coverage
Nitro-bid	Angina / CHF	N/A	No Coverage
Nitro-dur	Angina / CHF	N/A	No Coverage
Nitroglycerine/Nitrostat/ Nitroquick	Angina / CHF	N/A	No Coverage
Nitrol	Angina / CHF	N/A	No Coverage
Normodyne	High Blood Pressure (HTN)	N/A	See "*" Below
Norpace	Irregular Heart Beat	3 years	Return of Premium
Norvir	AIDS	N/A	No Coverage
Novolin (Insulin)	Diabetes	N/A	No Coverage
Novolog (Insulin)	Diabetes	N/A	No Coverage
Pacerone	Irregular Heart Beat	3 years	Return of Premium
Pancrease	Chronic Pancreatitis	N/A	Return of Premium
Parcopa	Parkinson's	N/A	Return of Premium
Parlodel	Parkinson's	N/A	Return of Premium



**AMERICAN AMICABLE - AMERICAN GUARDIAN**

<b>Medication</b>	<b>Common Uses</b>	<b>RX Fill Within</b>	<b>Plan Eligibility</b>
Pegasys	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Peg-Intron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Pentam 300	AIDS	N/A	No Coverage
Pentamidine Isethionate	AIDS	N/A	No Coverage
Pergolide Mesylate	Parkinson's	N/A	Return of Premium
Permax	Parkinson's	N/A	Return of Premium
Phenobarbital	Seizures	3 years	Return of Premium
Phoslo	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Plaquenil	Systemic Lupus (SLE) Malaria Rheumatoid Arthritis	N/A N/A N/A	No Coverage Immediate Return of Premium
Plavix	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Plendil	High Blood Pressure (HTN)	N/A	See "*" Below
Prandin	Diabetes	N/A	See "#" Below
Prazosin	High Blood Pressure (HTN)	N/A	See "*" Below
Primacor	CHF/Cardiomyopathy	N/A	No Coverage
Prinivil	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Prinzide	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Procardia	High Blood Pressure (HTN)	N/A	See "*" Below
Prograf	Organ / Tissue Transplant	N/A	No Coverage
Proleukin	Cancer	5 years > 5 years	No Coverage Immediate
Prolixin	Schizophrenia	N/A	No Coverage
Propranolol HCL	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Proventil	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Prozac	Depressive Disorder	N/A	Immediate
Quinapril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Quinaretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Ramipril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Ranexa	Angina / CHF	N/A	No Coverage



**AMERICAN AMICABLE - AMERICAN GUARDIAN**

<b>Medication</b>	<b>Common Uses</b>	<b>RX Fill Within</b>	<b>Plan Eligibility</b>
Rapamune	Organ / Tissue Transplant	N/A	No Coverage
Rebetol	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Rebetron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Rebif	Multiple Sclerosis	N/A	Return of Premium
Renagel	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Renvela	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Requip	Parkinson's Restless Leg Syndrome	N/A N/A	Return of Premium Immediate
Ribavirin	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Rilutek	ALS / Motor Neuron Disease	N/A	No Coverage
Risperdal	Bi-Polar / Schizophrenia	N/A	No Coverage
Risperidone	Bi-Polar / Schizophrenia	N/A	No Coverage
Rituxan	Cancer	5 years > 5 years	No Coverage Immediate
	Rheumatoid Arthritis	N/A	Return of Premium
Ropinirole	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Rythmol	Irregular Heart Beat	3 years	Return of Premium
Serevent	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Seroquel	Bi-Polar / Schizophrenia	N/A	No Coverage
Sinemet/Sinemet CR	Parkinson's	N/A	Return of Premium
Sodium Edecrin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Sotalol Hydrochloride	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Sotalol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Spiriva	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Spironolactone	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Sprycel	Cancer	5 years > 5 years	No Coverage Immediate
Stalevo	Parkinson's	N/A	Return of Premium
Starlix	Diabetes	N/A	See "#" Below



**AMERICAN AMICABLE - AMERICAN GUARDIAN**

<b>Medication</b>	<b>Common Uses</b>	<b>RX Fill Within</b>	<b>Plan Eligibility</b>
Suboxone	Alcohol / Drugs	2 years	No Coverage
Subutex	Alcohol / Drugs	2 years	No Coverage
Sustiva	AIDS	N/A	No Coverage
Symbicort	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Symmetrel	Parkinson's	N/A	Return of Premium
Tambocor	Irregular Heart Beat	3 years	Return of Premium
Tamoxifen	Cancer	5 years > 5 years	No Coverage Immediate
Tarka	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Tasmar	Parkinson's	N/A	Return of Premium
Tegretol	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Tenex	High Blood Pressure (HTN)	N/A	See "*" Below
Tenoretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Tenormin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Theodur	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Theophylline	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Thioridazine	Schizophrenia	N/A	No Coverage
Thiothixene	Schizophrenia	N/A	No Coverage
Thorazine	Schizophrenia	N/A	No Coverage
Tiazac	High Blood Pressure (HTN)	N/A	See "*" Below
Tolazamide	Diabetes	N/A	See "#" Below
Tolbutamide	Diabetes	N/A	See "#" Below
Tolinase	Diabetes	N/A	See "#" Below
Toprol XL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Torse mide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Trandate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Trimterene	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage



**AMERICAN AMICABLE - AMERICAN GUARDIAN**

<b>Medication</b>	<b>Common Uses</b>	<b>RX Fill Within</b>	<b>Plan Eligibility</b>
Tribenzor	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Trihexyphenidyl HCL	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Truvada	AIDS	N/A	No Coverage
Tyzeka	Liver Disorder / Chronic Hepatitis	N/A	Return of Premium
Uniretic	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Univasc	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Valcyte	AIDS	N/A	No Coverage
Valproic Acid	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Valstar	Cancer	5 years > 5 years	No Coverage Immediate
Valturna	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Vascor	Angina	N/A	No Coverage
Vaseretic	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Vasotec	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Ventolin	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Verapamil	High Blood Pressure (HTN)	N/A	See "*" Below
Viaspan	Organ / Tissue Transplant	N/A	No Coverage
Viracept	AIDS	N/A	No Coverage
Viramune	AIDS	N/A	No Coverage
Viread	AIDS	N/A	No Coverage
Visken	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Vivitrol	Alcohol / Drugs	2 years	No Coverage
Warfarin	Blood Clot	3 years	Return of Premium
	Stroke / Heart or Circulatory Disease or Disorder / Heart Valve Disease	N/A	No Coverage
Xeloda	Cancer	5 years > 5 years	No Coverage Immediate
Xopenex	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Zelapar	Parkinson's	N/A	Return of Premium



**AMERICAN AMICABLE - AMERICAN GUARDIAN**

<b>Medication</b>	<b>Common Uses</b>	<b>RX Fill Within</b>	<b>Plan Eligibility</b>
Zemplar	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Zestoretic	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Zestril	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Ziac	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Zyprexa	Bi-Polar / Schizophrenia	N/A	No Coverage
* High Blood Pressure - If diagnosed, treated or taken medication for prior to age 30 or if taking 3 or more medications for the condition, client should apply for the Return of Premium Plan. Otherwise client should apply for the Immediate Death Benefit Plan.			
# Diabetes - If diagnosed, treated or taken medication for prior to age 39, client should apply for the Return of Premium Plan. If diagnosed, treated or taken medication for prior to age 21, or currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.			



## General Business Rules Relevant Medications for Customers Applying for SI Plans

Table

This medication list is intended to help agents determine whether or not an applicant may be on a medication that may cause a decline.

Per the 2017/2018 application: “Within in the past 3 years has any Applicant been prescribed to take any medication for more than one consecutive month other than the following: medication to treat diabetes, blood pressure, cholesterol, menopause, ulcers, asthma, allergies, depression/anxiety, migraines, ADD/ADHD, thyroid, erectile dysfunction, benign prostate enlargement, or heart burn/acid reflux or sleep aids, contraceptives, antibiotics, anti-viral, anti-inflammatory/analgesics, or dermatological creams?”

Below is listed a sampling of medications which would indicate a “yes” for this underwriting question, as they relate to more serious conditions that the ones called out above. The medication list pertains to all SI products except the Accident Disability Direct plan.

**Note:** This list of medications is NOT an all-inclusive file of any medication which might indicate an underlying medical issue. Any applicant could still be declined for a medical condition listed on the application regardless of this list.

Prescriptions										
AZT	Abilify	Actonel	Adriamycin	Adruanycin	Aggrenox	Akineton				
Alkeran	Altretamine	Amantadine	Amaryl	Antabuse	Aricept	Arimidex				
Aromasin	Arsenic Trioxide	Artane	Avonex	Baclofen	Bendopa	Benztropine Mesylate				
Betapace	Betaseron	Bidil	Bienoxane	Bleomycin	Boniva	Bromocriptine				
Busulfan	Campral	Capecitabone	Carvedilol	Carbidopa	Carboplatin	Cardizem				
Casodex	Cee Nu	Chlorambucil	Chlorotriamisene	Chlorpromazine	Cilostazol	Cisplatin				
Clopidogrel	Cogentin	Cognex	Combivir	Copaxone	Cordarone	Cosmegen				
Coumadin	Crixivan	Cyclophosphamide	Cytosar	Cytoxan	d4T	Dantrium				
Dantrolene	DES	Deapril	Depakote	Digitek	Digoxin	Dilacor				
Dilantin	Diltia	Disulfiram	Ditiazem	Dipyridamole	Dolophine	Donepezil				
Dopar	Doxorubicin	Eidepryl	Emcyt	Enbrel	Epivir	Epoetin Alfa				
Epogen	Ergamisol	Ergoloid Mesylates	Eskalith	Estinyl	Estamustine	Eulexin				
Exelon	Exemestane	FUDR	Fareston	Femara	Filgrastim	Flutamide				
Fluphenazine Hydrochloride	Fosamax	Foscamet	Foscavir	Gabitril	Galantaine	Gallium Nitrate				
Ganite	Gemtuzumab Ozogamicin	Gerimal	Glatiramer	Goserelin	Haldol	Haloperidol				
Hexalen	Hydergine	Humira	Hydrea	Hydroxyurea	Hyoscyamine	Imdur				

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# General Business Rules

## Relevant Medications for Customers Applying for SI Plans

Table

Prescriptions									
	Interferon	Inferon Beta 1a	Isordil	Isosorbide	Kemadrin	Kaletra			
Imuran	Lamictal	Lamotrigine	Lanoxicaps	Lanoxin	Larodopa	Letrozole			
L-Dopa	Leuprolide	Levodopa	Levamisole	Levsin	Levsinex	Lioresal			
Leukeran	Lodosyn	Megace	Megestrol Acetate	Mellani	Melphalan	Memantine Hydrochloride			
Lithium	Methadone	Methadose	Methotrexate	Mexitil	Mirapex	Mitomycin			
Mesoridazine	Molindone	Monoket	Morphine	Mustargen	Mutamycin	Myleran			
Moban	Mysoline	Namenda	Navane	Navelbine	Neosar	Neostigmine			
Mylotarg	Nifedipine	Nilandron	Niloric	Nilutamide	Nitroglycerine	Nitro Patch			
Neupogen	Nolvadex	Norpace	Olanzapine	Oncavin	Orencia	Pacerone			
Nitrotab	Parlodel	Parsidol	Parsitan	Pentam	Pentamidine	Pentoxifylline			
Pagitane	Permax	Persantine	Phenobarbital	Plaquenil	Platinol	Plavix			
Pergolide	Pramipexole	Primidone	Procardia	Procyclidine Hydrochloride	Prolixin	Pureinethol			
Pletal	Quinaglute	Quinidine	Razadyne	Rebif	Remicade	Reminyl			
Quetiapine	Retrovir	Rilutek	Riluzole	Risperdal	Risperidone	Rivastigmine			
Requip	Ropinrole Hydrochloride	Rythmol	Selegiline	Serentil	Serlect	Seroquel			
Roferon	Suboxone	Symadine	Symmetrel	TACE	Tacrine	Tambacor			
Sinemet	Taxol	Tegretol	Teslac	Thalidomide	Thioridazine	Thiothixene			
Tamoxifen	Tiagabine	Ticlid	Ticlopidine	Toremifene	Trelstar	Tremin			
Thorazine	Triptorelin	Trisenox	Tumor Necrosis	Valproic Acid	Velban	Warfarin			
Trihexyphenidyl	Xeloda	Zerit	Zidovudine	Zoladex implant	Zyprexa				
Wellferon									

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