

PROSPERITY

LIFE GROUP®

FINAL EXPENSE

PRESCRIPTION LIST

For Agent Use Only

This piece is not intended to create public interest in an insurance product, an insurer, or an agent.

NOT A
DEPOSIT

NOT FDIC
INSURED

NOT GUARANTEED BY ANY
FEDERAL GOVERNMENT AGENCY

NOT GUARANTEED
BY THE BANK

MAY LOSE
VALUE



Prosperity Life Group® is a marketing name for products and services provided by one or more of the member companies of Prosperity Life Insurance Group, LLC, including SBLI USA Life Insurance Company, Inc., and S.USA Life Insurance Company, Inc. and Shenandoah Life Insurance Company. Members not licensed in all states. Only SBLI USA Life Insurance Company, Inc. is licensed in New York. Each company offers a variety of insurance products and is solely responsible for its own financial and contractual obligations. SBLI USA Life Insurance Company, Inc. is not affiliated with The Savings Bank Life Insurance Company of Massachusetts or The Savings Bank Life Insurance Company of Connecticut. The rules, policies and procedures of this Guide apply only to the sale, solicitation and negotiation of life insurance and annuity products issued by SBLI USA Life Insurance Company, Inc. and S.USA Life Insurance Company, Inc. (“Companies”). This Guide is not a contract and is not intended to create any contractual rights in favor of the Agent or the Companies. The Guide does not alter the current relationships between the Agent and any of the Companies. Furthermore, the Companies reserve the right to change, alter or amend any portion of this Guide at their discretion at any time.

Home Office Contacts

New Business

newbusinessprocessing@prosperitylife.com

Fax: (212) 624-0818

Agent Support

agentcare@prosperitylife.com

Phone: (866) 380-6413

Customer Service

customercare@prosperitylife.com

Phone: (877) 725-4872

Fax: (212) 624-0820

Agent Portal

<https://www.insuranceadmin.com/agent>

Underwriting

underwriting2@prosperitylife.com

Fax: (212) 624-0814

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|----------------------------------|-----------------------|--|--|--|
| Abacavir | Ever | No coverage | | |
| Abacavir/Dolutegravir/Lamivudine | Ever | No coverage | | |
| Abacavir/Lamivudine | Ever | No coverage | | |
| Abarelix | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Abciximab | 2 years | Modified | | |
| Abecma | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Abemaciclib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Abilify | Ever | Graded | | |
| Abiraterone; Abiraterone Acetate | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Abitrexate | 3 years | Modified* Level | Cancer Other use | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Abraxane | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Abstral | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Acalabrutinib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Acamprosate | 2 years | Modified | | |
| AccessPak for HIV Pep Basic | Ever | No coverage | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---------------------------------|--|---------------------------------|--|--|
| Accuneb | Ever | Graded Level | COPD / Emphysema Asthma | |
| Accupril | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Acebutolol | 2 years | Modified Level | Angina (Chest Pain)/ Heart Other Use | |
| Aceon | 2 years | Modified Level | Heart Condition (Heart Attack, Angina (Chest pain), Congestive Heart Failure (CHF). | |
| Acetyl L-Carnitine | Ever | No coverage | | |
| Acetylcysteine | Ever | Graded Level | COPD / Emphysema Asthma | |
| Acidinium | Ever | Graded | | |
| Acova | First Fill < 2 years First Fill > 2 years | Modified Level | | *If fills are current within 2 years WITH concurrent fills for over 2 years = Level - **If fills are current within 2 years and fills are over 2 years but NOT CONCURRENT = Modified **If ALL fills are within 2 years = Modified - **If fills are NOT within 2 years and only show 2+ years = Level |
| Acthar Gel, H.P. | Ever | Graded Level | Systemic Lupus Other Use | |
| Actigall | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Actiq | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Activase | 2 years | Modified | | |
| Adakveo | Ever | Graded | | |
| Adalat | 2 years | Modified Level | Angina (Chest Pain)/ Heart Other Use | |
| Adasuve | Ever | Graded | | |
| Adcetris | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Adefovir; Adefovir Dipivoxil | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--|--|--|--|--|
| Adlarity | Ever | No coverage | | |
| Ado-Trastuzumab Emtansine | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Adriamycin; Adriamycin PFS; Adriamycin RDF | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Adrucil | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Aducanumab | Ever | No coverage | | |
| Aduhelm | Ever | No coverage | | |
| Advair, Advair Diskus, Advair HFA | Ever | Graded Level | COPD / Emphysema Asthma | |
| Aerolate | Ever | Graded Level | COPD / Emphysema Asthma | |
| Afatinib; Afatinib Dimaleate | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Afeditab; Afeditab CR | 2 years | Modified Level | Heart Condition Other Use | |
| Afinitor | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Agenerase | Ever | No coverage | | |
| Aggrastat | 2 years | Modified | | |
| Aggrenox | First Fill < 2 years First Fill > 2 years | Modified Level | | *If fills are current within 2 years WITH concurrent fills for over 2 years = Level - **If fills are current within 2 years and fills are over 2 years but NOT CONCURRENT = Modified **If ALL fills are within 2 years = Modified - **If fills are NOT within 2 years and only show 2+ years = Level |
| Airet | Ever | Graded Level | COPD / Emphysema Asthma | |
| Akineton | Ever | Graded | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|------------------------------|-----------------------|--|---|--|
| Akynzeo | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Albuterol/Ipratropium | Ever | Graded | | |
| Albuterol; Albuterol Sulfate | Ever | Graded Level | COPD / Emphysema Asthma | |
| Aldactazide | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Aldactone | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Aldesleukin | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Alecensa | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Alectinib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Alemtuzumab | 3 years | Modified* Level | Cancer Other use | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Alferon N | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Alimta | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Aliqopa | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Alitretinoin | Ever | No coverage | | |
| Alkeran | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Allopurinol Injeition | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--|-----------------------|--|--|--|
| Aloprim | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Aloxi | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Alpelisib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Alpha1-Proteinase Inhibitor | Ever | Graded | | |
| Altace | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Alteplase | 2 years | Modified | | |
| Altretamine | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Alunbrig | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Alupent; Alupent Inhaler | Ever | Graded Level | COPD / Emphysema Asthma | |
| Alvesco | Ever | Graded Level | COPD / Emphysema Asthma | |
| Alymsys | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Amantadine | Ever | Graded | | |
| Ambisome | Ever | No coverage | | |
| Amicar | 2 years | Modified | | |
| Amifostine | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Amiloride; Amiloride HCTZ; Amiloride-Hydrochlorothiazide | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---|--|--|--|---|
| Aminocaproic Acid | 2 years | Modified | | |
| Aminophylline; Aminophylline Anhydrous; Aminophylline Dihydrate | Ever | Graded Level | COPD / Emphysema Asthma | |
| Aminosalicylic Acid | Ever | Graded | | |
| Amitriptyline | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| Amivantamab-vmjw | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Amlodipine Besylate | 2 years | Modified Level | Heart Condition Other Use | |
| Amphotericin B Liposome | Ever | No coverage | | |
| Amprenavir | Ever | No coverage | | |
| Amyl Nitrate | 2 years | Modified | | |
| Anastrozole | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Angiomax | First Fill < 2 years First Fill > 2 years | Modified Level | | *If fills are current within 2 years WITH concurrent fills for over 2 years = Level - **If fills are current within 2 years and fills are over 2 years but NOT CONCURRENT = Modified **If ALL fills are within 2 years = Modified - **If fills are NOT within 2 years and only show 2+ years = Level |
| Anifrolumab-fnia | Ever | Graded | | |
| Anoro Ellipta | Ever | Graded | | |
| Antabuse | 2 years | Modified | | |
| Anzemet | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---------------------------|--|--|--|---|
| Apalutamide | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Apokyn | Ever | Graded | | |
| Apomorphine | Ever | Graded | | |
| Aprepitant | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Apresoline | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Aptivus | Ever | No coverage | | |
| Aquazide H | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Aralast; Aralast NP | Ever | Graded | | |
| Aralen; Aralen Phosphate | Ever | Graded Level | Systemic Lupus Other Use | |
| Aranesp | 3 years Ever | Modified* Graded | Cancer Other use | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Arcapta; Arcapta Neohaler | Ever | Graded | | |
| Aredia | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Arformoterol | Ever | Graded | | |
| Argatroban | First Fill < 2 years First Fill > 2 years | Modified Level | | *If fills are current within 2 years WITH concurrent fills for over 2 years = Level - **If fills are current within 2 years and fills are over 2 years but NOT CONCURRENT = Modified **If ALL fills are within 2 years = Modified - **If fills are NOT within 2 years and only show 2+ years = Level |
| Aricept; Aricept ODT | Ever | No coverage | | |
| Arimidex | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---|--|--|---|---|
| Aripiprazole | Ever | Graded | | |
| Aristada | Ever | Graded | | |
| Aromasin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Arranon | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Arsenic Trioxide | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Artane | Ever | Graded | | |
| Arzerra | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Asciminib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Asenapine | Ever | Graded | | |
| Asmanex | Ever | Graded Level | COPD / Emphysema Asthma | |
| Asparaginase; Asparaginase Erwinia Chrysanthemi (Recombinant)-rywyn | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Asparlas | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Aspirin & Dipyridamole | First Fill < 2 years First Fill > 2 years | Modified Level | | *If fills are current within 2 years WITH concurrent fills for over 2 years = Level - **If fills are current within 2 years and fills are over 2 years but NOT CONCURRENT = Modified **If ALL fills are within 2 years = Modified - **If fills are NOT within 2 years and only show 2+ years = Level |
| Aspruzyo Sprinkle | 2 years | Modified | | |
| Astagraf XL | Ever | Graded | | |
| Atacand | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|------------------------------------|-----------------------|--|--|--|
| Atamet | Ever | Graded | | |
| Atazanavir | Ever | No coverage | | |
| Atazanavir & Cobicistat | Ever | No coverage | | |
| Atenolol | 2 years | Modified Level | Angina (Chest Pain)/ Heart Other Use | |
| Atezolizumab | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Atgam | Ever | Graded | | |
| Atovaquone | Ever | No coverage | | |
| Atripla | Ever | No coverage | | |
| Atrovent; Atrovent HFA | Ever | Graded Level | COPD / Emphysema Asthma | |
| Auryxia | 1 year Ever | No coverage Graded | Kidney Dialysis Kidney Disorder | |
| Avapritinib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Avapro | Ever | Graded Level | Kidney Other Use | |
| Avastin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Avatrombopag; Avatrombopag Maleate | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Avelumab | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Axicabtagene Ciloleucel | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Axitinib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--------------------------------|-----------------------|--|---|--|
| Ayvakit | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Azacitidine | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Azasan | Ever | Graded Graded Level | Kidney Failure Systemic Lupus Other Use | |
| Azathioprine | Ever | Graded Graded Level | Kidney Failure Systemic Lupus Other Use | |
| Azedra | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Azidothymidine | Ever | No coverage | | |
| Azilect | Ever | Graded | | |
| Azmacort | Ever | Graded Level | COPD / Emphysema Asthma | |
| AZT | Ever | No coverage | | |
| Balversa | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Baraclude | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Basiliximab | Ever | Graded | | |
| Bavencio | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Baycadron | Ever | Graded Level | Systemic Lupus Other Use | |
| BCG (bacillus calmette-guerin) | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Beclovent | Ever | Graded Level | COPD / Emphysema Asthma | |
| Bedaquiline | Ever | Graded | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---|-----------------------|--|--|--|
| Belantamab Mafodotin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Belatacept | Ever | Graded | | |
| Belbuca | 2 years | Modified | | |
| Beleodaq | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Belimumab | Ever | Graded | | |
| Belinostat | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Belrapzo | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Belzutifan | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Benazepril | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Bendamustine | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Bendamustine HCl; Bendamustine Hydrochloride Injection | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Bendamustine Hcl | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Bendeka | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Benlysta | Ever | Graded | | |
| Benzotropine Mesylate | Ever | Graded | | |
| Besponsa | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---|--|--|---|---|
| Bevacizumab; Bevacizumab-awwb; Bevacizumab-bvzr; Bevacizumab-maly injection | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Bevacizumab-adcd | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Bexarotene | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Bexxar; Bexxar 131 Iodine | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Bicalutamide | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Bicarb-Dextose-K-Mg (CRRT) | 2 years Ever | Modified Graded | Heart Surgery Kidney / Liver Disorder | |
| Bicarb-K-Ca-Phos (CRRT) | 2 years Ever | Modified Graded | Heart Surgery Kidney / Liver Disorder | |
| BiCNU | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Bictegravir/Emtricitabine/Tenofovir Alafenamide Tablets | Ever | No coverage | | |
| BiDil | 2 years | Modified | | |
| Biktarvy | Ever | No coverage | | |
| Binimetinib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Biperiden | Ever | Graded | | |
| Bisoprolol Fumarate | 2 years | Modified Level | CHF (Congestive Heart Failure) / Angina Other Use | |
| Bivalirudin | First Fill < 2 years First Fill > 2 years | Modified Level | | *If fills are current within 2 years WITH concurrent fills for over 2 years = Level - **If fills are current within 2 years and fills are over 2 years but NOT CONCURRENT = Modified **If ALL fills are within 2 years = Modified - **If fills are NOT within 2 years and only show 2+ years = Level |
| Blenoxane | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---------------------------------|-----------------------|--|--|--|
| Blenrep | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Bleomycin Sulfate | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Blinatumomab | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Blinicyto | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Boceprevir; Boceprevir systemic | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Bortezomib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Bosulif | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Bosutinib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Braftovi | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Braftovi + Mektovi | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Brentuximab Vedotin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Breo Ellipta | Ever | Graded Level | COPD / Emphysema Asthma | |
| Breo Ellipta 100/25 | Ever | Graded | | |
| Brethine | Ever | Graded Level | COPD / Emphysema Asthma | |
| Brexpirazole | Ever | Graded Level | Psychotic Disorder Other Use | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---|-----------------------|--|--|--|
| Brexucabtagene Autoleucl | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Breyanzi | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Breztri Aerosphere | Ever | Graded | | |
| Brigatinib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Brilinta | 2 years | Modified | | |
| Bromocriptine Mesylate | Ever | Graded | | |
| Broncodur | Ever | Graded Level | COPD / Emphysema Asthma | |
| Broncomar | Ever | Graded Level | COPD / Emphysema Asthma | |
| Brondelate | Ever | Graded Level | COPD / Emphysema Asthma | |
| Bronkosol | Ever | Graded Level | COPD / Emphysema Asthma | |
| Brovana | Ever | Graded | | |
| Brukinsa | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Budesonide, Glycopyrrolate, and Formoterol | 2 years | Graded | | |
| Budesonide; Budesonide Furmoterol; Budesonide-Furmoterol-Dihydrate; Budesonide and Formoterol Aerosol | Ever | Graded Level | COPD / Emphysema Asthma | |
| Bumel | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Bumetanide | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--------------------------------------|------------------------|--|--|--|
| Bumex | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Bunavail | 2 years | Modified | | |
| Buprenex | 2 years | Modified | | |
| Buprenorphine & Naloxone | 2 years | Modified | | |
| Buprenorphine; Buprenorphine HCL; | 2 years | Modified | | |
| Busulfan | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Busulfex | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Butrans | 2 years | Modified | | |
| Bystolic | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Cabazitaxel | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Cabenuva | Ever | No coverage | | |
| Cabometyx | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Cabotegravir | Ever | No coverage | | |
| Cabozantinib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Calan; Calan SR | 2 years | Modified Level | Angina (Chest Pain)/ Heart Other Use | |
| Calaspargase Pegol-mknl | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Calcijex | 1 year Ever Ever | No coverage Graded Level | Kidney Dialysis Kidney Disorder Other | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---------------------------------------|------------------------|--|--|--|
| Calcitriol | 1 year Ever Ever | No coverage Graded Level | Kidney Dialysis Kidney Disorder Other Use | |
| Calcium Acetate | 1 year Ever | No coverage Graded | Kidney Dialysis Kidney Disorder | |
| Calcium Folate | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Calphron | 1 year Ever | No coverage Graded | Kidney Dialysis Kidney Disorder | |
| Calquence | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Camcevi | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Campath | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Campral | 2 years | Modified | | |
| Camptosar | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Camzyos | 2 years | Modified | | |
| Candesartan; Candesartan Cilexetil | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Capecitabine | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Caplyta | Ever | Graded | | |
| Capmatinib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Capoten | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Caprelsa | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|------------------------------------|-----------------------|--|--|---|
| Capsaicin | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| Captopril | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Carbamazepine | Ever | Graded Level | Psychotic Disorder Seizures | |
| Carbatrol | Ever | Graded Level | Psychotic Disorder Other Use | |
| Carbidopa Carbidopa-Levodopa | Ever | Graded | | |
| Carboplatin | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Cardioplegic | 2 years | Modified | | |
| Cardizem | 2 years | Modified Level | Heart Condition Other Use | |
| Carfilzomib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Carimune; Carimune Nanofiltered | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Cariprazine | Ever | Graded | | |
| Carmustine | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Carnitor; Carnitor SF | 1 year Ever | No coverage Graded | Kidney Dialysis Kidney Disorder | |
| Carospir | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Cartia | 2 years | Modified Level | Heart Condition Other Use | |
| Carvedilol | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Casodex | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|------------------------------------|-----------------------|--|--|--|
| Cassipa | 2 years | Modified | | |
| Cathflo Activase | 2 years | Modified | | |
| Ceenu | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Cellcept | 2 years Ever | Modified Graded | Heart Surgery Kidney / Liver Disorder | |
| Cemiplimab-rwlc | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Cerianna Injection | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ceritinib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Cerubidine | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Cesamet | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Cetuximab | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Chantix | 1 year | Smoker Rates* | | *If prescribed within 12 months |
| Chlorambucil | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Chlordiazepoxide | 2 years | Modified Level | Alcohol / Drug Other use | |
| Chloroquine; Chloroquine Phosphate | Ever | Graded Level | Systemic Lupus Other Use | |
| Chlorothiazide | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Chlorpromaz, Chlorpromazine | Ever | Graded | | |
| Chlorthalidone | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|----------------------|-----------------------|--|--|--|
| Choledyl | Ever | Graded Level | COPD / Emphysema Asthma | |
| Cibalith S-Solution | Ever | Graded | | |
| Ciclesonide | Ever | Graded Level | COPD / Emphysema Asthma | |
| Cidofovir | Ever | No coverage | | |
| Cimduo | Ever | No coverage | | |
| Cinacalcet | 1 year | No coverage | | |
| Cinvanti | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| CIS-DDP | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Cisplatin | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Citicoline | Ever | No coverage | | |
| Cladribine | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Clenbuterol | Ever | Graded | | |
| Clofarabine | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Clolar | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Clonidine | 3 years | Modified* Level | Cancer Pain Other Use | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Clopidogrel (300 mg) | 2 years | Modified | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|----------------------------------|--|--|--|---|
| Clopidogrel (75 mg) | First Fill < 2 years First Fill > 2 years | Modified Level | | *If fills are current within 2 years WITH concurrent fills for over 2 years = Level - **If fills are current within 2 years and fills are over 2 years but NOT CONCURRENT = Modified **If ALL fills are within 2 years = Modified - **If fills are NOT within 2 years and only show 2+ years = Level |
| Clorazepate | 2 years | Modified Level | Alcohol / Drug Other use | |
| Clozapine | Ever | Graded | | |
| Clozaril | Ever | Graded | | |
| Cobicistat | Ever | No coverage | | |
| Cobimetinib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Cogentin | Ever | Graded | | |
| Cognex | Ever | No coverage | | |
| Cognizin | Ever | No coverage | | |
| Combivent; Combivent Respimat | Ever | Graded | | |
| Combivir | Ever | No coverage | | |
| Cometriq | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Commit | 1 year | Smoker Rates* | | *If prescribed within 12 months |
| Compazine | Ever | Graded Level | Psychotic Disorder Other Use | |
| Complera | Ever | No coverage | | |
| Compro | Ever | Graded Level | Psychotic Disorder Other Use | |
| Comtan | Ever | Graded | | |
| ConZip | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| Copanlisib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|------------------------|-----------------------|--|--|---|
| Copegus | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Copiktra | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Copper CU 64 Doctatate | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Coreg; Coreg CR | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Corgard | 2 years | Modified Level | Angina (Chest Pain)/ Heart Other Use | |
| Corlanor | 2 years | Modified | | |
| Corticotropin | Ever | Graded Level | Systemic Lupus Other Use | |
| Cosela | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Cosmegen | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Cotellic | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Coumadin | < 2 years* Ever | Modified Level | Heart/Circulatory Other Use | *If fills are current within 2 years WITH concurrent fills for over 2 years = Level - **If fills are current within 2 years and fills are over 2 years but NOT CONCURRENT = Modified **If ALL fills are within 2 years = Modified - **If fills are NOT within 2 years and only show 2+ years = Level |
| Cozaar | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Crixivan | Ever | No coverage | | |
| Crizanlizumab-tmca | Ever | Graded | | |
| Crizotinib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Crofelemer | Ever | No coverage | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|----------------------------------|-----------------------|--|--|--|
| Cromolyn Sodium | Ever | Graded Level | COPD / Emphysema Asthma | |
| CRRT Replacement Solutions | Ever | Graded | | |
| Cyclophosphamide | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Cycloserine | Ever | Graded | | |
| Cyclosporine | 2 years Ever | Modified Graded | Heart Surgery Kidney / Liver Disorder | |
| Cyfos | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Cymbalta | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| Cyramza | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Cystagon | Ever | Graded | | |
| Cysteamine Bitartrate | Ever | Graded | | |
| Cysteine hydrochloride injection | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Cytalux | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Cytarabine; Cytarabine Liposomal | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Cytogam | 2 years Ever | Modified Graded | Heart Surgery Kidney / Liver Disorder | |
| Cytomegalovirus Immune Glob | 2 years Ever | Modified Graded | Heart Surgery Kidney / Liver Disorder | |
| Cytosar-U | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---|--|--|--|---|
| Cytovene | Ever | No coverage | | |
| Cytosan | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Dabrafenib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Dacarbazine | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Daclatasvir; Daclatasvir systemic; Daclatasvir Dihydrochloride | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Daclizumab | Ever | Graded | | |
| Dacogen | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Dacomitinib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Dactinomycin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Daklinza | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Daliresp | Ever | Graded | | |
| Dalpro | Ever | Graded Level | Psychotic Disorder Other Use | |
| Dalteparin | First Fill < 2 years First Fill > 2 years | Modified Level | | *If fills are current within 2 years WITH concurrent fills for over 2 years = Level - **If fills are current within 2 years and fills are over 2 years but NOT CONCURRENT = Modified **If ALL fills are within 2 years = Modified - **If fills are NOT within 2 years and only show 2+ years = Level |
| Danyelza | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Daranavir/Cobicistat | Ever | No coverage | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--|------------------------|--|---|--|
| Daratumumab | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Darbepoetin Alfa | 3 years Ever | Modified* Graded | Cancer Other use | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Darolutamide | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Darunavir | Ever | No coverage | | |
| Darunavir/Cobicistat | Ever | No coverage | | |
| Darunavir/Cobicistat/Emtricitabine/Tenofovir Alafenamide Tablets | Ever | No coverage | | |
| Darzalex | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Dasabuvir; Dasabuvir/Ombitasvir/Paritaprevir /Ritonavir Systemic | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Dasatinib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Daunorubicin; Daunorubicin HCL; Daunorubicin Liposomal | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Daunoxome | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Daurismo | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Decitabine | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Decostriol | 1 year Ever Ever | No coverage Graded Level | Kidney Dialysis Kidney Disorder Other Use | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---------------------------------|-----------------------|--|--|--|
| Defibrotide; Defibrotide Sodium | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Defitelio | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Degarelix, Degarelix Acetate | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Delavirdine | Ever | No coverage | | |
| Delflex | 1 year | No coverage | | |
| Delstrigo | Ever | No coverage | | |
| Demadex | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Denileukin Diftitox | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Denosumab | 3 years | Modified* Level | Cancer Other use | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Denzapine | Ever | Graded | | |
| Depade | 2 years | Modified | | |
| Depakene; Depakene Solution | Ever | Graded Level | Psychotic Disorder Other Use | |
| Depakote; Depakote ER | Ever | Graded Level | Psychotic Disorder Other Use | |
| Depa-Syrup Solution | Ever | Graded Level | Psychotic Disorder Other Use | |
| Depocyt | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Depo-Provera | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Deproic | Ever | Graded Level | Psychotic Disorder Other Use | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--|-----------------------|--|---|--|
| Descovy | Ever | No coverage Level | AIDS / HIV HIV PrEP | |
| Detectnet | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Dexamethasone; Dexamethasone Intensol | Ever | Graded Level | Systemic Lupus Other Use | |
| Dexmedetomidine | Ever | Graded | | |
| DexPak | Ever | Graded Level | Systemic Lupus Other Use | |
| Dexrazoxane | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Dextromethorphan | Ever | No coverage | | |
| Dhivy | Ever | Graded | | |
| Dianeal | 1 year | No coverage | | |
| Diazepam | 2 years | Modified Level | Alcohol / Drug Other use | |
| Didanosine | Ever | No coverage | | |
| Difelikefalin | 1 year | No coverage | | |
| Digitalis | 2 years | Modified Level | CHF (Congestive Heart Failure) /Heart Other Use | |
| Digitek | 2 years | Modified Level | CHF (Congestive Heart Failure) /Heart Other Use | |
| Digitoxin | 2 years | Modified Level | CHF (Congestive Heart Failure) /Heart Other Use | |
| Digoxin | 2 years | Modified Level | CHF (Congestive Heart Failure) /Heart Other Use | |
| Dilacor | 2 years | Modified Level | Heart Condition Other Use | |
| Dilatrate SR | 2 years | Modified | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---|--|--|---|---|
| Dilor | Ever | Graded Level | COPD / Emphysema Asthma | |
| Diltiazem; Diltiazem HCL; Diltiazem HCL | 2 years | Modified Level | Angina (Chest Pain)/ Heart Other Use | |
| Dinutuximab | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Diovan | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Dipyridamole | First Fill < 2 years First Fill > 2 years | Modified Level | | *If fills are current within 2 years WITH concurrent fills for over 2 years = Level - **If fills are current within 2 years and fills are over 2 years but NOT CONCURRENT = Modified **If ALL fills are within 2 years = Modified - **If fills are NOT within 2 years and only show 2+ years = Level |
| Disulfiram | 2 years | Modified | | |
| Diuril | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Divalproex | Ever | Graded Level | Psychotic Disorder Other Use | |
| Dobutamine HCL; Dobutamine HCL/D5W; Dobutamine-Dextrose | 2 years | Modified | | |
| Dobutrex | 2 years | Modified | | |
| Docefrez | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Docetaxel | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Dolasetron | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Dolophine | 2 years | Modified | | |
| Dolutegravir | Ever | No coverage | | |
| Dolutegravir/Lamivudine | Ever | No coverage | | |
| Dolutegravir/Rilpivirine | Ever | No coverage | | |
| Donepezil; Donepezil Hydrochloride | Ever | No coverage | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---|-----------------------|--|--|--|
| Dopamine | 2 years | Modified | | |
| Doptelet | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Doravirine | Ever | No coverage | | |
| Doravirine/Lamivudine/Tenofovir Disoproxil Fumarate | Ever | No coverage | | |
| Dostarlimab-gxly | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Dovato | Ever | No coverage | | |
| Doxercalciferol | 1 year | No coverage | | |
| Doxil | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Doxorubicin HCL; Doxorubicin Liposomal | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Dronabinol | Ever 3 years | No coverage Modified* | AIDS / HIV Cancer | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Droperidol | Ever | Graded Level | Psychotic Disorder Other Use | |
| Droxia | 3 years Ever | Modified* Graded | Cancer Other use | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Droxidopa | Ever | Graded Level | Parkinson's Other Use | |
| DTIC-Dome | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Dulera | Ever | Graded Level | COPD / Emphysema Asthma | |
| Duloxetine; Duloxetine Hydrochloride | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|-----------------------------------|-----------------------|--|--|--|
| Duoneb | Ever | Graded | | |
| Duopa | Ever | Graded | | |
| Duraclon | 3 years | Modified* Level | Cancer Pain Other Use | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Durvalumab | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Duvelisib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Dylix | Ever | Graded | | |
| Dyphylline | Ever | Graded Level | COPD / Emphysema Asthma | |
| Dyphysin | Ever | Graded Level | COPD / Emphysema Asthma | |
| Dyrenium | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Edaravone | Ever | No coverage | | |
| ED-BRON G | Ever | Graded Level | COPD / Emphysema Asthma | |
| Edecrin | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Edurant | Ever | No coverage | | |
| Efavirenz | Ever | No coverage | | |
| Efavirenz/Lamivudine/Tenofovir DF | Ever | No coverage | | |
| Effient | 2 years | Modified | | |
| Egrifta | Ever | No coverage | | |
| Elbasvir & Grazoprevir | Ever | Graded | | |
| Elcys | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--|-----------------------|--|--|--|
| Eldepryl | Ever | Graded | | |
| Eligard | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Eliphos | 1 year Ever | No coverage Graded | Kidney Dialysis Kidney Disorder | |
| Elitek | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Elixophyllin | Ever | Graded Level | COPD / Emphysema Asthma | |
| Ellence | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Elotuzumab | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Eloxatin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Elspar | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Elvitegravir | Ever | No coverage | | |
| Elzonris | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Emcyt | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Emend | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Empliciti | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Emtricitabine; Emtricitabine-tenofovir Emtricitabine-nelfinavir-tenofovir; Emtricitabine- rilpivirine-tenofovir | Ever | No coverage | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---------------------------------|-----------------------|--|--|--|
| Emtriva | Ever | No coverage | | |
| Enalapril Enalapril Maleate | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Enalaprilat | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Enasidenib; Enasidenib Mesylate | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Encorafenib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Encorafenib + Binimetinib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Endari | Ever | Graded | | |
| Enfortumab Vedotin-ejfv | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Enfuvirtide | Ever | No coverage | | |
| Enhertu | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Enoxaparin Sodium | 2 years | Modified | | |
| Entacapone | Ever | Graded | | |
| Entecavir | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Entrectinib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Entresto | 2 years | Modified | | |
| Envarsus XR | Ever | Graded | | |
| Enzalutamide | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--------------------|-----------------------|--|---|--|
| Epclusa | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Epirubicin | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Epitol | Ever | Graded Level | Psychotic Disorder Other Use | |
| Epivir; Epivir HBV | Ever | No coverage Graded | AIDS / HIV Hepatitis | |
| Eplerenone | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Epoetin Alfa | 1 year Ever | No coverage Graded | Kidney Dialysis Kidney Disorder | |
| Epogen | 1 year Ever | No coverage Graded | Kidney Dialysis Kidney Disorder | |
| Eptifibatide | 2 years | Modified | | |
| Epzicom | Ever | No coverage | | |
| Equetro | Ever | Graded | | |
| Erbix | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Erdafitinib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ergamisol | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ergoloid Mesylates | Ever | No coverage | | |
| Eribulin | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Erivedge | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Erleada | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--------------------------------------|-----------------------|--|--|--|
| Erlotinib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Erwinaze | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Esidrix | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Eskalith | Ever | Graded | | |
| Estramustine; Estramustine Phosphate | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Etelcalcetide | 1 year | No coverage | | |
| Ethambutol | Ever | Graded | | |
| Ethyol | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Etopophos | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Etoposide | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Etravirine | Ever | No coverage | | |
| Eulexin | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Everolimus (afinitor) | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Everolimus (zortress) | Ever | Graded | | |
| Eviplera | Ever | No coverage | | |
| Evomela | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Evotaz | Ever | No coverage | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---------------------------------|-----------------------|--|--|--|
| Evzio | 2 years | Modified Level | Alcohol / Drug Other use | |
| Exelon | Ever | No coverage | | |
| Exemestane | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Exkivity | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Exservan | Ever | No coverage | | |
| Fam-Trastuzumab Deruxtecan-nxki | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Fanapt | Ever | Graded | | |
| Fareston | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Farydak | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Faslodex | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Fazaclo | Ever | Graded | | |
| Femara | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Fentanyl Citrate | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Fentanyl Sublingual Spray | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Fentora | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Feraheme | Ever | Graded | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--|-----------------------|--|--|--|
| Ferric Citrate | 1 year Ever | No coverage Graded | Kidney Dialysis Kidney Disorder | |
| Ferumoxytol | Ever | Graded | | |
| Filgrastim; Filgrastim-aafi | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Finerenone | Ever | Graded | | |
| Firmagon | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Flebogamma; Flebogamma DIF | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Flovent; Flovent Diskus; Flovent Rotadisk; Flovent HFA | Ever | Graded Level | COPD / Emphysema Asthma | |
| Floxuridine | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Fludara | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Fludarabine Phosphate | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Fluoroestradiol f 18 | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Fluorouracil | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Fluoxymesterone | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Fluphenazine Fluphenazine HCL; Fluphenazine Decanoate | Ever | Graded | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--------------------------------------|--|--|---|---|
| Flutamide | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Fluticasone | Ever | Graded Level | COPD / Emphysema Asthma | |
| Fluticasone Furoate | Ever | Graded | | |
| Folotyn | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Foradil | Ever | Graded Level | COPD / Emphysema Asthma | |
| Fortovase | Ever | No coverage | | |
| Fosamprenavir; Fosamprenavir Calcium | Ever | No coverage | | |
| Fosaprepitant | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Foscarnet Sodium | Ever | No coverage | | |
| Foscavir | Ever | No coverage | | |
| Fosinopril Sodium | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Fosrenol | Ever | Graded | | |
| Fostemsavir | Ever | No coverage | | |
| Fotivda | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Fragmin | First Fill < 2 years First Fill > 2 years | Modified Level | | *If fills are current within 2 years WITH concurrent fills for over 2 years = Level - **If fills are current within 2 years and fills are over 2 years but NOT CONCURRENT = Modified **If ALL fills are within 2 years = Modified - **If fills are NOT within 2 years and only show 2+ years = Level |
| FUDR | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---|-----------------------|--|--|--|
| Fulphila | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Fulvestrant | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Fulyzaq | Ever | No coverage | | |
| Furoscix | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Furosemide | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Fusilev | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Futibatinib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Fuzeon | Ever | No coverage | | |
| Fyarro | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Fynetra | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Gabapentin | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| Galantamine; Galantamine Hydrobromide | Ever | No coverage | | |
| Gallium; Gallium Nitrate; Gallium ga 69 dotatate; Gallium Citrate Ga 67 | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Gamimune, Gammagard, Gammaplex, Gamunex | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ganciclovir | Ever | No coverage | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|------------------------------|-----------------------|--|--|--|
| Ganite | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Gavreto | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Gazyva | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Gefitinib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Gemcitabine; Gemcitabine HCL | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Gemtuzumab | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Gemzar | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Gengraf | 2 years Ever | Modified Graded | Heart Surgery Kidney / Liver Disorder | |
| Genvoya | Ever | No coverage | | |
| Geodon | Ever | Graded | | |
| Gilotrif | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Gilteritinib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Glasdegib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Glassia | Ever | Graded | | |
| Glecaprevir/Pibrentasvir | Ever | Graded | | |
| Gleevec | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Gliadel Wafer | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Glutamine | Ever | Graded | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--|-----------------------|--|--|--|
| Glycopyrrolate | Ever | Graded | | |
| Gocovri | Ever | Graded | | |
| Goserelin | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Gralise | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| Granisetron | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Guaifenesin; Guaifenesin-theophylline | Ever | Graded Level | COPD / Emphysema Asthma | |
| Habitrol | 1 year | Smoker Rates* | | *If prescribed within 12 months |
| Halaven | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Haldol; Haldol Decanoate | Ever | Graded | | |
| Haloperidol; Haloperidol Decanoate | Ever | Graded | | |
| Halotestin | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Harvoni | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Hectorol | 1 year | No coverage | | |
| Hemady | Ever | Graded Level | Systemic Lupus Other Use | |
| Hemangeol | 2 years | Modified Level | Angina (Chest Pain)/ Heart Other Use | |
| Hepsera | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Herceptin | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--------------------------------|-----------------------|--|--|--|
| Hexalen | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Histrelin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Hivid | Ever | No coverage | | |
| Horizant | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| Hycamtin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Hydergine | Ever | No coverage | | |
| Hydralazine HCL | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Hydrea | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Hydrochlorothiazide | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Hydrochlorothiazide & Losartan | 2 years | Modified Level | Heart Condition Other Use | |
| HydroDIURIL | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Hydroflumethiazide | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Hydroxychloroquine | Ever | Graded Level | Systemic Lupus Other Use | |
| Hydroxyurea | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Hygroton | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---|-----------------------|--|--|--|
| Hyzaar | 2 years | Modified Level | Heart Condition Other Use | |
| Ibalizumab | Ever | No coverage | | |
| Ibrance | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ibritumomab | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ibrutinib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Iclusig | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Idamycin PFS | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Idarubicin; Idarubicin HCL | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Idecabtagene Vicleucel | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Idelalisib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Idhifa | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ifex Iflex Mesnex Combo Pack | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ifosfamide; Ifosfamide-Mesna; Ifosfamidum | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Igalmi | Ever | Graded | | |
| Illuccix | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Iloperidone | Ever | Graded | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---------------------------------|-----------------------|--|--|--|
| Imatinib Mesylate | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Imbruvica | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Imdur | 2 years | Modified | | |
| Imfinzi | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Imipramine | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| Imjudo | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Imlygic | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Immune Globulin | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Imuran | Ever | Graded Graded Level | Kidney Failure Systemic Lupus Other Use | |
| Inamrinone | 2 years | Modified | | |
| Inapsine | Ever | Graded Level | Psychotic Disorder Other Use | |
| Inbrija | Ever | Graded | | |
| Incivek | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Incruse Ellipta | Ever | Graded | | |
| Indacaterol | Ever | Graded | | |
| Indapamide | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Inderal; Inderal LA; Inderal XL | 2 years | Modified Level | Angina (Chest Pain)/ Heart Other Use | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|------------------------------|-----------------------|--|---|--|
| Indinavir; Indinavir Sulfate | Ever | No coverage | | |
| Infergen | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Infigratinib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Inlyta | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Innopran XL | 2 years | Modified Level | Angina (Chest Pain)/ Heart Other Use | |
| Inotuzumab Ozogamicin | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Inqovi | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Inspra | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Integrilin | 2 years | Modified | | |
| Intelence | Ever | No coverage | | |
| Interferon alfacon-1 | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Interferon Gamma - 1B | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Intron A | 3 years 2 years | Modified Graded | Cancer Other use | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Invega, Invega Sustenna | Ever | Graded | | |
| Invirase | Ever | No coverage | | |
| Iobenguane I 131 | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ipilimumab | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---|-----------------------|--|--|--|
| Ipratropium Bromide | Ever | Graded Level | COPD / Emphysema Asthma | |
| Irbesartan | Ever | Graded Level | Kidney Other Use | |
| Irenka | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| Iressa | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Irinotecan | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Iron Sucrose | Ever | Graded | | |
| Isatuximab-irfc | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Isentress | Ever | No coverage | | |
| Ismo | 2 years | Modified | | |
| Isochron | 2 years | Modified | | |
| Isoditrate | 2 years | Modified | | |
| Isoetharine | Ever | Graded Level | COPD / Emphysema Asthma | |
| Isoniazid | Ever | Graded | | |
| Isoproterenol | Ever | Graded Level | COPD / Emphysema Asthma | |
| Isoptin SR | 2 years | Modified Level | Angina (Chest Pain)/ Heart Other Use | |
| Isordil | 2 years | Modified | | |
| Isosorbide; Isosorbide Dinitrate; Isosorbide Mononitrate | 2 years | Modified | | |
| Istodax | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|-------------------|-----------------------|--|--|---|
| Istradefylline | Ever | Graded | | |
| Isuprel | Ever | Graded Level | COPD / Emphysema Asthma | |
| Ivarbradine | 2 years | Modified | | |
| IVIg | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ivosidenib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ixabepilone | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ixazomib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ixempra | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Jakafi | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Jantoven | < 2 years* Ever | Modified Level | Heart/Circulatory Other Use | *If fills are current within 2 years WITH concurrent fills for over 2 years = Level - **If fills are current within 2 years and fills are over 2 years but NOT CONCURRENT = Modified **If ALL fills are within 2 years = Modified - **If fills are NOT within 2 years and only show 2+ years = Level |
| Jelymyto | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Jemperli | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Jevtana | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Juluca | Ever | No coverage | | |
| Jynarque | Ever | Graded | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--|-----------------------|--|--|--|
| Kadcyla | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Kaletra | Ever | No coverage | | |
| Kemadrin | Ever | Graded | | |
| Kepivance | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Kerendia | Ever | Graded | | |
| Keytruda | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Kimtrak | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Kisqali | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Kivexa | Ever | No coverage | | |
| Kloxxado | 2 years | Modified Level | Alcohol / Drug Other use | |
| Korsuva | 1 year | No coverage | | |
| Kynmobi | Ever | Graded | | |
| Kyprolis | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Kytril | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Lamictal | Ever | Graded Level | Psychotic Disorder Other Use | |
| Lamivudine | Ever | No coverage Graded | AIDS / HIV Hepatitis B | |
| Lamivudine & Tenofovir Disoproxil Fumarate | Ever | No coverage | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---------------------------------|-----------------------|--|---|--|
| Lamotrigine | Ever | Graded Level | Psychotic Disorder Other Use | |
| Lanoxin; Lanoxicaps | 2 years | Modified Level | CHF (Congestive Heart Failure) Atrial Fibrillation | |
| Lanreotide; Lanreotide Acetate | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Lanthanum | Ever | Graded | | |
| Lapatinib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Lariago; Lariago-DS | Ever | Graded Level | Systemic Lupus Other Use | |
| Larodopa | Ever | Graded Level | Parkinson's Other Use | |
| Larotrectinib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Lasix | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Latuda | Ever | Graded | | |
| Ledipasvir-sofosbuvir | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Lemtrada | 3 years | Modified* Level | Cancer Other use | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Lenalidomide | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Lenvatinib; Lenvatinib Mesylate | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Lenvima | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---------------------------------|-----------------------|--|--|--|
| Letrozole | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Leucovorin Calcium | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Leukeran | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Leukine | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Leuprolide; Leuprolide Mesylate | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Leustatin | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Levalbuterol | Ever | Graded Level | COPD / Emphysema Asthma | |
| Levamisole HCL | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Levocarnitine | 1 year Ever | No coverage Graded | Kidney Dialysis Kidney Disorder | |
| Levodopa | Ever | Graded | | |
| Levomethadyl Acetate HCl | 2 years | Modified | | |
| Lexiva | Ever | No coverage | | |
| L-glutamine oral powder | Ever | Graded | | |
| Librium | 2 years | Modified Level | Alcohol / Drug Other use | |
| Libtayo | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Lipodox | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---|-----------------------|--|--|--|
| Lisinopril | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Lisocabtagene Maraleucel | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Lithium; Lithium Carbonate; Lithium Citrate | Ever | Graded | | |
| Lithobid | Ever | Graded | | |
| Locametz | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Lodosyn | Ever | Graded | | |
| Lofexidine; Lofexidine Hcl | 2 years | Modified | | |
| Lomustine | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Loncastuximab Tesirine-Ipyl | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Lonhala Magnair | Ever | Graded | | |
| Lonsurf | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Lopinavir; Lopinavir-ritonavir | Ever | No coverage | | |
| Lopressor | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Lorbrena | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Lorlatinib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Losartan; Losartan Potassium | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---------------------------------------|-----------------------|--|--|--|
| Lotensin | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Lovenox | 2 years | Modified | | |
| Loxapine; Loxapine Succinate | Ever | Graded | | |
| Loxitane | Ever | Graded | | |
| Lozol | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Lucemyra | 2 years | Modified | | |
| Lufyllin | Ever | Graded Level | COPD / Emphysema Asthma | |
| Lumakras | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Lumateperone | Ever | Graded | | |
| Lumoxiti | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Lupkynis | Ever | Graded | | |
| Lupron; Lupron Depot | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Lurasidone | Ever | Graded | | |
| Lurbinectedin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Lusutrombopag | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Lutathera | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Lutetium Lu 177 Dotatate | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Lutetium Lu 177 vipivotide tetraxetan | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|----------------------------|-----------------------|--|--|--|
| Lybalvi | Ever | Graded | | |
| Lymphocyte Immune Globulin | Ever | Graded | | |
| Lynparza | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Lyrica | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| Lysodren | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Lytgobi | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Maraviroc | Ever | No coverage | | |
| Margenza | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Margetuximab-cmkb | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Marinol | Ever 3 years | No coverage Modified* | AIDS / HIV Cancer | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Marqibo | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Matulane | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Matzim LA | 2 years | Modified Level | Heart Condition Other Use | |
| Mavacamten | 2 years | Modified | | |
| Mavik | 2 years | Modified Level | Heart Condition Other Use | |
| Mavyret | Ever | Graded | | |
| Maxair | Ever | Graded Level | COPD / Emphysema Asthma | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|-------------------------------------|-----------------------|--|--|--|
| Mechlorethamine | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Megace ES | Ever 3 years | No coverage Modified* | AIDS / HIV Cancer | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Megestrol, Megestrol Acetate | Ever 3 years | No coverage Modified* | AIDS / HIV Cancer | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Mekinist | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Mektovi | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Mellaril | Ever | Graded | | |
| Melphalan Flufenamide | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Melphalan MelphalanHydrochloride | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Memantine, Memantine HCL | Ever | No coverage | | |
| Mepron | Ever | No coverage | | |
| Mercaptopurine | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Mesna | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Mesnex | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Mesoridazine | Ever | Graded | | |
| Metaproterenol | Ever | Graded Level | COPD / Emphysema Asthma | |
| Metastron | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--|-----------------------|--|--|--|
| Methadone HCL | 2 years | Modified | | |
| Methadose | 2 years | Modified | | |
| Methotrexate | 3 years | Modified* Level | Cancer Other use | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Methoxsalen (Photopheresis) | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Methoxy Polyethylene Glycol-Epoetin Beta | Ever | Graded | | |
| Methyclothiazide | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Metolazone | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Metoprolol, Metoprolol Tartrate | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Micardis | 2 years | Modified Level | Heart Condition (Heart Attack, Angina (Chest pain), Congestive Heart Failure (CHF), Cardiomyopathy, Stroke, Transient Ischemic Attack (TIA), Aneurysm) | |
| Microzide | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Midamor | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Midostaurin | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Milrinone | 2 years | Modified | | |
| Minitran | 2 Years | Modified | | |
| Mirapex | Ever | Graded Level | Parkinson's Other Use | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--------------------|-----------------------|--|--|--|
| Mircera | Ever | Graded | | |
| Mithracin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Mitomycin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Mitotane | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Mitoxantrone HCL | 3 years | Modified* Level | Cancer Other use | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Moban | Ever | Graded | | |
| Mobocertinib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Moderiba | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Moduretic | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Moexipril | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Mogamulizumab-kpkc | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Molindone | Ever | Graded | | |
| Monjuvi | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Monoket | 2 years | Modified | | |
| Monopril | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Montelukast Sodium | Ever | Graded Level | COPD / Emphysema Asthma | |
| Morphine | 2 years | Modified | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|----------------------------|-----------------------|--|--|--|
| Moxetumomab Pasudotox-tdfk | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Mozobil | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Mucomyst | Ever | Graded Level | COPD / Emphysema Asthma | |
| Mulpleta | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Muromonab - CD3 | 2 years Ever | Modified Graded | Heart Surgery Kidney / Liver Disorder | |
| Mustargen | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Mutamycin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Mvasi | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Myambutol | Ever | Graded | | |
| Mycobutin | Ever | No coverage | | |
| Mycophenolate Mofetil | 2 years Ever | Modified Graded | Heart Surgery Kidney / Liver Disorder | |
| Mycophenolic Acid | Ever | Graded | | |
| Myfortic | Ever | Graded | | |
| Myleran | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Mylocel | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Mylotarg | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Myproic Acid | Ever | Graded Level | Psychotic Disorder Other Use | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--|-----------------------|--|--|--|
| Mytesi | Ever | No coverage | | |
| Nabilone | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Nadolol | 2 years | Modified Level | Angina (Chest Pain)/ Heart Other Use | |
| Nalmefene | 2 years | Modified | | |
| Naloxone HCL | 2 years | Modified Level | Alcohol / Drug Other use | |
| Naltrexone HCL | 2 years | Modified | | |
| Namenda; Namenda XR; Namenda Titration PAK | Ever | No coverage | | |
| Namzaric | Ever | No coverage | | |
| Narcan | 2 years | Modified Level | Alcohol / Drug Other use | |
| Natrecor | 2 years | Modified | | |
| Natulane | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Navane | Ever | Graded | | |
| Navelbine | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Naxitamab-gqgk | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Nebivolol | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Nebupent | Ever | No coverage | | |
| Necitumumab | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|------------------------------|-----------------------|--|--|--|
| Nelarabine | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Nelfinavir | Ever | No coverage | | |
| Neoral | 2 years Ever | Modified Graded | Heart Surgery Kidney / Liver Disorder | |
| Neosar | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Neratinib; Neratinib Maleate | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Nerlynx | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Nesiritide | 2 years | Modified | | |
| Netspot | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Netupitant | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Neulasta | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Neumega | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Neupogen | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Neupro | Ever | Graded Level | Parkinson's Other Use | |
| Neurontin | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| Neutrexin | Ever | No coverage | | |
| Nevirapine | Ever | No coverage | | |
| Nexavar | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--|--|--|--|--|
| Nicoderm, Nicotine Lozenge/Gum, Nicotrol | 1 year | Smoker Rates* | | *If prescribed within 12 months |
| Nicoline | 1 year | Smoker Rates* | | *If prescribed within 12 months |
| Nicorette | 1 year | Smoker Rates* | | *If prescribed within 12 months |
| Nicotine Inhalation | 1 year | Smoker Rates* | | *If prescribed within 12 months |
| Nicotine Inhaler | 1 year | Smoker Rates* | | *If prescribed within 12 months |
| Nicotine Nasal Spray | 1 year | Smoker Rates* | | *If prescribed within 12 months |
| Nicotine Polacrilex | 1 year | Smoker Rates* | | *If prescribed within 12 months |
| Nicrorelief | 1 year | Smoker Rates* | | *If prescribed within 12 months |
| Nifediac CC; Nifediac XL | 2 years | Modified Level | Angina (Chest Pain)/ Heart Other Use | |
| Nifedical XL | 2 years | Modified Level | Angina (Chest Pain)/ Heart Other Use | |
| Nifedipine | 2 years | Modified Level | Angina (Chest Pain)/ Heart Other Use | |
| Nilandron | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Nilotinib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Nilutamide | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Nimodipine | First Fill < 2 years First Fill > 2 years | Modified Level | | *If fills are current within 2 years WITH concurrent fills for over 2 years = Level - **If fills are current within 2 years and fills are over 2 years but NOT CONCURRENT = Modified ***If ALL fills are within 2 years = Modified - **If fills are NOT within 2 years and only show 2+ years = Level |
| Nimotop | 2 years | Modified | | |
| Ninlaro | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---|-----------------------|--|--|--|
| Nipent | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Niraparib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Nitroglycerine; Nitrotab; Nitrogard; Nitroquick; Nitrostat; Nitrol; Nitro-dur; Nitro-bid; Nitrek; Nitromist | 2 years | Modified | | |
| Nivestym | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Nivolumab | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Nolvadex | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Northera | Ever | Graded Level | Parkinson's Other Use | |
| Nortriptyline | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| Norvasc | 2 years | Modified Level | Angina (Chest Pain)/ Heart Other Use | |
| Norvir; Norvir Soft Gelatin | Ever | No coverage | | |
| Nourianz | Ever | Graded | | |
| Novantrone | 3 years | Modified* Level | Cancer Other use | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Nubeqa | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Nucynta | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| Nuedexta | Ever | No coverage | | |
| Nulojix | Ever | Graded | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--------------------------|--|--|--|---|
| Nuplazid | Ever | Graded | | |
| Nymalize | First Fill < 2 years First Fill > 2 years | Modified Level | | *If fills are current within 2 years WITH concurrent fills for over 2 years = Level - **If fills are current within 2 years and fills are over 2 years but NOT CONCURRENT = Modified **If ALL fills are within 2 years = Modified - **If fills are NOT within 2 years and only show 2+ years = Level |
| Nyvepria | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Obeticholic Acid | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Obinutuzumab | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ocaliva | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Octagam | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Octreotide Acetate | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Odefsey | Ever | No coverage | | |
| Odomzo | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ofatumumab | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Oforta | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Olanzapine | Ever | Graded | | |
| Olanzapine & Samidorphan | Ever | Graded | | |
| Olaparib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Olysio | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|-----------------------------------|-----------------------|--|--|--|
| Omacetaxine | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ombitasvir-Paritaprevir-Ritonavir | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Oncaspar | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Oncovin | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ondansetron | 3 years | Modified* Level | Cancer Other use | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ongentys | Ever | Graded | | |
| Onsolis | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ontak | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Onureg | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Onxol | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Opdivo | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Opdualag | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Opicapone | Ever | Graded | | |
| Orgovyx | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Orlaam | 2 years | Modified | | |
| Orthoclone OKT3 | 2 years Ever | Modified Graded | Heart Surgery Kidney / Liver Disorder | |
| Osimertinib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--|-----------------------|--|--|--|
| Oxaliplatin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Oxbryta | Ever | Graded | | |
| Oxtriphylline | Ever | Graded Level | COPD / Emphysema Asthma | |
| Oxygen | Ever | No Coverage | | |
| Paclitaxel | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Padcev | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Pafolacianine | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Palbociclib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Palifermin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Paliperidone | Ever | Graded | | |
| Palonosetron; Palonosetron Hydrochloride | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Pamelor | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| Pamidronate Disodium | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Panglobulin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Panitumumab | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Panobinostat | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Panretin | Ever | No coverage | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---|-----------------------|--|--|--|
| Paraplatin | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Parcopa | Ever | Graded | | |
| Paricalcitol | 1 year Ever | No coverage Graded | Kidney Dialysis Kidney Disorder | |
| Paritaprevir | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Parlodel | Ever | Graded | | |
| Parsabiv | 1 year | No coverage | | |
| Paser | Ever | Graded | | |
| Pazopanib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Pegaspargase | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Pegasys; Pegasys Proclick | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Pegfilgrastim; Pegfilgrastim-apgf; Pegfilgrastim-bmez; Pegfilgrastim-cbqv; Pegfilgrastim-fpgk; Pegfilgrastim-jmdb; Pegfilgrastim-pbbk | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Peginterferon alfa-2a; Peginterferon alfa-2a systemic | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| PEG-Intron | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Pemazyre | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Pembrolizumab | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Pemetrexed | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Pemigatinib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Pentam 300 | Ever | No coverage | | |
| Pentamidine Isethionate | Ever | No coverage | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--|--|--|--|---|
| Pentostatin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Pepaxto | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Perforomist | Ever | Graded | | |
| Pergolide Mesylate | Ever | Graded | | |
| Perindopril; Perindopril Erbumine | 2 years | Modified Level | Heart Condition (Heart Attack, Angina (Chest pain), Congestive Heart Failure (CHF), Cardiomyopathy, Stroke, Transient Ischemic Attack (TIA), Aneurysm) | |
| Peritoneal Dialysis Devices, Solutions | 1 year | No coverage | | |
| Perjeta | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Permax | Ever | Graded | | |
| Permitil | Ever | Graded | | |
| Perphenazine | Ever | Graded | | |
| Persantine | 2 years | Modified | | |
| Perseris | Ever | Graded | | |
| Pertuzumab | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Phoslo, Phoslyra | 1 year Ever | No coverage Graded | Kidney Dialysis Kidney Disorder | |
| Photofrin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Pifeltro | Ever | No coverage | | |
| Piflufolastat F18 Injection | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Pimavanserin | Ever | Graded | | |
| Piqray | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Plaquenil | Ever | Graded Level | Systemic Lupus Other Use | |
| Platinol AQ | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Plavix (300 mg) | 2 years | Modified | | |
| Plavix (75mg) | First Fill < 2 years First Fill > 2 years | Modified Level | | *If fills are current within 2 years WITH concurrent fills for over 2 years = Level - **If fills are current within 2 years and fills are over 2 years but NOT CONCURRENT = Modified **If ALL fills are within 2 years = Modified - **If fills are NOT within 2 years and only show 2+ years = Level |
| Plegisol | 2 years | Modified | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--|-----------------------|--|--|--|
| Plenaxis | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Plerixafor | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Plicamycin | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Pluvicto | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Polatuzumab Vedotin-PIIQ | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Polivy | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Pomalidomide | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Pomalyst | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ponatinib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Porfimer | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Portrazza | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Poteligeo | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Pralatrexate | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Pralsetinib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Pramipexole dihydrochloride, Pramipexole | Ever | Graded Level | Parkinson's Other Use | |
| Prasugrel | 2 years | Modified | | |
| Pregabalin | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| Pretomanid | Ever | Graded | | |
| Prezcobix | Ever | No coverage | | |
| Prezista | Ever | No coverage | | |
| Priftin | Ever | Graded | | |
| Primacor | 2 years | Modified | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---|-----------------------|--|--|--|
| Prinivil | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| PrismaSol | Ever | Graded | | |
| Privigen | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Proair HFA | Ever | Graded Level | COPD / Emphysema Asthma | |
| Probuphine | 2 years | Modified | | |
| Procabazine | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Procardia | 2 years | Modified Level | Angina (Chest Pain)/ Heart Other Use | |
| Prochlorperazine; Prochlorperazine Maleate; Prochlorperazine Edisylat | Ever | Graded Level | Psychotic Disorder Other Use | |
| Procrit | 1 year Ever | No coverage Graded | Kidney Dialysis Kidney Disorder | |
| Procyclidine | Ever | Graded | | |
| Procysbi | Ever | Graded | | |
| Prograf | 2 years Ever | Modified Graded | Heart Surgery Kidney / Liver Disorder | |
| Prolastin | Ever | Graded | | |
| Proleukin | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Prolia | 3 years | Modified* Level | Cancer Other use | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Prolixin; Prolixin Decanoate | Ever | Graded | | |
| Propranolol; Propranolol HCL | 2 years | Modified Level | Angina (Chest Pain)/ Heart Other Use | |
| Provenge | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Proventil; Proventil HFA | Ever | Graded Level | COPD / Emphysema Asthma | |
| Pulmicort | Ever | Graded Level | COPD / Emphysema Asthma | |
| Pulmophylline | Ever | Graded Level | COPD / Emphysema Asthma | |
| Purinethol | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Purixan | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Pylarify | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Pyrazinamide | Ever | Graded | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--------------------------|-----------------------|--|--|--|
| Qinlock | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Quadramet | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Quetiapine | Ever | Graded | | |
| Quibron | Ever | Graded Level | COPD / Emphysema Asthma | |
| Quinapril | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Qutenza | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| Qvar | Ever | Graded Level | COPD / Emphysema Asthma | |
| Radicava | Ever | No coverage | | |
| Radium Ra 223 Dichloride | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Raltegravir | Ever | No coverage | | |
| Ramipril | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Ramucirumab | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ranexa | 2 years | Modified | | |
| Ranolazine | 2 years | Modified | | |
| Rapamune | Ever | Graded | | |
| Rasagiline | Ever | Graded | | |
| Rasburicase | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Razadyne | Ever | No coverage | | |
| Rebetol | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Rebetron | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Regorafenib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|-------------------|-----------------------|--|--|--|
| Relugolix | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Relyvrio | Ever | No coverage | | |
| Reminyl | Ever | No coverage | | |
| Renagel | 1 year | No coverage | | |
| Renvela | 1 year | No coverage | | |
| Reopro | 2 years | Modified | | |
| Requip | Ever | Graded Level | Parkinson's Other Use | |
| Rescriptor | Ever | No coverage | | |
| Retavase | 2 years | Modified | | |
| Reteplase | 2 years | Modified | | |
| Retevmo | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Retrovir | Ever | No coverage | | |
| Revefenacin | Ever | Graded | | |
| Revex | 2 years | Modified | | |
| Revia | 2 years | Modified | | |
| Revlimid | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Rexulti | Ever | Graded Level | Psychotic Disorder Other Use | |
| Reyataz | Ever | No coverage | | |
| Rezolsta | Ever | No coverage | | |
| Riabni | 3 years | Modified* Level | Cancer Other use | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ribapak | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---|-----------------------|--|--|--|
| Ribasphere | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Ribatab | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Ribavirin; Ribavirin systemic | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Ribociclib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Rifabutin | Ever | No coverage | | |
| Rifadin | Ever | Graded | | |
| Rifampin; Rifampicin | Ever | Graded | | |
| Rifapentine | Ever | Graded | | |
| Rifater | Ever | Graded | | |
| Rilpivirine | Ever | No coverage | | |
| Rilutek | Ever | No coverage | | |
| Riluzole | Ever | No coverage | | |
| Rimactane | Ever | Graded | | |
| Ripretinib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Risperdal | Ever | Graded | | |
| Risperidone; Risperidone M-TAB; Risperidone ODT | Ever | Graded | | |
| Ritonavir | Ever | No coverage | | |
| Rituxan | 3 years | Modified* Level | Cancer Other use | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---|------------------------|--|---|--|
| Rituximab; Rituximab-abbs; Rituximab-pvvr | 3 years | Modified* Level | Cancer Other use | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Rivastigmine | Ever | No coverage | | |
| Rocaltrol | 1 year Ever Ever | No coverage Graded Level | Kidney Dialysis Kidney Disorder Other Use | |
| Roflumilast | Ever | Graded | | |
| Rolapitant Hydrochloride | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Romidepsin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ropinirole; Ropinirole HCL | Ever | Graded Level | Parkinson's Other Use | |
| Rotigotine | Ever | Graded Level | Parkinson's Other Use | |
| Rozlytrek | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Rubex | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Rubraca | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Rucaparib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Rukobia | Ever | No coverage | | |
| Ruxience | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ruxolitinib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Rybrevant | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Rydapt | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|----------------------------|-----------------------|--|--|--|
| Rylaze | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Rytary | Ever | Graded | | |
| Sacituzumab Govitecan-hziy | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Sacubitril/Valsartan | 2 years | Modified | | |
| Safinamide | Ever | Graded | | |
| Saluron | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Samarium SM 153 Lexidronam | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Sancuso | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Sandimmune | 2 years Ever | Modified Graded | Heart Surgery Kidney / Liver Disorder | |
| Sandoglobulin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Sandostatin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Saphnelo | Ever | Graded | | |
| Saphris | Ever | Graded | | |
| Saquinavir | Ever | No coverage | | |
| Sarclisa | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Sargramostim | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Scemblix; Asciminib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Sclerosol | Ever | Graded Level | COPD / Emphysema Asthma | |
| Sectral | 2 years | Modified Level | Angina (Chest Pain)/ Heart Other Use | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|------------------------------------|-----------------------|--|--|--|
| Secuado | Ever | Graded | | |
| Seebri Neohaler | Ever | Graded | | |
| Selegiline; Selegiline HCL | Ever | Graded | | |
| Selinexor | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Selpercatinib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Selzentry | Ever | No coverage | | |
| Sensipar | 1 year | No coverage | | |
| Serentil | Ever | Graded | | |
| Serevent | Ever | Graded Level | COPD / Emphysema Asthma | |
| Seromycin | Ever | Graded | | |
| Seroquel | Ever | Graded | | |
| Sevelamer | 1 year | No coverage | | |
| Siklos | Ever | Graded | | |
| Simeprevir; Simeprevir systemic | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Simulect | Ever | Graded | | |
| Sinemet; Sinemet CR | Ever | Graded | | |
| Singulair | Ever | Graded Level | COPD / Emphysema Asthma | |
| Sipuleucel-T | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Sirolimus | Ever | Graded | | |
| Sirturo | Ever | Graded | | |
| Soanz | 2 years | Modified | | |
| Sodium Edecrin | 2 years | Modified | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--------------------------------------|-----------------------|--|--|--|
| Sodium Phenylbutyrate & Taurursodiol | Ever | No coverage | | |
| Sofosbuvir , Sofosbuvir systemic | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Sofosbuvir/Velpatasvir/Voxilap revir | Ever | Graded | | |
| Soltamox | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Somatuline Depot | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Sonidegib; Sonidegib Phosphate | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Sorafenib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Sotorasib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Sovaldi | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Spiriva; Spiriva Respimat | Ever | Graded | | |
| Spironolactone | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Sprycel | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Stalevo | Ever | Graded | | |
| Stavudine | Ever | No coverage | | |
| Stavzor | Ever | Graded Level | Psychotic Disorder Other Use | |
| Stelazine | Ever | Graded | | |
| Stimufend | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--------------------------|-----------------------|--|--|--|
| Stiolto Respimat | Ever | Graded | | |
| Stivarga | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Streptase | 2 years | Modified | | |
| Streptokinase | 2 years | Modified | | |
| Streptozocin | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Stribild | Ever | No coverage | | |
| Strontium-89 | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Sublimaze | 3 years | Modified* Level | Cancer Pain Other Use | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Sublocade | 2 years | Modified | | |
| Suboxone | 2 years | Modified | | |
| Subsys | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Subutex | 2 years | Modified | | |
| Sucroferric Oxyhydroxide | 1 year | No coverage | | |
| Sunitinib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Sustiva | Ever | No coverage | | |
| Sutent | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Sylatron | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--------------------------------|-----------------------|--|--|--|
| Symbicort | Ever | Graded Level | COPD / Emphysema Asthma | |
| Symbyax | Ever | Graded | | |
| Symfi; Symfi Lo | Ever | No coverage | | |
| Symmetrel | Ever | Graded Level | Parkinson's Other Use | |
| Symtuza | Ever | No coverage | | |
| Syndros | Ever 3 years | No coverage Modified* | AIDS / HIV Cancer | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Synribo | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tabloid | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tabrecta | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tacrine Hydrochloride | Ever | No coverage | | |
| Tacrolimus | 2 years Ever | Modified Graded | Heart Surgery Kidney / Liver Disorder | |
| Tafamidis; Tafamidis Meglumine | 2 years | Modified | | |
| Tafasitamab | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tafinlar | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tagraxofusp-erzs Injection | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tagrisso | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|------------------------------|-----------------------|--|--|--|
| Talazoparib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Talimogene Laherparepvec | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Talzenna | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tamoxifen; Tamoxifen Citrate | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tapentadol | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| TaperDex | Ever | Graded Level | Systemic Lupus Other Use | |
| Tarceva | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Targretin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tasigna | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tasmar | Ever | Graded | | |
| Taxol | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Taxotere | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tazemetostat | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Taztia XT | 2 years | Modified Level | Angina (Chest Pain)/ Heart Other Use | |
| Tazverik | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tebentafusp-tebn | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---------------------------------|-----------------------|--|---|--|
| Tecartus | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tecentriq | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Technivie | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Teclistamab-cqyv | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tecvayli | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tegretol | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| Tegretol; Tegretol XR | Ever | Graded Level | Psychotic Disorder Other Use | |
| Telaprevir | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Telbivudine | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Teleprevir; Teleprevir systemic | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Telmisartan | 2 years | Modified Level | Heart Condition (Heart Attack, Angina (Chest pain), Congestive Heart Failure (CHF), Cardiomyopathy, Stroke, Transient Ischemic Attack (TIA), Aneurysm) | |
| Telotristat Ethyl | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Telzir | Ever | No coverage | | |
| Temodar | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Temozolomide | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Temsirolimus | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--|-----------------------|--|--|--|
| Tenecteplase | 2 years | Modified | | |
| Teniposide | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tenofovir Alafenamide (25 mg) | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Tenofovir; Tenofovir Disoproxil Fumarate | Ever | No coverage Graded | AIDS / HIV Hepatitis | |
| Tenormin | 2 years | Modified Level | Angina (Chest Pain)/ Heart Other Use | |
| Tepadina | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tepmetko | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tepotinib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Terbutaline; Terbutaline Sulfate | Ever | Graded Level | COPD / Emphysema Asthma | |
| Terlipressin | Ever | Graded | | |
| Terlivaz | Ever | Graded | | |
| Tesamorelin | Ever | No coverage | | |
| Teslac | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Testolactone | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Thalitone | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Thalomid | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--------------------------------|-----------------------|--|--|--|
| Theochron | Ever | Graded Level | COPD / Emphysema Asthma | |
| Theodur | Ever | Graded Level | COPD / Emphysema Asthma | |
| Theolair | Ever | Graded Level | COPD / Emphysema Asthma | |
| Theolate | Ever | Graded Level | COPD / Emphysema Asthma | |
| Theomar GG | Ever | Graded Level | COPD / Emphysema Asthma | |
| Theophylline | Ever | Graded Level | COPD / Emphysema Asthma | |
| Theracys | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Thioplex | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Thioquanine | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Thioridazine; Thioridazine HCL | Ever | Graded | | |
| Thiotepa | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Thiothixene; Thiothixene HCL | Ever | Graded | | |
| Thorazine | Ever | Graded | | |
| Thymoglobulin | Ever | Graded | | |
| Tiazac | 2 years | Modified Level | Angina (Chest Pain)/ Heart Other Use | |
| Tibsovo | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ticagrelor | 2 years | Modified | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---------------------------------|--|--|--|---|
| Tice BCG | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ticlid; Ticlopidine HCL | First Fill < 2 years First Fill > 2 years | Modified Level | | *If fills are current within 2 years WITH concurrent fills for over 2 years = Level - **If fills are current within 2 years and fills are over 2 years but NOT CONCURRENT = Modified **If ALL fills are within 2 years = Modified - **If fills are NOT within 2 years and only show 2+ years = Level |
| Tiglutik | Ever | No coverage | | |
| Tiotropium | Ever | Graded | | |
| Tiotropium Bromide & Olodaterol | Ever | Graded | | |
| Tipiracil & Trifluridine | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tipranavir | Ever | No coverage | | |
| Tirofiban | 2 years | Modified | | |
| Tisotumab Vedotin-tftv | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tivdak | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tivicay | Ever | No coverage | | |
| Tivozanib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| TNKASE | 2 years | Modified | | |
| Tofranil | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| Tolcapone | Ever | Graded | | |
| Tolvaptan | Ever | Graded | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|-------------------|-----------------------|--|--|--|
| Tomoxafin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Topamax | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| Topiragen | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| Topiramate | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| Toposar | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Topotecan HCL | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Toprol XL | 2 years | Modified Level | Angina (Chest Pain)/ Heart Other Use | |
| Toremifene | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Torisel | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Torsemide | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Tositumomab | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Totect | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Trabectedin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tramadol | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| Trametinib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--|-----------------------|--|---|--|
| Trandolapril | 2 years | Modified Level | Heart Condition Other Use | |
| Tranxene T-Tab; Tranxene SD | 2 years | Modified Level | Alcohol / Drug Other use | |
| Trastuzumab | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Treanda | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Trelegy; Trelegy Ellipta | Ever | Graded | | |
| Trelstar | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tremelimumab-actl | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tretinoin | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Trexall | 3 years | Modified* Level | Cancer Other use | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Triamterene; Triamterene HCTZ | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Trifluoperazine; Trifluoperazine HCL | Ever | Graded | | |
| Trifluridine & Tipiracil Hydrochloride | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Trihexane | Ever | Graded | | |
| Trihexyphenidyl; Trihexyphenidyl HCL | Ever | Graded | | |
| Trilaciclib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Trilafon | Ever | Graded | | |
| Trimetrexate Glucuronate | Ever | No coverage | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---------------------|-----------------------|--|--|--|
| Triptorelin Pamoate | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Trisenox | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Triumeq | Ever | No coverage | | |
| Trizivir | Ever | No coverage | | |
| Trodelyv | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Trogarzo | Ever | No coverage | | |
| Trokendi XR | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| Truseltiq | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Truvada | Ever | No coverage Level | AIDS / HIV HIV PrEP | |
| Truxima | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tucatinib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tudorza Pressair | Ever | Graded | | |
| Tukysa | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tybost | Ever | No coverage | | |
| Tykerb | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Tyzeka | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Udenyca | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|----------------------------|-----------------------|--|--|--|
| Ukoniq | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ultram | 2 years | Modified* Level | Neuropathy Other use | *If used to treat Neuropathy due to Diabetic Complications |
| Umbrisib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Umeclidinium | Ever | Graded | | |
| Umeclidinium & Vilanterol | Ever | Graded | | |
| Unituxin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Univasc | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Uprima | Ever | Graded | | |
| Uridine Triacetate | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Uromitexan | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ursodiol, Urso, Urso Forte | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Utibron | Ever | Graded | | |
| Uvadex | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Valchlor | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Valcyte | Ever | No coverage | | |
| Valganciclovir | Ever | No coverage | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|-------------------|-----------------------|--|---|--|
| Valium | 2 years | Modified Level | Alcohol / Drug Other use | |
| Valproic Acid | Ever | Graded Level | Psychotic Disorder Other Use | |
| Valrubicin | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Valsartan | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Valstar | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Vandetanib | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Vantas | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Varenicline | 1 year | Smoker Rates* | | *If prescribed within 12 months |
| Varubi | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Vasotec | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Vectibix | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Vegzelma | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Velban | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Velcade | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Velphoro | 1 year | No coverage | | |
| Vemlidy | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|------------------------|-----------------------|--|--|--|
| Vemurafenib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Venclexta | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Venetoclax | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Venofer | Ever | Graded | | |
| Venoglobulin-S | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ventolin; Ventolin HFA | Ever | Graded Level | COPD / Emphysema Asthma | |
| Vepesid | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Verapamil | 2 years | Modified Level | Angina (Chest Pain)/ Heart Other Use | |
| Verelan; Verelan PM | 2 years | Modified Level | Angina (Chest Pain)/ Heart Other Use | |
| Vericiguat | 2 years | Modified | | |
| Verquvo | 2 years | Modified | | |
| Versacloz | Ever | Graded | | |
| Verzenio | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Vesanoid | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Vesprin | Ever | Graded | | |
| Viadur | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Victrelis | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|----------------------|-----------------------|--|--|--|
| Vidaza | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Videx | Ever | No coverage | | |
| Viekira; Viekira pak | Ever | Graded* | | * If Advanced/End Stage Liver Disease - No Coverage |
| Vinblastine Sulfate | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Vincasar PFS | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Vincristine Sulfate | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Vinorelbine Tartrate | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Viracept | Ever | No coverage | | |
| Viramune | Ever | No coverage | | |
| Viread | Ever | No coverage Graded | AIDS / HIV Hepatitis | |
| Vismodegib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Vistide | Ever | No coverage | | |
| Vistogard | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Vitekta | Ever | No coverage | | |
| Vitrakvi | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Vitrasert | Ever | No coverage | | |
| Vivitrol | 2 years | Modified | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|---------------------------|-----------------------|--|--|---|
| Vizimpro | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Vocabria | Ever | No coverage | | |
| Voclosporin | Ever | Graded | | |
| Vorinostat | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage |
| Vosevi | Ever | Graded | | |
| VoSpire ER | Ever | Graded Level | COPD / Emphysema Asthma | |
| Votrient | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Voxelotor | Ever | Graded | | |
| Vraylar | Ever | Graded | | |
| Vumon | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Vyndamax | 2 years | Modified | | |
| Vyndaqel | 2 years | Modified | | |
| Vyxeos | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Warfarin, Warfarin Sodium | < 2 years* Ever | Modified Level | Heart/Circulatory Other Use | *If fills are current within 2 years WITH concurrent fills for over 2 years = Level - **If fills are current within 2 years and fills are over 2 years but NOT CONCURRENT = Modified **If ALL fills are within 2 years = Modified - **If fills are NOT within 2 years and only show 2+ years = Level |
| Welireg | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Wixela Inhub | Ever | Graded Level | COPD / Emphysema Asthma | |
| Xadago | Ever | Graded | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|----------------------|-----------------------|--|--|--|
| Xalkori | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Xatmep | 3 years | Modified* Level | Cancer Other use | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Xeloda | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Xermelo | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Xgeva | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Xofigo | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Xolair | Ever | Graded Level | COPD / Emphysema Asthma | |
| Xopenex; Xopenex HFA | Ever | Graded Level | COPD / Emphysema Asthma | |
| Xospata | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Xpovio | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Xtandi | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Yervoy | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Yescarta | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Yondelis | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Yonsa | 3 years | Modified* | | *If currently taking for cancer or due to recurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Yosprala | 2 years | Modified | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|-------------------|-----------------------|--|--|--|
| Yupelri | Ever | Graded | | |
| Zalcitabine | Ever | No coverage | | |
| Zaltrap | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Zanosar | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Zanubrutinib | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Zaroxolyn | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Zarxio | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Zebeta | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Zejula | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Zelapar | Ever | Graded | | |
| Zelboraf | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Zemaira | Ever | Graded | | |
| Zema-Pak | Ever | Graded Level | Systemic Lupus Other Use | |
| Zemplar | 1 year Ever | No coverage Graded | Kidney Dialysis Kidney Disorder | |
| Zenapax | Ever | Graded | | |
| Zepatier | Ever | Graded | | |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|--------------------|-----------------------|--|--|--|
| Zepzelca | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Zerit | Ever | No coverage | | |
| Zestril | 2 years | Modified Level | CHF (Congestive Heart Failure) / Heart Other Use | |
| Zevalin | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ziagen | Ever | No coverage | | |
| Zidovudine | Ever | No coverage | | |
| Ziextenzo | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Zinecard | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ziprasidone | Ever | Graded | | |
| Zirabev | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Ziv-Aflibercept | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| ZoDex | Ever | Graded Level | Systemic Lupus Other Use | |
| Zofran; Zofran ODT | 3 years | Modified* Level | Cancer Other use | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Zoladex | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Zolinza | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |

Prescription List for Final Expense

****This list is not all inclusive and drug ratings are subject to change****

If a medication is not shown, but suggests treatment for a condition stated on the application, coverage may be denied. Please email the Home Office with any questions.

| Medication | RX Fill Within | Benefit Eligibility - SBLI/SUSA | Indication (when dual use medication) | Comments |
|-------------------|-----------------------|--|--|--|
| Zometa | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Zonacort | Ever | Graded Level | Systemic Lupus Other Use | |
| Zortress | Ever | Graded | | |
| Zubsolv | 2 years | Modified | | |
| Zuplenz | 3 years | Modified* Level | Cancer Other use | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Zyban | 1 year | Smoker Rates* | | *If prescribed within 12 months |
| Zydelig | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Zykadia | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Zynlonta | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |
| Zyprexa | Ever | Graded | | |
| Zytiga | 3 years | Modified* | | *If currently taking for cancer or due to reoccurrence of any cancer - No coverage If not taken or treatment free > 3 years - Level |



S.USA Life Insurance Company, Inc.

PO Box 12847

Roanoke, VA 24029

1-866 SUSA 123 (1-866-787-2123)

www.susa.com

Prosperity Life Group is a marketing name for Prosperity Group Holdings, LP and its subsidiaries. New Vista is underwritten by S.USA Life Insurance Company, Inc. (S.USA). Not licensed in all states. Policy form #'s ICC16FELPUECS16, ICC16FEGPUECS16, ICC16FEMPUECS16 and state specific versions, where applicable. Not licensed in all states. Product not available all states. Features may vary by state.