

855-111-6400

IF APPLYING FOR MEDICARE SUPPLEMENT

**SECTION 7 - MEDICARE SUPPLEMENT:**

- During Open Enrollment or a Guaranteed Issue period, SKIP SECTION 7 and GO TO SECTION 8.
- NOT during Open Enrollment or a Guaranteed Issue period, PLEASE ANSWER ALL QUESTIONS.

If either you or Applicant B answer "YES" to any of the following questions, 1-14 or 15A-E, that person is not eligible for Medicare Supplement.

	<b>Applicant</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Applicant B</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Are you currently hospitalized, in a nursing home or assisted living facility, receiving hospice or home health care; or, are you bedridden, wheelchair bound, using oxygen or require the use of a motorized device? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been diagnosed by a member of the medical profession with emphysema, Chronic Obstructive Pulmonary Disease (COPD) or other chronic pulmonary disorder? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been diagnosed by a member of the medical profession with Parkinson's Disease, systemic lupus, scleroderma, myasthenia gravis, multiple or lateral sclerosis, osteoporosis with related fractures, cirrhosis or chronic hepatitis? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been diagnosed by a member of the medical profession with or taken medication for Alzheimer's Disease, dementia or any other cognitive disorder? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has a physician advised you to have surgery, medical tests, treatment or therapy that has not been performed? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Within the past 24 months have you been treated by a member of the medical profession for or been advised by a physician to have treatment for internal cancer, alcohol or drug use, mental or nervous disorder requiring psychiatric care or have you had an amputation caused by disease? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Within the past 24 months have you been treated by a member of the medical profession for or been advised by a physician to have treatment for heart attack, heart, Coronary or Carotid Artery Disease (not including high blood pressure), Peripheral Artery, Vascular or Venous Thrombotic Disease, congestive heart failure or cardiomyopathy, stroke, Transient Ischemic Attack (TIA) or heart rhythm disorder? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Within the past 24 months have you been treated by a member of the medical profession for degenerative bone disease, crippling/disabling, Rheumatoid Arthritis, Spinal Stenosis or have you been advised to have a joint replacement? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you been hospital confined three or more times in the last 24 months? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you been diagnosed with or treated for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or the Human Immunodeficiency Virus (HIV)? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Has a physician advised you to have cataract surgery in the next 12 months? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you had an organ transplant or been advised by a physician to have an organ transplant? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. At any time, have you been medically diagnosed with, treated for, or had surgery for Chronic Kidney Disease, kidney failure, or Kidney Disease requiring dialysis? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you have diabetes that has ever required more than 50 units of insulin daily? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Do you have diabetes that is treated by medication or diet? If "YES" do you have any of the following conditions? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Neuropathy or numbness in your hands, feet or legs? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Retinopathy or eye disorder (other than cataracts)? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Kidney Disease? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Skin ulcers or had an amputation? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Heart disorder (including high blood pressure), poor circulation or Peripheral Vascular Disease, history of stroke or TIA? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are you taking or have you taken any prescription or over-the-counter medications within the past 24 months? If "YES," please list the drug and the condition in the following table. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Applicant</b>	<b>Applicant B</b>
Height/Weight: Ft _____ In. _____ lbs. _____	Height/Weight: Ft _____ In. _____ lbs. _____

PAN AM

855-777-6400

**SECTION 7 - IF APPLYING FOR MEDICARE SUPPLEMENT:**  
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 • NOT during Open Enrollment or a Guaranteed Issue period, PLEASE ANSWER ALL QUESTIONS.  
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1. Are you currently hospitalized, in a nursing home or assisted living facility, receiving hospice or home health care; or, are you bedridden, wheelchair bound, using oxygen or require the use of a motorized device?	<b>Applicant</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Applicant B</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been diagnosed by a member of the medical profession with emphysema, Chronic Obstructive Pulmonary Disease (COPD) or other chronic pulmonary disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been diagnosed by a member of the medical profession with Parkinson's Disease, systemic lupus, scleroderma, myasthenia gravis, multiple or lateral sclerosis, osteoporosis with related fractures, cirrhosis or chronic hepatitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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C. Kidney Disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Skin ulcers or had an amputation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Heart disorder (including high blood pressure), poor circulation or Peripheral Vascular Disease, history of stroke or TIA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are you taking or have you taken any prescription or over-the-counter medications within the past 24 months? If "YES," please list the drug and the condition in the following table.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Applicant</b>	<b>Applicant B</b>
Height/Weight: Ft _____ In. _____ lbs. _____	Height/Weight: Ft _____ In. _____ lbs. _____



## Height and Weight Chart

### Eligibility

To determine whether the client may purchase coverage, locate their height then weight in the chart below. If their weight is in the Decline column the client is not eligible for coverage at this time. If the client's weight is located in the Standard column, you may continue with the application.

	Decline	Standard	Decline
Height	Weight	Weight	Weight
4' 2"	< 54	54 – 145	146 +
4' 3"	< 56	56 – 151	152 +
4' 4"	< 58	58 – 157	158 +
4' 5"	< 60	60 – 163	164 +
4' 6"	< 63	63 – 170	171 +
4' 7"	< 65	65 – 176	177 +
4' 8"	< 67	67 – 182	183 +
4' 9"	< 70	70 – 189	190 +
4' 10"	< 72	72 – 196	197 +
4' 11"	< 75	75 – 202	203 +
5' 0"	< 77	77 – 209	210 +
5' 1"	< 80	80 – 216	217 +
5' 2"	< 83	83 – 224	225 +
5' 3"	< 85	85 – 231	232 +
5' 4"	< 88	88 – 238	239 +
5' 5"	< 91	91 – 246	247 +
5' 6"	< 93	93 – 254	255 +
5' 7"	< 96	96 – 261	262 +
5' 8"	< 99	99 – 269	270 +
5' 9"	< 102	102 – 277	278 +
5' 10"	< 105	105 – 285	286 +
5' 11"	< 108	108 – 293	294 +
6' 0"	< 111	111 – 302	303 +
6' 1"	< 114	114 – 310	311 +
6' 2"	< 117	117 – 319	320 +
6' 3"	< 121	121 – 328	329 +
6' 4"	< 124	124 – 336	337 +
6' 5"	< 127	127 – 345	346 +
6' 6"	< 130	130 – 354	355 +
6' 7"	< 134	134 – 363	364 +
6' 8"	< 137	137 – 373	374 +
6' 9"	< 140	140 – 382	383 +
6' 10"	< 144	144 – 392	393 +
6' 11"	< 147	147 – 401	402 +
7' 0"	< 151	151 – 411	412 +
7' 1"	< 155	155 – 421	422 +
7' 2"	< 158	158 – 431	432 +
7' 3"	< 162	162 – 441	442 +
7' 4"	< 166	166 – 451	452 +

### Uninsurable Health Conditions

Applications should not be submitted if the applicant has **any** history of the following conditions:

AIDS	Hypertensive Chronic Renal Disease
Alzheimer's Disease	Nephrotic Syndrome
ARC	Cognitive Disorders
Any cardio-pulmonary disorder requiring oxygen	Cerebrovascular disease with cognitive deficits
Cirrhosis	Dissociative amnesia
Chronic Hepatitis:	Huntington's chorea (Huntington's disease)
Chronic Hepatitis B	Post concussion syndrome with residual deficit
Chronic Hepatitis C	
Chronic Hepatitis D	Diabetes - Insulin > 50 units / day
Autoimmune Hepatitis	Diabetes with history of high blood pressure, taking more than 2 diabetes medications and or more than 2 high blood pressure medications.
Chronic Active Hepatitis	Diabetes with complications such as neuropathy or retinopathy or kidney disease, heart or vascular disease, TIA or stroke.
Chronic Steatohepatitis	
Chronic Obstructive Pulmonary Disease (COPD)	Dementia, including delirium, organic brain disorder or other cognitive impairment.
Other chronic pulmonary disorders to include:	
Asbestosis	Emphysema
Bronchiectasis	HIV
Chronic bronchitis	Kidney Disease requiring dialysis
Chronic Cardiopulmonary Disease	Kidney Failure/End Stage Renal Disease (ESRD) or any kidney disorder that the applicant is being evaluated for or if the applicant is currently on dialysis.
Chronic Obstructive Lung Disease (COLD)	Lateral Sclerosis (ALS)
Chronic asthma*	Lupus - Systemic
Chronic interstitial lung disease	Multiple Sclerosis
Chronic pulmonary fibrosis	Myasthenia Gravis
Cystic Fibrosis	Organ transplant
Pulmonary hypertension	Osteoporosis with related fracture
Chronic Kidney/Renal Disease:	Parkinson's Disease
Chronic Nephritis	Pulmonary Hypertension
Chronic Glomerulonephritis	Rheumatoid Arthritis treated with injectable medications or Methotrexate and Prednisone or more than 25 mg Methotrexate per week
Chronic protein loss in the urine (proteinuria) requiring 4 or more MD office visits per year in the follow-up of renal disease.	Sarcoidosis
Chronic Renal Insufficiency	Scleroderma

In addition to the above conditions, the following will also lead to a decline:

- Implantable cardiac defibrillator.
- Use of supplemental oxygen.
- Use of a nebulizer.
- \*Asthma requiring continuous use of three or more medication's, including inhalers.
- Taking any medication that must be administered in a physician's office.
- Advised to have surgery, medical tests, treatment or therapy.
- If the applicant's height/weight is in the decline column on the chart.

## Partial List of Medications Associated with Uninsurable Health Conditions

This list is not all-inclusive. An application should not be submitted if a client is taking any of the following medications (brand or generic):

Medication	Condition	Medication	Condition
3TC	AIDS	Gold	Rheumatoid Arthritis
Acetate	Prostate Cancer	Haldol	Psychosis
Alkeran	Cancer	Herceptin	Cancer
Amantadine	Parkinson's Disease	Hydergine	Dementia
Apokyn	Parkinson's Disease	Hydrea	Cancer
Aptivus	HIV	Hydroxyurea	Melanoma, Leukemia, Cancer
Aricept	Dementia	Imuran (Azothioprine)	Immunosuppression, Severe Arthritis
Artane	Parkinson's Disease	*Insulin (>50 units/day)	Diabetes
Atripla	HIV	Interferon	AIDS, Cancer, Hepatitis
Avonex	Multiple Sclerosis	Indinavir	AIDS
Azilect	Parkinson's Disease	Invega	Schizophrenia
AZT	AIDS	Invirase	AIDS
Baclofen	Multiple Sclerosis	Kaletra	AIDS
BCG	Bladder Cancer	Kemadrin	Parkinson's Disease
Betaseron	Multiple Sclerosis	Lasix/Furosemide	Heart Disease
Bicalutamide	Prostate Cancer	(>60 mg/day)	
Breo	COPD	L-Dopa	Parkinson's Disease
Brovana	COPD	Lenalidomide/Revlimid	Multiple Myeloma
Carbidopa	Parkinson's Disease	Letairis	Pulmonary Hypertension
Casodex	Prostate Cancer	Leukeran	Cancer, Immunosuppression, Severe Arthritis
Cerefolin	Dementia	Leuprolide	Prostate Cancer
Cogentin	Parkinson's Disease	Levodopa	Parkinson's Disease
Cognex	Dementia	Lexiva	HIV
Combivir	HIV	Lioresal	Multiple Sclerosis
Comtan	Parkinson's Disease	Lomustine	Cancer
Copaxone	Multiple Sclerosis	Lupron	Cancer
Crixivan	HIV	Megace	Cancer
Cytosan	Cancer, Severe Arthritis, Immunosuppression	Megestrol	Cancer
D4T	AIDS	Mellaril	Psychosis
DDC	AIDS	Melphalan	Cancer
DDI	AIDS	Memantine	Alzheimer's Disease
DES	Cancer	Methotrexate (>25mg/wk)	Rheumatoid Arthritis
Donepezil	Dementia/Alzheimer's	Metrifonate	Dementia
DuoNeb	COPD	Mirapex	Parkinson's Disease
Eldepryl	Parkinson's Disease	Myleran	Cancer
Eligard	Prostate Cancer	Namenda	Alzheimer's
Embrex	Rheumatoid Arthritis	Natrekor	CHF
Emtriva	HIV	Navane	Psychosis
Epivir	HIV	Nelfinavir	AIDS
Epogen	Kidney Failure, AIDS	Neoral	Immunosuppression, Severe Arthritis
Ergoloid	Dementia	Neupro	Parkinson's Disease
Exelon	Dementia	Norvir	HIV
Fuzeon	HIV	Novatrone	Multiple Sclerosis
Galantamine	Dementia	Paraplatin	Cancer
Geodon	Schizophrenia		



### Partial List of Medications Associated with Uninsurable Health Conditions.

This list is not all-inclusive. An application should not be submitted if a client is taking any of the following medications (brand or generic):

Medication	Condition	Medication	Condition
3TC	AIDS	Haldol	Psychosis
Acetate	Prostate Cancer	Herceptin	Cancer
Alkeran	Cancer	Hydergine	Dementia
Amantadine	Parkinson's Disease	Hydrea	Cancer
Apokyn	Parkinson's Disease	Hydroxyurea	Melanoma, Leukemia, Cancer
Aptivus	HIV	Imuran (Azothioprine)	Immunosuppression, Severe Arthritis
Aricept	Dementia	*Insulin (>50 units/day)	Diabetes
Artane	Parkinson's Disease	Interferon	AIDS, Cancer, Hepatitis
Atripla	HIV	Indinavir	AIDS
Avonex	Multiple Sclerosis	Invega	Schizophrenia
Azilect	Parkinson's Disease	Invirase	AIDS
AZT	AIDS	Kaletra	HIV
Baclofen	Multiple Sclerosis	Kemadrin	Parkinson's Disease
BCG	Bladder Cancer	Lasix/Furosemide	Heart Disease
Betaseron	Multiple Sclerosis	(>60 mg/day)	
Bicalutamide	Prostate Cancer	L-Dopa	Parkinson's Disease
Breo	COPD	Lenalidomide/Revlimid	Multiple Myeloma
Brovana	COPD	Letairis	Pulmonary Hypertension
Carbidopa	Parkinson's Disease	Leukeran	Cancer, Immunosuppression, Severe Arthritis
Casodex	Prostate Cancer	Leuprolide	Prostate Cancer
Cerefolin	Dementia	Levodopa	Parkinson's Disease
Cogentin	Parkinson's Disease	Lexiva	HIV
Cognex	Dementia	Lioresal	Multiple Sclerosis
Combivir	HIV	Lomustine	Cancer
Comtan	Parkinson's Disease	Lupron	Cancer
Copaxone	Multiple Sclerosis	Megace	Cancer
Crixivan	HIV	Megestrol	Cancer
Cytosan	Cancer, Severe Arthritis, Immunosuppression	Mellaril	Psychosis
D4T	AIDS	Melphalan	Cancer
DDC	AIDS	Memantine	Alzheimer's Disease
DDI	AIDS	Methotrexate (>25mg/wk)	Rheumatoid Arthritis
DES	Cancer	Metrifonate	Dementia
Donepezil	Alzheimer's disease	Mirapex	Parkinson's Disease
DuoNeb	COPD	Myleran	Cancer
Eldepryl	Parkinson's Disease	Namenda	Alzheimer's
Eligard	Prostate Cancer	Natrecor	CHF
Embrel	Rheumatoid Arthritis	Navane	Psychosis
Emtriva	HIV	Nelfinavir	AIDS
Epivir	HIV	Neoral	Immunosuppression, Severe Arthritis
Epogen	Kidney Failure, AIDS	Neupro	Parkinson's Disease
Ergoloid	Dementia	Norvir	HIV
Exelon	Dementia	Novatrone	Multiple Sclerosis
Fuzeon	HIV	Paraplatin	Cancer
Galantamine	Dementia	Parlodel	Parkinson's Disease
Geodon	Schizophrenia	Permax	Parkinson's Disease
Gold	Rheumatoid Arthritis		

Partial List of Medications Associated with Uninsurable Health Conditions (continued).

Medication	Condition	Medication	Condition
<b>Prednisone (&gt;10 mg/day)</b>	Rheumatoid Arthritis, COPD	<b>Thorazine</b>	Psychosis
<b>Prezista</b>	HIV	<b>Trelstar-LA</b>	Prostate Cancer
<b>Procrit</b>	Kidney Failure, AIDS	<b>Triptorelin</b>	Prostate Cancer
<b>Prolixin</b>	Psychosis	<b>Remodulin</b>	Pulmonary Hypertension
<b>Provenge</b>	Prostate Cancer	<b>Requip</b>	Parkinson's Disease
<b>Razadyne</b>	Dementia	<b>Rebif</b>	Multiple Sclerosis
<b>Rebif</b>	Multiple Sclerosis	<b>Trizivir</b>	HIV
<b>Remicade</b>	Rheumatoid Arthritis	<b>Truvada</b>	HIV
<b>Reminyl</b>	Dementia	<b>Tysabri</b>	Multiple Sclerosis
<b>Rescriptor</b>	HIV	<b>Valycte</b>	CMV HIV
<b>Retrovir</b>	AIDS	<b>VePesid</b>	Cancer
<b>Reyataz</b>	HIV	<b>Viadur</b>	Prostate Cancer
<b>Rilutek</b>	Amyotrophic Lateral Sclerosis	<b>Videx</b>	HIV
<b>Riluzole</b>	ALS	<b>Vincristine</b>	Cancer
<b>Risperdal</b>	Psychosis	<b>Viracept</b>	HIV
<b>Ritonavir</b>	AIDS	<b>Viramune</b>	AIDS
<b>Sandimmune</b>	Immunosuppression, Severe Arthritis	<b>Viread</b>	HIV
<b>Selzentry</b>	HIV	<b>Zanosar</b>	Cancer
<b>Sinemet</b>	Parkinson's Disease	<b>Zelapar</b>	Parkinson's Disease
<b>Stalevo</b>	Parkinson's Disease	<b>Zerit</b>	HIV
<b>Stelazine</b>	Psychosis	<b>Ziagen</b>	HIV
<b>Sustiva</b>	AIDS	<b>Ziprasidone</b>	Schizophrenia
<b>Symmetrel</b>	Parkinson's Disease	<b>Zoladex</b>	Cancer
<b>Tacrine</b>	Dementia	<b>Zometa</b>	Hypercalcemia in Cancer
<b>Tasmar</b>	Parkinson's Disease		
<b>Teslac</b>	Cancer		
<b>Thiotepa</b>	Cancer		



# **Partial List of Medications Associated with Uninsurable Health Conditions (continued)**

Medication	Condition	Medication	Condition
<b>Parlodel</b>	Parkinson's Disease	<b>Trizivir</b>	HIV
<b>Permax</b>	Parkinson's Disease	<b>Truvada</b>	HIV
<b>Prednisone (&gt;10 mg/day)</b>	Rheumatoid Arthritis, COPD	<b>Tysabri</b>	Multiple Sclerosis
<b>Prezista</b>	HIV	<b>Valycte</b>	CMV HIV
<b>Procrit</b>	Kidney Failure, AIDS	<b>VePesid</b>	Cancer
<b>Prolixin</b>	Psychosis	<b>Viadur</b>	Prostate Cancer
<b>Provenge</b>	Prostate Cancer	<b>Videx</b>	HIV
<b>Razadyne</b>	Dementia	<b>Vincristine</b>	Cancer
<b>Rebif</b>	Multiple Sclerosis	<b>Viracept</b>	HIV
<b>Remicade</b>	Rheumatoid Arthritis	<b>Viramune</b>	AIDS
<b>Reminyl</b>	Dementia	<b>Viread</b>	HIV
<b>Remodulin</b>	Pulmonary Hypertension	<b>Zanosar</b>	Cancer
<b>Requip</b>	Parkinson's Disease	<b>Zelapar</b>	Parkinson's Disease
<b>Rescriptor</b>	HIV	<b>Zerit</b>	HIV
<b>Retrovir</b>	AIDS	<b>Ziagen</b>	HIV
<b>Reyataz</b>	HIV	<b>Ziprasidone</b>	Schizophrenia
<b>Rilutek</b>	Amyotrophic Lateral Sclerosis	<b>Zoladex</b>	Cancer
<b>Riluzole</b>	ALS	<b>Zometa</b>	Hypercalcemia in Cancer
<b>Risperdal</b>	Psychosis		
<b>Ritonavir</b>	AIDS		
<b>Sandimmune</b>	Immunosuppression, Severe Arthritis		
<b>Selzentry</b>	HIV		
<b>Sinemet</b>	Parkinson's Disease		
<b>Stalevo</b>	Parkinson's Disease		
<b>Stelazine</b>	Psychosis		
<b>Sustiva</b>	AIDS		
<b>Symmetrel</b>	Parkinson's Disease		
<b>Tacrine</b>	Dementia		
<b>Tasmar</b>	Parkinson's Disease		
<b>Teslac</b>	Cancer		
<b>Thiotepa</b>	Cancer		
<b>Thorazine</b>	Psychosis		
<b>Trelstar-LA</b>	Prostate Cancer		
<b>Triptorelin</b>	Prostate Cancer		