

Foresters PlanRight Whole Life Insurance

Medical Reference Guide

It is the responsibility of the Underwriting Department to properly evaluate all applicants for insurance coverage. This requires sound, underwriting practices consistent with Foresters Financial™ philosophy for the selection of risks. In order to provide the best possible service, Foresters Underwriting Team must also rely on the producer to develop complete and accurate information at point of sale.

This manual is a guide intended to help the producer understand the probable underwriting action for commonly encountered medical histories. Naturally, the final action on an application is the decision of the Underwriter, based upon the varying circumstances that each particular case may present. It is important to recognize that the underwriting guide is meant as a basis for decision-making, and that other factors, including Foresters Underwriter's judgment, may affect the final decision.

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Build Chart

As part of the underwriting process, the height and weight of the Proposed Insured is checked to ensure it is within Foresters height and weight guidelines. Insurance will be declined if the Proposed Insured is outside of the minimum or maximum weight for their height. Insurance will also be declined if the Proposed Insured's height is below the minimum or above the maximum, per the chart below.

| Height | Minimum Weight All Plans | Max Weight PlanRight Preferred | Max Weight PlanRight Standard | Max Weight PlanRight Basic |
|--------|--------------------------|--------------------------------|-------------------------------|----------------------------|
| 4'8" | 74 | 201 | 216 | 232 |
| 4'9" | 77 | 208 | 223 | 239 |
| 4'10" | 80 | 215 | 230 | 246 |
| 4'11" | 83 | 222 | 237 | 253 |
| 5'00" | 86 | 229 | 245 | 262 |
| 5'01" | 89 | 237 | 253 | 271 |
| 5'02" | 92 | 246 | 262 | 280 |
| 5'03" | 95 | 253 | 269 | 288 |
| 5'04" | 98 | 260 | 278 | 297 |
| 5'05" | 101 | 268 | 286 | 306 |
| 5'06" | 104 | 275 | 294 | 315 |
| 5'07" | 107 | 284 | 304 | 325 |
| 5'08" | 110 | 292 | 313 | 334 |
| 5'09" | 113 | 299 | 321 | 343 |
| 5'10" | 117 | 308 | 330 | 353 |
| 5'11" | 121 | 316 | 339 | 362 |
| 6'00" | 125 | 325 | 348 | 372 |
| 6'01" | 129 | 333 | 356 | 381 |
| 6'02" | 133 | 341 | 366 | 391 |
| 6'03" | 137 | 349 | 373 | 399 |
| 6'04" | 142 | 357 | 382 | 409 |
| 6'05" | 147 | 365 | 392 | 419 |
| 6'06" | 152 | 373 | 406 | 434 |
| 6'07" | 159 | 381 | 413 | 442 |
| 6'08" | 162 | 389 | 421 | 450 |
| 6'09" | 167 | 397 | 430 | 460 |

Medical Definitions

The following definitions are provided for the conditions contained in the Medical Questions.

| | | |
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| Activities of Daily Living (ADLs) | Activities of daily living (ADLs) are the things we normally do in daily living, including any basic activity we perform, such as feeding ourselves, bathing, dressing, taking medications and toileting. For the purpose of this product, Foresters does not consider help with housekeeping (cleaning, laundry) to be ADL's. | If assistance is required from anyone to perform any ADL's - No coverage |
| Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Human Immunodeficiency Virus (HIV) | Acquired immune deficiency syndrome (AIDS) is a disease of the human immune system caused by the human immunodeficiency virus (HIV). This condition progressively reduces the effectiveness of the immune system and leaves individuals susceptible to infections and tumors. | No Coverage |
| Alcohol Abuse/ Addiction | Use of alcohol becomes a primary focus, interfering with other activities. <i>When alcohol abuse progresses to alcoholism, also called alcohol addiction or alcohol dependence, alcohol becomes essential to function, including a physical dependence on alcohol, and inability to stop despite severe physical and psychological consequences.</i> | Diagnosed, treated or advised to receive treatment within the past 2 years –Basic Death Benefit |
| Alzheimer's disease | Alzheimer's disease is a progressive degenerative disease of the brain resulting in loss of memory, thinking and language skills and behavioral changes. It is the most common cause of dementia. | No Coverage |
| Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig's Disease) | Amyotrophic lateral sclerosis is a form of motor neuron disease. ALS is a progressive, fatal, disease caused by the degeneration of the nerve cells in the central nervous system that control voluntary muscle movement. | No Coverage |
| Amputation due to Complications of Diabetes | A complication of diabetic neuropathy in which there is an increased risk of injury to extremities because of loss of sensation. Infections can progress to ulceration which may require surgical removal of the affected extremity. | No Coverage |
| Aneurysm | A localized abnormal dilatation of a blood vessel which if ruptured may lead to death. The most common aneurysm locations are the brain, abdomen, heart, legs, neck and spleen. | Within 2 yrs of diagnosis or any duration of diagnosis if not repaired or removed - Basic Death Benefit |
| Angina | Pain, discomfort or pressure localized in the chest and caused by insufficient blood supply to the heart muscles. | Within 1 yr – Basic Death Benefit Within 2 yrs- Standard Death Benefit |

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|-------------------------------------|---|--|
| Basal Cell Skin Cancer | A common malignancy of the skin usually occurs with chronic sun exposure. Melanoma is a more serious form of skin cancer and is not excluded from Forester's definition of cancer. | Preferred Death Benefit |
| Bone Marrow Transplant | A procedure in which bone marrow that is diseased or damaged is replaced with healthy bone marrow. | No Coverage |
| Brain Tumor | A brain tumor is an abnormal growth of cells within the brain or inside the skull, which can be cancerous or non-cancerous (benign). | Within 2 yrs of diagnosis or any duration of diagnosis if not removed - Basic Death Benefit |
| Cancer | Cancer is a class of diseases in which a group of cells display uncontrolled growth, invasion (intrusion on and destruction of adjacent tissues), and sometimes metastasis (spread to other locations in the body). | Currently has cancer, or had one or more recurrences or had more than one type of cancer - No Coverage If diagnosis or treatment within 3 years - Basic Death Benefit |
| Cardiomyopathy | Cardiomyopathy is a chronic disease of the heart muscle. The muscle is enlarged, thickened and stiffened which leads to deterioration of the function of the heart. People with cardiomyopathy are often at risk of irregular heartbeats or heart failure. | No Coverage |
| Cardioversion Treatment | Electronic or chemical shock to the heart to restore normal heart rhythm. | Within 1 yr- Basic Death Benefit Within 2 yrs - Standard Death Benefit |
| Chronic Bronchitis | An inflammation of the lining of the bronchial tubes which causes coughing of thickened mucus. If the persistent cough lasts at least three months and occurs for at least two consecutive years, it is considered chronic. Is also included in Chronic Obstructive Pulmonary Disease (COPD). | Standard Death Benefit |
| Chronic Lung Disease (Other) | Any disorder that affects the lungs and other parts of the respiratory system. Includes but not limited to pulmonary fibrosis, asbestosis, pneumonitis, cystic fibrosis, tuberculosis, pulmonary edema, pneumoconiosis, sarcoidosis, black lung disease and silicosis, | Standard Death Benefit |

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| Chronic Obstructive Pulmonary Disease (COPD) | Chronic obstructive pulmonary disease (COPD) or Chronic obstructive lung disease (COLD) is a chronic inflammatory lung disease which causes obstructed airflow to and from the lungs. Symptoms include shortness of breath, wheezing and coughing with mucus production. Diseases classified under the heading of COPD include emphysema, chronic bronchitis and bronchiectasis. | Standard Death Benefit |
| Circulatory Procedure | Any surgery performed on any of the arteries or veins of the body, including but not limited to coronary arteries, the aorta, and arteries in the neck, legs and abdomen. Includes stenting, bypass and atherectomy. | Within 1 yr - Basic Death Benefit Within 2 yrs Standard Death Benefit |
| Cirrhosis of the Liver | Damage or scarring of liver tissue leading to a blockage of blood flow through the liver. | Standard Death Benefit |
| Congestive Heart Failure (CHF) | Congestive heart failure (CHF) occurs when the pumping action of the heart fails to maintain adequate circulation of blood to the body and causes shortness of breath, swollen feet and ankles and chronic fatigue. | No Coverage |
| Defibrillator/ Implantable Cardioverter-Defibrillator (ICD) | A device placed in the body to recognize and correct certain life threatening arrhythmias by delivering electrical shocks to restore normal heartbeat. | Implant within 1 yr- Basic Death Benefit Implant within 2 yrs - Standard Death Benefit |
| Dementia | Dementia is a general term that describes a group of symptoms such as loss of memory, judgment, language, complex motor skills, and other intellectual function, caused by the permanent damage or death of the brain's nerve cells, or neurons. | No Coverage |
| Diagnostic Test | A diagnostic test is any kind of medical test performed to aid in the diagnosis or detection of disease or condition. | Advised to have within the past 12 months and not completed or results unknown - No Coverage |
| Drug Abuse / Addiction | <i>Drug abuse</i> , also known as substance abuse, involves the repeated and excessive use of chemical substances to achieve a certain effect. These substances may be "street" or "illicit" drugs, or may be drugs obtained with a prescription, used for pleasure rather than for medical reasons. Abuse quickly leads to addiction for many drugs. | Diagnosed, treated or advised to receive treatment within the past 2 years - Basic Death Benefit |
| Emphysema | A lung condition which causes shortness of breath, caused by destruction of the lungs air sacs and the formation of scar tissue. Is also included in Chronic Obstructive Pulmonary Disease (COPD). | Standard Death Benefit |

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| End-Stage Disease | A condition caused by injury, disease, or illness which has resulted in severe and permanent deterioration, indicated by incapacity and complete physical dependency, and for which, to a reasonable degree of medical certainty, treatment of the irreversible condition would be medically ineffective. | No Coverage |
| Heart Attack | Myocardial infarction (MI) commonly known as a heart attack occurs when the blood supply to part of the heart is interrupted causing some heart cells to die. | Within 1 yr - Basic Death Benefit Within 2 yrs Standard Death Benefit |
| Heart Failure | A condition in which the heart muscle is unable to pump enough blood to meet the body's needs. It can involve the left side, right side or both sides of the heart and can cause shortness of breath, fatigue, weakness, lower extremity swelling, coughing and rapid or irregular heartbeat. | No Coverage |
| Heart Procedure | Surgery performed on the heart including heart valves, coronary arteries or any other tissue of the heart. Heart procedures also includes, but is not limited to, angioplasty, stent placement, ablation, bypass, atherectomy, pacemaker or implantable cardioverter defibrillator (ICD) insertion. | Within 1 yr - Basic Death Benefit Within 2 yrs Standard Death Benefit |
| Heart Muscle Disease | Disease in which the heart is enlarged, thickened and/or stiffened, resulting in reduced ability to pump blood and often leading to heart failure. | No Coverage |
| Hepatitis B | Infection of the liver by the hepatitis B virus | Standard Death Benefit |
| Hepatitis C | Infection of the liver by the hepatitis C virus | Standard Death Benefit |
| Home Healthcare | Health care or supportive care provided in the patient's home by licensed healthcare professionals such as Licensed Practical nurses, Registered nurses, Home Care Aids, Social Workers, Physical Therapists, Occupational Therapists, Speech and language pathologists and Dietitians. | Currently receiving or advised to receive - No Coverage |
| Hospice Care | Hospice care in the United States is a type of care which focuses on the reduction of symptoms for the terminally ill. These symptoms can be physical, emotional, or social in nature. | Receiving or advised to receive - No Coverage |
| Illegal Drugs | Drugs for which the applicant does not have a prescription from a medical doctor or drugs that are not legal in the applicant's state of residence. | Within 2 years - Basic Death Benefit |

| | | |
|---|--|--|
| Lab Test | Testing a sample of blood, urine or other substance from the body. | Advised to have within the past 12 months and not completed or results unknown - No Coverage |
| Kidney Dialysis | Used to provide an artificial replacement for lost kidney function due to kidney or renal failure. | Had or advised to have within the past 12 months - No Coverage |
| Kidney Disease/Renal Insufficiency | Any damage that reduces the functioning of the kidney. Also called renal disease, renal insufficiency or kidney/renal failure. | Standard Death Benefit |
| Liver Disease/Condition | General term for any damage that reduces the functioning of the liver. | Standard Death Benefit |
| Memory Loss | Unusual forgetfulness which interferes with normal daily life and activities. This includes mild cognitive impairment (MCI). | No Coverage |
| Nephropathy/Diabetic | Kidney disease from long-standing or poorly controlled diabetes. | Anytime - Basic Death Benefit |
| Nursing home or skilled nursing facility | A nursing home, convalescent home, Skilled Nursing Facility, care home or rest home provides care for residents. Residents include the elderly and younger adults with physical or mental disabilities. | Current resident of or advised to move into - No Coverage |
| Organ transplant | Organ transplant is the moving of an organ from one body to another (or from a donor site on the patient's own body), for the purpose of replacing the recipient's damaged or failing organ with a working one from the donor site. | No Coverage |
| Oxygen Equipment | The administration of oxygen to prevent hypoxemia (not enough oxygen in the blood). Oxygen delivery systems are classified as stationary, portable, or ambulatory. Oxygen can be administered by nasal cannula, mask, and tent. CPAP machines used for sleep apnea are not considered "oxygen equipment". Nebulizers are not considered "oxygen equipment", however if used for a respiratory disorder the appropriate question should be answered affirmatively. | Within 12 months - No Coverage |
| Pacemaker | A small device placed under the skin in the chest or abdomen to help control abnormal heart rate or rhythm. | Implant within 1 yr - Basic Death Benefit Implant within 2 yrs - Standard Death Benefit |

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| Parkinson's Disease | A degenerative disorder of the central nervous system that often impairs motor skills, speech, and other functions. | Standard Death Benefit if able to perform all ADL's, otherwise - No Coverage |
| Peripheral Neuropathy/Diabetic | Nerve damage caused by diabetes that leads to numbness, tingling, burning and sometimes pain and weakness in the hands, arms, feet, and legs. Diabetic neuropathy can affect the digestive tract, heart, and genitalia. | Anytime – Basic Death Benefit |
| Pulmonary Hypertension (PH or PAH) | High blood pressure in the arteries of the lungs and right side of the heart causing shortness of breath, fatigue, chest pain, leg swelling and rapid heartbeat. | No Coverage |
| Renal Insufficiency/ Kidney Disease | Any damage that reduces the functioning of the kidney. Also called renal disease, renal insufficiency or kidney/renal failure. | Standard Death Benefit |
| Retinopathy/Diabetic | Diabetic retinopathy is damage to the eye's retina that occurs with long-term or poorly controlled diabetes. | Anytime – Basic Death Benefit |
| Skilled Nursing Care | Care or treatment given or supervised by a Registered Nurse. Examples of skilled nursing needs include complex wound dressings, rehabilitation, tube feedings and observation during periods of acute or unstable illness; administration of intravenous fluids and intravenous or intramuscular medications. | Currently receiving or advised to receive – No Coverage |
| Stroke | Rapidly developing loss of brain function due to disturbance in the blood supply to the brain. | Within 1 yr - Basic Death Benefit Within 2 yrs Standard Death Benefit |
| Systemic Lupus (SLE) | Systemic lupus erythematosus (SLE) or lupus is a chronic autoimmune connective tissue disease that can affect any part of the body. SLE most often harms the heart, joints, skin, lungs, blood vessels, liver, kidneys and nervous system. | Standard Death Benefit |
| Terminal Illness | A condition caused by injury, disease, or illness that would reasonably be expected to cause death within 12 months. | No Coverage |
| Tobacco Class | Applicants who have used any product containing tobacco or nicotine within the past year. | Within 1 year – Tobacco Class |
| Transient Ischemic Attack (TIA)/Mini-Stroke | A transient ischemic attack (TIA) is caused by the changes in the blood supply to a particular area of the brain resulting in brief neurologic dysfunction that persists, by definition, for less than 24 hours. This is sometimes referred to as a mini-stroke. | Within 1 yr - Basic Death Benefit Within 2 yrs Standard Death Benefit |

| | | |
|---|--|--|
| Unexplained Weight Loss | A drop in body weight that occurs even when the person is not trying to lose weight. It can be a symptom of a serious illness | If greater than 10 pounds within the past year – No Coverage |
| Wheelchair or electric scooter use | Use of a wheelchair or electric scooter due to a chronic illness, medical condition or disease (includes injury or disability resulting in the permanent and ongoing use of a wheelchair/scooter). | No Coverage |

Medical Reference Charts

The Medication Reference Charts are intended to be a tool to determine the general uses of prescription drugs. Due to the nature of combinations of drugs taken, dosages of those drugs, off label uses and the medical specialty of the physician prescribing the drugs, some decisions may be reflective of this information. The drug lists are not meant to be exhaustive.

Foresters will consider explanations for medications that are being prescribed for multiple uses. In order for the application to be reviewed, the Proposed Insured should answer 'yes' to the question "Is the proposed insured taking dual use medical" in Section 10 (Addition Information) on the application, and list the medication name and reason it was prescribed. If medical information is provided elsewhere, without the date and Proposed Insured's signature, it may result in the application being canceled or declined.

Drug Combinations

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

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

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

Diabetes

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

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

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

Alphabetical Drug List

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

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

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

| Medication | If client is taking medication for | Medication Fills Within | Benefit Eligibility |
|---------------------------|--|-----------------------------------|---|
| Akynzeo | Cancer Cancer Other | 3 years Current Use Anytime | Basic No Coverage Preferred |
| Albuterol | Asthma COPD | Anytime | Preferred Standard |
| Aldactazide | CHF Cirrhosis Other | Anytime | No Coverage Standard Depends on condition |
| Aldactone | CHF Liver Kidney Other | Anytime | No Coverage Standard Standard Depends on condition |
| Aldomat | Hypertension | Anytime | Preferred |
| Alimta | Cancer | 3 years Current Use | Basic No Coverage |
| Alkeran | Cancer | 3 years Current Use | Basic No Coverage |
| Allopurinol | Gout | Anytime | Preferred |
| Aloxi | Cancer Cancer Other | 3 years Current Use Anytime | Basic No Coverage Preferred |
| Alprazolam | Anxiety Disorder | Anytime | Preferred |
| Altace | CHF Other | Anytime | No Coverage Depends on condition |
| Amantadine HCL | Parkinson's Other Uses | Anytime | Standard Preferred |
| Amaryl | Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy | Anytime 2 years | Preferred Basic |
| Amiloride HCL | CHF Other | Anytime | No Coverage Depends on condition |
| Amlodipine Besylate/Benaz | CHF Other | Anytime | No Coverage Depends on condition |
| Amyl Nitrate | Angina Angina CHF | 1 year 2 years Anytime | Basic Standard No Coverage |
| Anagrelide HCL | Cancer | 3 years Current Use | Basic No Coverage |
| Antabuse | Alcohol / Drugs | 2 years | Basic |
| Anastrozole | Cancer | First Fill <3 years | Basic |
| | | First Fill >3 years | Preferred |
| Anoro Ellipta | COPD | Anytime | Standard |
| Anzemet | Cancer Cancer Other | 3 years Current Use Anytime | Basic No Coverage Preferred |
| Aptivus | HIV | Anytime | No Coverage |
| Apokyn | Parkinson's | Anytime | Standard |

| Medication | If client is taking medication for | Medication Fills Within | Benefit Eligibility |
|---|---|--|--------------------------------------|
| Aranesp | Cancer Cancer Kidney | 3 years Current Use Anytime | Basic No Coverage Standard |
| Arcapta Neohaler | COPD | Anytime | Standard |
| Aricept | Alzheimer's / Dementia | Anytime | No Coverage |
| Arimidex | Cancer | First Fill <3 years First Fill >3 years | Basic Preferred |
| Aromasin | Cancer | First Fill <3 years First Fill >3 years | Basic Preferred |
| Atacand | CHF Other | Anytime | No Coverage Depends on condition |
| Atamet | Parkinson's | Anytime | Standard |
| Atenolol | CHF Other | Anytime | No Coverage Depends on condition |
| Atgam | Organ / Tissue Transplant | Anytime | No coverage |
| Ativan | Anxiety Disorder | Anytime | Preferred |
| Atripla | HIV | Anytime | No coverage |
| Atrovent/Atrovent HFA Atrovent (Nasal) | COPD Allergies | Anytime | Standard Preferred |
| Avalide | CHF Other | Anytime | No Coverage Depends on condition |
| Avandamet | Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy | N/A 2 years | Preferred Basic |
| Avandia | Diabetes Diabetic Nephropathy/Neuropathy /Retinopathy | N/A 2 years | Preferred Basic |
| Avapro | CHF Other | Anytime | No Coverage Depends on condition |
| Avastin | Cancer | 3 years Current Use | Basic No Coverage |
| Avonex | Multiple Sclerosis | Anytime | Preferred |
| Azilect | Parkinson's | Anytime | Standard |
| Azasan | Organ / Tissue Transplant Rheumatoid Arthritis Systemic Lupus | Anytime | No coverage Preferred Standard |
| Azathioprine | Organ / Tissue Transplant Rheumatoid Arthritis Systemic Lupus | Anytime | No coverage Preferred Standard |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

