



## 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.



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](mailto:newbusinessprocessing@prosperitylife.com)

Fax: (212) 624-0818

### **Agent Support**

[agentcare@prosperitylife.com](mailto:agentcare@prosperitylife.com)

Phone: (866) 380-6413

### **Customer Service**

[customercare@prosperitylife.com](mailto:customercare@prosperitylife.com)

Phone: (877) 725-4872

Fax: (212) 624-0820

### **Agent Portal**

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

### **Underwriting**

[underwriting2@prosperitylife.com](mailto:underwriting2@prosperitylife.com)

Fax: (212) 624-0814

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Abacavir	AIDS / HIV	Ever	No coverage	
Abacavir/Lamivudine	AIDS / HIV	Ever	No coverage	
Abarelix	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Abciximab	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Abemaciclib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Abilify	Psychotic Disorder	Ever	Graded	
Abiraterone	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Abitrexate	Cancer Rheumatoid Arthritis	3 years	Modified* Level	*If current treatment or reoccurrence of cancer -No coverage If treatment free > 3 years - Level
Abraxane	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Abstral	Cancer Pain	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Acalabrutinib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Acamprosate	Alcohol / Drug	2 years	Modified	
AccessPak for HIV Pep Basic	AIDS / HIV	Ever	No coverage	
Accuneb	COPD / Emphysema Asthma	Ever	Graded Level	
Accupril	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Acebutolol	Angina (Chest Pain) Hypertension	2 years	Modified Level	
Aceon	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm) Hypertension	2 years	Modified Level	
Acetyl L-Carnitine	Alzheimer's / Dementia	Ever	No coverage	
Acetylcysteine	COPD / Emphysema Asthma	Ever	Graded Level	
Acidinium	COPD	Ever	Graded	
Acova	Circulatory Surgery	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.	Systemic Lupus Other Use	Ever	Graded Level	
Actigall	Liver Disorder	Ever	Graded*	*If Stage 3/C Cirrhosis - No coverage

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Actiq	Cancer Pain	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Activase	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Adalat	Angina (Chest Pain) Hypertension	2 years	Modified Level	
Adcetris	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Adefovir; Adefovir Dipivoxil	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Ado-Trastuzumab Emtansine	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Adriamycin; Adriamycin PFS; Adriamycin RDF	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Adrucil	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Advair, Advair Diskus, Advair HFA	COPD / Emphysema Asthma	Ever	Graded Level	
Aerolate	COPD / Emphysema Asthma	Ever	Graded Level	
Afatinib; Afatinib Dimaleate	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Afeditab; Afeditab CR	Heart Condition Hypertension	2 years	Modified Level	
Afinitor	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Agenerase	AIDS / HIV	Ever	No coverage	
Aggrastat	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Aggrenox	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	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	COPD / Emphysema Asthma	Ever	Graded Level	
Akineton	Parkinson's	Ever	Graded	
Akynzeo	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Albuterol/Ipratropium	COPD	Ever	Graded	
Albuterol; Albuterol Sulfate	COPD / Emphysema Asthma	Ever	Graded Level	

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Aldactazide	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Aldactone	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Adesleukin	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Alecensa	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Alectinib	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Alemtuzumab	Cancer Multiple Sclerosis (MS)	3 years	Modified* Level	*If current treatment or recurrence of cancer -No coverage If treatment free > 3 years - Level
Alferon N	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Alimta	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Aliqopa	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Alitretinoin	AIDS/ HIV	Ever	No coverage	
Alkeran	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Aloxi	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Alpha1-Proteinase Inhibitor	COPD	Ever	Graded	
Altace	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Alteplase	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Altretamine	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Alunbrig	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Alupent; Alupent Inhaler	COPD / Emphysema Asthma	Ever	Graded Level	
Alvesco	COPD / Emphysema Asthma	Ever	Graded Level	
Amantadine	Parkinson's Other Use	Ever	Graded Level	
Ambisome	AIDS / HIV	Ever	No coverage	
Amicar	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	



### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Amifostine	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Amiloride; Amiloride HCTZ; Amiloride-Hydrochlorothia	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Aminocaproic Acid	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Aminophylline; Aminophylline Anhydrous; Aminophylline Dihydrate	COPD / Emphysema Asthma	Ever	Graded Level	
Amitriptyline	Neuropathy (Diabetic Complication) Other use	2 years	Modified* Level	*If used to treat Neuropathy due to Diabetic Complications
Amlodipine Besylate	Heart Condition Hypertension	2 years	Modified Level	
Amphotericin B Liposome	AIDS/ HIV	Ever	No coverage	
Amprenavir	AIDS / HIV	Ever	No coverage	
Amyl Nitrate	Angina (Chest Pain)	2 years	Modified	
Anastrozole	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Angiomax	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	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
Anoro Ellipta	COPD	Ever	Graded	
Antabuse	Alcohol / Drug	2 years	Modified	
Anzemet	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Apalutamide	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Apokyn	Parkinson's	Ever	Graded	
Apomorphine	Parkinson's	Ever	Graded	
Aprepitant	Cancer Other use	3 years	Modified* Level	*If current treatment or reoccurrence of cancer -No coverage If treatment free > 3 years - Level
Aptivus	AIDS / HIV	Ever	No coverage	
Aquazide H	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Aralast; Aralast NP	COPD	Ever	Graded	
Aralen; Aralen Phosphate	Systemic Lupus Other Use	Ever	Graded Level	
Aranesp	Kidney Disorder	Ever	Graded	
Aranesp	Cancer Kidney Disorder	3 years Ever	Modified* Graded	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Arcapta; Arcapta Neohaler	COPD	Ever	Graded	
Aredia	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Arformoterol	COPD	Ever	Graded	
Argatroban	Circulatory Surgery	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	Alzheimer's / Dementia	Ever	No coverage	
Arimidex	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Aripiprazole	Psychotic Disorder	Ever	Graded	
Aristada	Psychotic Disorder	Ever	Graded	
Aromasin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Arranon	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Arsenic Trioxide	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Artane	Parkinson's Psychotic Disorder	Ever	Graded	
Arzerra	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Asenapine	Psychotic Disorder	Ever	Graded	
Asmanex	COPD / Emphysema Asthma	Ever	Graded Level	
Asparaginase	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Aspirin & Dipyridamole	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	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
Atacand	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Atamet	Parkinson's	Ever	Graded	
Atazanavir	AIDS / HIV	Ever	No coverage	
Atazanavir & Cobicistat	AIDS / HIV	Ever	No coverage	

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Atenolol	Angina (Chest Pain) Hypertension	2 years	Modified Level	
Atezolizumab	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Atgam	Kidney Failure	Ever	Graded	
Atovaquone	AIDS/ HIV	Ever	No coverage	
Atripla	AIDS / HIV	Ever	No coverage	
Atrovent; Atrovent HFA	COPD / Emphysema Asthma	Ever	Graded Level	
Avapro	Kidney Disorder Other use	Ever	Graded Level	
Avastin	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Avelumab	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Axicabtagene Ciloleucel	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Axitinib	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Azacitidine	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Azasan	Kidney Failure Systemic Lupus Rheumatoid Arthritis	Ever	Graded Graded Level	
Azathioprine	Kidney Failure Systemic Lupus Rheumatoid Arthritis	Ever	Graded Graded Level	
Azedra	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Azidothymidine	Alzheimer's / Dementia	Ever	No coverage	
Azilect	Parkinson's	Ever	Graded	
Azmacort	COPD / Emphysema Asthma	Ever	Graded Level	
AZT	Alzheimer's / Dementia	Ever	No coverage	
Baraclude	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Basiliximab	Kidney Failure	Ever	Graded	
Bavencio	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
BCG (bacillus calmette-guerin)	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Beclovent	COPD / Emphysema Asthma	Ever	Graded Level	
Belatacept	Kidney Failure	Ever	Graded	
Beleodaq	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Belimumab	Systemic Lupus (SLE)	Ever	Graded	



### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Belinostat	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Benazepril	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Bendamustine	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Bendamustine Hcl	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Bendeka	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Benlysta	Systemic Lupus (SLE)	Ever	Graded	
Benzotropine Mesylate	Parkinson's Psychotic Disorder	Ever	Graded	
Besponsa	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Bevacizumab	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Bexarotene	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Bexxar; Bexxar 131 Iodine	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Bicalutamide	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
BiCNU	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
BiDil	CHF (Congestive Heart Failure)	2 years	Modified	
Binimetinib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Biperiden	Parkinson's	Ever	Graded	
Bisoprolol Fumarate	CHF (Congestive Heart Failure); Angina Hypertension	2 years	Modified Level	
Bivalirudin	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	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	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Bleomycin Sulfate	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Blinatumomab	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Blinicyto	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Boceprevir; Boceprevir systemic	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Bortezomib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Bosulif	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Bosutinib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Braftovi	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Braftovi + Mektovi	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Brentuximab Vedotin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Breo Ellipta	COPD / Emphysema Asthma	Ever	Graded Level	
Breo Ellipta 100/25	COPD	Ever	Graded	
Brethine	COPD / Emphysema Asthma	Ever	Graded Level	
Brexpiprazole	Psychotic Disorder Other Use	Ever	Graded Level	
Brigatinib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Brilinta	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Bromocriptine Mesylate	Parkinson's	Ever	Graded	
Broncodur	COPD / Emphysema Asthma	Ever	Graded Level	
Broncomar	COPD / Emphysema Asthma	Ever	Graded Level	
Brondelate	COPD / Emphysema Asthma	Ever	Graded Level	
Bronkosol	COPD / Emphysema Asthma	Ever	Graded Level	
Brovana	COPD	Ever	Graded	
Budesonide	COPD / Emphysema Asthma	Ever	Graded Level	
Bumel	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Bumetanide	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Bumex	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Bunavail	Alcohol / Drug	2 years	Modified	
Buprenex	Alcohol / Drug	2 years	Modified	
Buprenorphine & Naloxone	Alcohol / Drug	2 years	Modified	
Buprenorphine; Buprenorphine HCL	Alcohol / Drug	2 years	Modified	
Busulfan	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Busulfex	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Butrans	Alcohol / Drug	2 years	Modified	
Bystolic	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Cabazitaxel	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Cabometyx	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Cabozantinib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Calcijex	Kidney Dialysis Kidney Disorder Other	1 year Ever Ever	No coverage Graded Level	
Calcitriol	Kidney Dialysis Kidney Disorder Other	1 year Ever Ever	No coverage Graded Level	
Calcium Acetate	Kidney Dialysis Kidney Disorder	1 year Ever	No coverage Graded	
Calcium Folate	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Calphron	Kidney Dialysis Kidney Disorder	1 year Ever	No coverage Graded	
Calquence	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Campath	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Campral	Alcohol / Drug	2 years	Modified	
Camptosar	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Candesartan; Candesartan Cilexetil	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Capecitabine	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Capoten	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Caprelsa	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Captopril	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Carbamazepine	Psychotic Disorder Seizures	Ever	Graded Level	
Carbatrol	Psychotic Disorder Other Use	Ever	Graded Level	
Carbidopa Carbidopa-Levodopa	Parkinson's	Ever	Graded	
Carboplatin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Cardioplegic	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Cardizem	Heart Condition Hypertension	2 years	Modified Level	
Carfilzomib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Carimune; Carimune Nanofiltered	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Cariprazine	Psychotic Disorder	Ever	Graded	
Carmustine	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Carnitor; Carnitor SF	Kidney Dialysis Kidney Disorder	1 year Ever	No coverage Graded	
Cartia	Heart Condition Hypertension	2 years	Modified Level	
Carvedilol	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Casodex	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Ceenu	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Cellcept	Heart Surgery Kidney / Liver Disorder	2 years Ever	Modified Graded	
Ceritinib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Cerubidine	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Cetuximab	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Chantix	Smoking Cessation	1 year	Smoker Rates*	*If last use within 12 months
Chlorambucil	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Chlordiazepoxide	Alcohol / Drug Other use	2 years	Modified Level	
Chloroquine; Chloroquine Phosphate	Systemic Lupus Other Use	Ever	Graded Level	
Chlorothiazide	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Chlorpromaz, Chlorpromazine	Psychotic Disorder	Ever	Graded	
Chlorthalidone	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Choledyl	COPD / Emphysema Asthma	Ever	Graded Level	
Cibalith S-Solution	Psychotic Disorder	Ever	Graded	
Ciclesonide	COPD / Emphysema Asthma	Ever	Graded Level	
Cidofovir	AIDS / HIV	Ever	No coverage	
Cinacalcet	Kidney Dialysis	1 year	No coverage	
CIS-DDP	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Cisplatin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Citicoline	Alzheimer's / Dementia	Ever	No coverage	
Cladribine	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Clenbuterol	COPD	Ever	Graded	
Clofarabine	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Clolar	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Clonidine	Cancer Pain Other Use	3 years	Modified* Level	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Clopidogrel (300 mg)	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Clopidogrel (75 mg)	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	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	Alcohol / Drug Other use	2 years	Modified Level	
Clozapine	Psychotic Disorder	Ever	Graded	

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Clozaril	Psychotic Disorder	Ever	Graded	
Cobicistat	AIDS / HIV	Ever	No coverage	
Cobimetinib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Cogentin	Parkinson's Psychotic Disorder	Ever	Graded	
Cognex	Alzheimer's / Dementia	Ever	No coverage	
Cognizin	Alzheimer's / Dementia	Ever	No coverage	
Combivent; Combivent Respimat	COPD	Ever	Graded	
Combivir	AIDS / HIV	Ever	No coverage	
Cometriq	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Compazine	Psychotic Disorder Other Use	Ever	Graded Level	
Complera	AIDS / HIV	Ever	No coverage	
Compro	Psychotic Disorder Other Use	Ever	Graded Level	
Comtan	Parkinson's	Ever	Graded	
ConZip	Neuropathy (Diabetic Complication) Other use	2 years	Modified* Level	*If used to treat Neuropathy due to Diabetic Complications
Copanlisib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Copegus	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Coreg; Coreg CR	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Corgard	Angina (Chest Pain) Hypertension	2 years	Modified Level	
Corlanor	CHF (Congestive Heart Failure)	2 years	Modified	
Corticotropin	Systemic Lupus Other Use	Ever	Graded Level	
Cosmegen	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Cotellic	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Coumadin	Cardiac Valve Replacement TIA/Stroke Pulmonary Embolism Thrombosis	2 years* 2 years* Ever Ever	Modified* Modified* Level 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
Cozaar	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Crixivan	AIDS / HIV	Ever	No coverage	



### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Crizotinib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Cromolyn Sodium	COPD / Emphysema Asthma	Ever	Graded Level	
Cyclophosphamide	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Cyclosporine	Heart Surgery Kidney / Liver Disorder	2 years Ever	Modified Graded	
Cyfos	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Cymbalta	Neuropathy (Diabetic Complication) Other use	2 years	Modified* Level	*If used to treat Neuropathy due to Diabetic Complications
Cyramza	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Cystagon	Kidney Disorder	Ever	Graded	
Cysteamine Bitartrate	Kidney Disorder	Ever	Graded	
Cytarabine; Cytarabine Liposomal	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Cytogam	Heart Surgery Kidney / Liver Disorder	2 years Ever	Modified Graded	
Cytosar-U	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Cytovene	AIDS / HIV	Ever	No coverage	
Cytosan	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Dabrafenib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Dacarbazine	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Daclatasvir; Daclatasvir systemic; Daclatasvir Dihydrochloride	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Daclizumab	Kidney Failure	Ever	Graded	
Dacogen	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Dactinomycin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Daklinza	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Daliresp	COPD	Ever	Graded	
Dalpro	Psychotic Disorder Seizures	Ever	Graded Level	

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Dalteparin	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	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
Daranavir/Cobicistat	AIDS / HIV	Ever	No coverage	
Daratumumab	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Darbepoetin Alfa	Cancer Kidney Disorder	3 years Ever	Modified* Graded	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Darunavir	AIDS / HIV	Ever	No coverage	
Darzalex	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Dasabuvir; Dasabuvir/Ombitasvir/Paritaprevir /Ritonavir Systemic	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Dasatinib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Daunorubicin; Daunorubicin HCL; Daunorubicin Liposomal	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Daunoxome	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Decitabine	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Decostriol	Kidney Dialysis Kidney Disorder Other	1 year Ever Ever	No coverage Graded Level	
Defibrotide; Defibrotide Sodium	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Defitelio	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Degarelix, Degarelix Acetate	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Delavirdine	AIDS / HIV	Ever	No coverage	
Delflex	Kidney Dialysis	1 year	No coverage	
Demadex	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Denileukin Diftitox	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Denosumab	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Denzapine	Psychotic Disorder	Ever	Graded	
Depade	Alcohol / Drug	2 years	Modified	
Depakene; Depakene Solution	Psychotic Disorder Seizures	Ever	Graded Level	
Depakote; Depakote ER	Psychotic Disorder Seizures	Ever	Graded Level	
Depa-Syrup Solution	Psychotic Disorder Seizures	Ever	Graded Level	
Depocyt	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Depo-Provera	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Deproic	Psychotic Disorder Seizures	Ever	Graded Level	
Descovy	AIDS / HIV	Ever	No coverage	
Dexrazoxane	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Dextromethorphan	ALS (Amyotrophic Lateral Sclerosis); Lou Gehrig's	Ever	No coverage	
Diazepam	Alcohol / Drug Other use	2 years	Modified Level	
Didanosine	AIDS / HIV	Ever	No coverage	
Digitalis	CHF (Congestive Heart Failure) Atrial Fibrillation	2 years	Modified Level	
Digitek	CHF (Congestive Heart Failure) Atrial Fibrillation	2 years	Modified Level	
Digitoxin	CHF (Congestive Heart Failure) Atrial Fibrillation	2 years	Modified Level	
Digoxin	CHF (Congestive Heart Failure) Atrial Fibrillation	2 years	Modified Level	
Dilacor	Heart Condition Hypertension	2 years	Modified Level	
Dilatrate SR	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Dilor	COPD / Emphysema Asthma	Ever	Graded Level	
Diltiazem; Diltiazem HCl; Diltiazem HCL	Angina (Chest Pain) Hypertension	2 years	Modified Level	
Dinutuximab	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Diovan	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Dipyridamole	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	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	Alcohol / Drug	2 years	Modified	
Diuril	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Divalproex	Psychotic Disorder Seizures	Ever	Graded Level	
Dobutamine HCL; Dobutamine HCL/D5W; Dobutamine-Dextrose	CHF (Congestive Heart Failure)	2 years	Modified	
Dobutrex	CHF (Congestive Heart Failure)	2 years	Modified	
Docefrez	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Docetaxel	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Dolophine	Alcohol / Drug	2 years	Modified	
Dolutegravir	AIDS / HIV	Ever	No coverage	
Donepezil	Alzheimer's / Dementia	Ever	No coverage	
Dopamine	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Doxercalciferol	Kidney Dialysis	1 year	No coverage	
Doxil	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Doxorubicin HCL; Doxorubicin Liposomal	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Droperidol	Psychotic Disorder Other Use	Ever	Graded Level	
Droxia	Cancer Sickle Cell	3 years Ever	Modified* Graded	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
DTIC-Dome	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Dulera	COPD / Emphysema Asthma	Ever	Graded Level	
Duloxetine; Duloxetine Hydrochloride	Neuropathy (Diabetic Complication) Other use	2 years	Modified* Level	*If used to treat Neuropathy due to Diabetic Complications
Duoneb	COPD	Ever	Graded	
Duraclon	Cancer Pain Other Use	3 years	Modified* Level	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Durvalumab	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Dylix	COPD	Ever	Graded	
Dyphylline	COPD / Emphysema Asthma	Ever	Graded Level	
Dyphysin	COPD / Emphysema Asthma	Ever	Graded Level	
Dyrenium	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
ED-BRON G	COPD / Emphysema Asthma	Ever	Graded Level	
Edecrin	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Edurant	AIDS / HIV	Ever	No coverage	
Efavirenz	AIDS / HIV	Ever	No coverage	
Effient	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Egrifta	AIDS / HIV	Ever	No coverage	
Elbasvir & Grazoprevir	Hepatitis	Ever	Graded	
Eldepryl	Parkinson's	Ever	Graded	
Eligard	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Eliphos	Kidney Dialysis Kidney Disorder	1 year Ever	No coverage Graded	
Elitek	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Elixophyllin	COPD / Emphysema Asthma	Ever	Graded Level	
Ellence	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Elotuzumab	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Eloxatin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Elspar	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Elvitegravir	AIDS / HIV	Ever	No coverage	
Emcyt	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Emend	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Emend	Cancer Other use	3 years	Modified* Level	*If current treatment or reoccurrence of cancer -No coverage If treatment free > 3 years - Level

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Empliciti	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Emtricitabine; Emtricitabine-tenofovir Emtricitabine-nelfinavir-tenofovir; Emtricitabine- rilpivirine-tenofovir	AIDS / HIV	Ever	No coverage	
Emtriva	AIDS / HIV	Ever	No coverage	
Enalapril Enalapril Maleate	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Enalaprilat	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Enasidenib; Enasidenib Mesylate	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Encorafenib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Encorafenib + Binimetinib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Enfuvirtide	AIDS / HIV	Ever	No coverage	
Enoxaparin Sodium	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Entacapone	Parkinson's	Ever	Graded	
Entecavir	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Entresto	CHF (Congestive Heart Failure)	2 years	Modified	
Enzalutamide	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Epclusa	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Epirubicin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Epitol	Psychotic Disorder Seizures	Ever	Graded Level	
Epivir; Epivir HBV	AIDS / HIV Hepatitis	Ever	No coverage Graded	
Eplerenone	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Epoetin Alfa	Kidney Dialysis Kidney Disorder	1 year Ever	No coverage Graded	
Epogen	Kidney Dialysis Kidney Disorder	1 year Ever	No coverage Graded	
Epzicom	AIDS/ HIV	Ever	No coverage	
Epzicom	AIDS / HIV	Ever	No coverage	
Equetro	Psychotic Disorder	Ever	Graded	
Erbix	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level



### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Ergamisol	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Ergoloid Mesylates	Alzheimer's / Dementia	Ever	No coverage	
Eribulin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Erleada	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Erlotinib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Erwinaze	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Esidrix	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Eskalith	Psychotic Disorder	Ever	Graded	
Estramustine; Estramustine Phosphate	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Ethambutol	Tuberculosis (TB)	Ever	Graded	
Ethylol	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Etopophos	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Etoposide	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Etravirine	AIDS / HIV	Ever	No coverage	
Eulexin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Everolimus (afinitor)	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Everolimus (zortress)	Kidney Failure Liver Disorder	Ever	Graded	
Eviplera	AIDS / HIV	Ever	No coverage	
Evotaz	AIDS / HIV	Ever	No coverage	
Evzio	Alcohol / Drugs	2 years	Modified	
Exelon	Alzheimer's / Dementia	Ever	No coverage	
Exemestane	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Fanapt	Psychotic Disorder	Ever	Graded	
Fareston	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Farydak	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Faslodex	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Fazaclo	Psychotic Disorder	Ever	Graded	
Femara	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Fentanyl Citrate	Cancer Pain	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Fentora	Cancer Pain	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Firmagon	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Flebogamma; Flebogamma DIF	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Flovent; Flovent Diskus; Flovent Rotadisk; Flovent HFA	COPD / Emphysema Asthma	Ever	Graded Level	
Floxuridine	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Fludara	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Fludarabine Phosphate	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Fluorouracil	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Fluoxymesterone	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Fluphenazine Fluphenazine HCL; Fluphenazine Decanoate	Psychotic Disorder	Ever	Graded	
Flutamide	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Fluticasone	COPD / Emphysema Asthma	Ever	Graded Level	
Fluticasone Furoate	COPD	Ever	Graded	
Folotylin	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Foradil	COPD / Emphysema Asthma	Ever	Graded Level	
Fortovase	AIDS / HIV	Ever	No coverage	
Fosamprenavir	AIDS / HIV	Ever	No coverage	
Fosamprenavir Calcium	AIDS / HIV	Ever	No coverage	
Foscarnet Sodium	AIDS / HIV	Ever	No coverage	
Foscavir	AIDS / HIV	Ever	No coverage	
Fosinopril Sodium	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Fosrenol	Kidney Disorder	Ever	Graded	

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Fragmin	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	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	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Fulvestrant	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Furosemide	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Fusilev	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Fuzeon	AIDS / HIV	Ever	No coverage	
Gabapentin	Neuropathy (Diabetic Complication) Other use	2 years	Modified* Level	*If used to treat Neuropathy due to Diabetic Complications
Galantamine; Galantamine Hydrobromide	Alzheimer's / Dementia	Ever	No coverage	
Gamimune, Gammagard, Gammaplex, Gamunex	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Ganciclovir	AIDS / HIV	Ever	No coverage	
Gazyva	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Gefitinib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Gemcitabine; Gemcitabine HCL	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Gemtuzumab	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Gemzar	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Gengraf	Heart Surgery Kidney / Liver Disorder	2 years Ever	Modified Graded	
Genvoya	AIDS / HIV	Ever	No coverage	
Geodon	Psychotic Disorder	Ever	Graded	
Gilotrif	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Glassia	COPD	Ever	Graded	
Glecaprevir/Pibrentasvir	Hepatitis	Ever	Graded	

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Gleevec	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Gliadel Wafer	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Goserelin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Gralise	Neuropathy (Diabetic Complication) Other use	2 years	Modified* Level	*If used to treat Neuropathy due to Diabetic Complications
Guaifenesin; Guaifenesin-theophylline	COPD / Emphysema Asthma	Ever	Graded Level	
Habitrol	Smoking Cessation	1 year	Smoker Rates*	*If last use within 12 months
Halaven	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Haldol; Haldol Decanoate	Psychotic Disorder	Ever	Graded	
Haloperidol; Haloperidol Decanoate	Psychotic Disorder	Ever	Graded	
Halotestin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Harvoni	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Hectorol	Kidney Dialysis	1 year	No coverage	
Hemangeol	Angina (Chest Pain) Hypertension	2 years	Modified Level	
Hepsera	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Herceptin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Hexalen	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Hivid	AIDS / HIV	Ever	No coverage	
Horizant	Neuropathy (Diabetic Complication) Other use	2 years	Modified* Level	*If used to treat Neuropathy due to Diabetic Complications
Hycamtin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Hydergine	Alzheimer's / Dementia	Ever	No coverage	
Hydralazine HCL	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Hydrea	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Hydrochlorothiazide	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Hydrochlorothiazide & Losartan	Heart Disease Hypertension	2 years	Modified Level	

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
HydroDIURIL	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Hydroflumethiazide	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Hydroxychloroquine	Systemic Lupus Malaria Rheumatoid Arthritis	Ever	Graded Level Level	
Hydroxyurea	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Hygroton	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Hyzaar	Heart Disease Hypertension	2 years	Modified Level	
Ibrance	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Ibritumomab	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Ibrutinib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Iclusig	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Idamycin PFS	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Idarubicin; Idarubicin HCL	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Idelalisib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Idhifa	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Ifex Iflex Mesnex Combo Pack	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Ifosfamide; Ifosfamide-Mesna; Ifosfamidum	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Iloperidone	Psychotic Disorder	Ever	Graded	
Imatinib Mesylate	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Imbruvica	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Imdur	Heart Disease - Angina	2 years	Modified	
Imfinzi	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Imipramine	Neuropathy (Diabetic Complication) Other use	2 years	Modified* Level	*If used to treat Neuropathy due to Diabetic Complications
Imlygic	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Immune Globulin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Imuran	Kidney Failure Systemic Lupus Rheumatoid Arthritis	Ever	Graded Graded Level	
Inamrinone	CHF (Congestive Heart Failure)	2 years	Modified	
Inapsine	Psychotic Disorder Other Use	Ever	Graded Level	
Incivek	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Incruse Ellipta	COPD	Ever	Graded	
Indacaterol	COPD	Ever	Graded	
Indapamide	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Indapamide	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Inderal; Inderal LA; Inderal XL	Angina (Chest Pain) Hypertension	2 years	Modified Level	
Indinavir; Indinavir Sulfate	AIDS / HIV	Ever	No coverage	
Infergen	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Inlyta	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Innopran XL	Angina (Chest Pain) Hypertension	2 years	Modified Level	
Inotuzumab Ozogamicin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Inspra	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Integrilin	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Intelence	AIDS / HIV	Ever	No coverage	
Interferon alfacon-1	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Intron A	Cancer Hepatitis C	3 years 2 years	Modified Graded	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Invega, Invega Sustenna	Psychotic Disorder	Ever	Graded	
Invirase	AIDS / HIV	Ever	No coverage	
Iobenguane I 131	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level



### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Ipilimumab	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Ipratropium Bromide	COPD / Emphysema Asthma	Ever	Graded Level	
Irbesartan	Kidney Disorder Other use	Ever	Graded Level	
Irenka	Neuropathy (Diabetic Complication) Other use	2 years	Modified* Level	*If used to treat Neuropathy due to Diabetic Complications
Iressa	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Irinotecan	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Iron Sucrose	Kidney Disorder	Ever	Graded	
Isentress	AIDS / HIV	Ever	No coverage	
Ismo	Angina (Chest Pain)	2 years	Modified	
Isochron	Angina (Chest Pain)	2 years	Modified	
Isoditrate	Angina (Chest Pain)	2 years	Modified	
Isoetharine	COPD / Emphysema Asthma	Ever	Graded Level	
Isoniazid	Tuberculosis (TB)	Ever	Graded	
Isoproterenol	COPD / Emphysema Asthma	Ever	Graded Level	
Isordil	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Isosorbide; Isosorbide Dinitrate; Isosorbide Mononitrate	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Istodax	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Isuprel	COPD / Emphysema Asthma	Ever	Graded Level	
Ivarbradine	CHF (Congestive Heart Failure)	2 years	Modified	
IVIG	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Ixabepilone	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Ixazomib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Ixempra	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Jakafi	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Jantoven	Cardiac Valve Replacement TIA/Stroke Pulmonary Embolism Thrombosis	< 2 years* < 2 years* Ever Ever	Modified Modified Level 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
Jevtana	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Kadcyla	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Kaletra	AIDS / HIV	Ever	No coverage	
Kemadrin	Parkinson's	Ever	Graded	
Kepivance	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Keytruda	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Kisqali	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Kivexa	AIDS / HIV	Ever	No coverage	
Kyprolis	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Lamictal	Psychotic Disorder Seizures	Ever	Graded Level	
Lamivudine	AIDS / HIV Hepatitis B	Ever	No coverage Graded	
Lamotrigine	Psychotic Disorder Seizures	Ever	Graded Level	
Lanoxin; Lanoxicaps	CHF (Congestive Heart Failure) Atrial Fibrillation	2 years	Modified Level	
Lanreotide; Lanreotide Acetate	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Lanthanum	Kidney Disorder	Ever	Graded	
Lapatinib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Lariago; Lariago-DS	Systemic Lupus Other Use	Ever	Graded Level	
Larodopa	Parkinson's Restless Leg Syndrome	Ever	Graded Level	
Lasix	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Latuda	Psychotic Disorder	Ever	Graded	
Ledipasvir-sofosbuvir	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Lemtrada	Cancer Multiple Sclerosis (MS)	3 years	Modified* Level	*If current treatment or reoccurrence of cancer -No coverage If treatment free > 3 years - Level
Lenvatinib; Lenvatinib Mesylate	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Lenvima	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Letrozole	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Leucovorin Calcium	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Leukeran	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Leukine	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Leuprolide	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Leustatin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Levalbuterol	COPD / Emphysema Asthma	Ever	Graded Level	
Levamisole HCL	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Levocarnitine	Kidney Dialysis Kidney Disorder	1 year Ever	No coverage Graded	
Levodopa	Parkinson's	Ever	Graded	
Levomethadyl Acetate HCl	Alcohol / Drug	2 years	Modified	
Lexiva	AIDS / HIV	Ever	No coverage	
Librium	Alcohol / Drug Other use	2 years	Modified Level	
Lipodox	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Lisinopril	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Lithium; Lithium Carbonate; Lithium Citrate	Psychotic Disorder	Ever	Graded	
Lithobid	Psychotic Disorder	Ever	Graded	
Lodosyn	Parkinson's	Ever	Graded	
Lomustine	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Lonsurf	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Lopinavir; Lopinavir-ritonavir	AIDS / HIV	Ever	No coverage	

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Losartan; Losartan Potassium	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Lotensin	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Lovenox	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Loxapine; Loxapine Succinate	Psychotic Disorder	Ever	Graded	
Loxitane	Psychotic Disorder	Ever	Graded	
Lozol	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Lufyllin	COPD / Emphysema Asthma	Ever	Graded Level	
Lupron; Lupron Depot	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Lurasidone	Psychotic Disorder	Ever	Graded	
Lymphocyte Immune Globulin	Kidney Failure	Ever	Graded	
Lynparza	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Lyrica	Neuropathy (Diabetic Complication) Other use	2 years	Modified* Level	*If used to treat Neuropathy due to Diabetic Complications
Lysodren	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Maraviroc	AIDS / HIV	Ever	No coverage	
Matulane	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Matzim LA	Heart Condition Hypertension	2 years	Modified Level	
Mavik	Heart Condition Hypertension	2 years	Modified Level	
Mavyret	Hepatitis	Ever	Graded	
Maxair	COPD / Emphysema Asthma	Ever	Graded Level	
Mechlorethamine	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Megace ES	AIDS / HIV Cancer	Ever 3 years	No coverage Modified*	*If current treatment or reoccurrence of cancer -No coverage If treatment free > 3 years - Level
Megestrol, Megestrol Acetate	AIDS / HIV Cancer	Ever 3 years	No coverage Modified*	*If current treatment or reoccurrence of cancer -No coverage If treatment free > 3 years - Level
Mekinist	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Mektovi	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Mellaril	Psychotic Disorder	Ever	Graded	
Melphalan MelphalanHydrochloride	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Memantine, Memantine HCL	Alzheimer's / Dementia	Ever	No coverage	
Mepron	AIDS / HIV	Ever	No coverage	
Mercaptopurine	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Mesna	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Mesnex	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Mesoridazine	Psychotic Disorder	Ever	Graded	
Metaproterenol	COPD / Emphysema Asthma	Ever	Graded Level	
Metastron	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Methadone HCL	Alcohol / Drug	2 years	Modified	
Methadose	Alcohol / Drug	2 years	Modified	
Methotrexate	Cancer Rheumatoid Arthritis	3 years	Modified* Level	*If current treatment or reoccurrence of cancer -No coverage If treatment free > 3 years - Level
Methyclothiazide	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Metolazone	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Metoprolol, Metoprolol Tartrate	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Micardis	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm) Hypertension	2 years	Modified Level	
Microzide	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Midamor	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Midostaurin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Milrinone	CHF (Congestive Heart Failure)	2 years	Modified	
Minitran	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 Years	Modified	
Mirapex	Parkinson's Restless Leg Syndrome	Ever	Graded Level	

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Mitomycin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Mitotane	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Mitoxantrone HCL	Cancer Multiple Sclerosis (MS)	3 years	Modified* Level	*If current treatment or reoccurrence of cancer -No coverage If treatment free > 3 years - Level
Moban	Psychotic Disorder	Ever	Graded	
Moderiba	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Moduretic	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Moexipril	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Molindone	Psychotic Disorder	Ever	Graded	
Monoket	Angina (Chest Pain)	2 years	Modified	
Monopril	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Montelukast Sodium	COPD / Emphysema Asthma	Ever	Graded Level	
Mozobil	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Mucomyst	COPD / Emphysema Asthma	Ever	Graded Level	
Muromonab - CD3	Heart Surgery Kidney / Liver Disorder	2 years Ever	Modified Graded	
Mustargen	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Mutamycin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Mycobutin	AIDS / HIV	Ever	No coverage	
Mycophenolate Mofetil	Heart Surgery Kidney / Liver Disorder	2 years Ever	Modified Graded	
Mycophenolic Acid	Kidney Failure	Ever	Graded	
Myfortic	Kidney Failure	Ever	Graded	
Myleran	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Mylocel	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Mylotarg	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Myproic Acid	Psychotic Disorder Seizures	Ever	Graded Level	
Nabilone	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level



### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Nadolol	Angina (Chest Pain) Hypertension	2 years	Modified Level	
Nalmefene	Alcohol / Drugs	2 years	Modified	
Naloxone HCL	Alcohol / Drug	2 years	Modified	
Naltrexone HCL	Alcohol / Drug	2 years	Modified	
Namenda; Namenda XR; Namenda Titration PAK	Alzheimer's / Dementia	Ever	No coverage	
Namzaric	Alzheimer's / Dementia	Ever	No coverage	
Narcan	Alcohol / Drug	2 years	Modified	
Natrecor	CHF (Congestive Heart Failure)	2 years	Modified	
Natulane	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Navane	Psychotic Disorder	Ever	Graded	
Navelbine	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Nebivolol	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Nebupent	AIDS / HIV	Ever	No coverage	
Necitumumab	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Nelarabine	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Nelfinavir	AIDS / HIV	Ever	No coverage	
Neoral	Heart Surgery Kidney / Liver Disorder	2 years Ever	Modified Graded	
Neosar	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Neratinib; Neratinib Maleate	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Nerlynx	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Nesiritide	CHF (Congestive Heart Failure)	2 years	Modified	
Netupitant	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Neulasta	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Neumega	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Neupogen	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Neupro	Parkinson's Restless Leg Syndrome	Ever	Graded Level	

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Neurontin	Neuropathy (Diabetic Complication) Other use	2 years	Modified* Level	*If used to treat Neuropathy due to Diabetic Complications
Neutrexin	AIDS / HIV	Ever	No coverage	
Nevirapine	AIDS / HIV	Ever	No coverage	
Nexavar	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Nicoderm, Nicotine Lozenge/Gum, Nicotrol	Smoking Cessation	1 year	Smoker Rates*	*If last use within 12 months
Nifediac CC; Nifediac XL	Angina (Chest Pain) Hypertension	2 years	Modified Level	
Nifedical XL	Angina (Chest Pain) Hypertension	2 years	Modified Level	
Nifedipine	Angina (Chest Pain) Hypertension	2 years	Modified Level	
Nilandron	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Nilotinib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Nimodipine	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	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	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Ninlaro	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Nipent	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Niraparib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Nitroglycerine; Nitrotab; Nitrogard; Nitroquick; Nitrostat; Nitrol; Nitro-dur; Nitro-bid; Nitrek; Nitromist	Angina (Chest Pain)	2 years	Modified	
Nivolumab	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Nolvadex	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Nortriptyline	Neuropathy (Diabetic Complication) Other use	2 years	Modified* Level	*If used to treat Neuropathy due to Diabetic Complications
Norvasc	Angina (Chest Pain) Hypertension	2 years	Modified Level	

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Norvir; Norvir Soft Gelatin	AIDS / HIV	Ever	No coverage	
Novantrone	Cancer Multiple Sclerosis (MS)	3 years	Modified* Level	*If current treatment or reoccurrence of cancer -No coverage If treatment free > 3 years - Level
Nucynta	Neuropathy (Diabetic Complication) Other use	2 years	Modified* Level	*If used to treat Neuropathy due to Diabetic Complications
Nuedexta	ALS (Amyotrophic Lateral Sclerosis); Lou Gehrig's	Ever	No coverage	
Nulojix	Kidney Failure	Ever	Graded	
Nymalize	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	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
Obinutuzumab	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Octagam	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Odefsey	AIDS / HIV	Ever	No coverage	
Ofatumumab	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Oforta	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Olanzapine	Psychotic Disorder	Ever	Graded	
Olaparib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Olysio	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Omacetaxine	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Ombitasvir-Paritaprevir-Ritonavir	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Oncaspar	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Oncovin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Ondansetron	Cancer Other use	3 years	Modified* Level	*If current treatment or reoccurrence of cancer -No coverage If treatment free > 3 years - Level
Onsolis	Cancer Pain	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Ontak	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Onxol	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Opdivo	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Orlaam	Alcohol / Drug	2 years	Modified	
Orthoclone OKT3	Heart Surgery Kidney / Liver Disorder	2 years Ever	Modified Graded	
Osimertinib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Oxaliplatin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Oxtriphylline	COPD / Emphysema Asthma	Ever	Graded Level	
Oxygen	Breathing Assistance	Ever	No Coverage	
Paclitaxel	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Palbociclib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Palifermin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Paliperidone	Psychotic Disorder	Ever	Graded	
Palonosetron; Palonosetron Hydrochloride	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Pamelor	Neuropathy (Diabetic Complication) Other use	2 years	Modified* Level	*If used to treat Neuropathy due to Diabetic Complications
Pamidronate Disodium	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Panglobulin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Panitumumab	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Panobinostat	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Panretin	AIDS / HIV	Ever	No coverage	
Paraplatin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Parcopa	Parkinson's	Ever	Graded	
Paricalcitol	Kidney Dialysis Kidney Disorder	1 year Ever	No coverage Graded	
Paritaprevir	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Parlodel	Parkinson's	Ever	Graded	
Pazopanib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Pegaspargase	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Pegasys; Pegasys Proclick	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Peginterferon alfa-2a; Peginterferon alfa-2a systemic	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
PEG-Intron	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Pembrolizumab	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Pemetrexed	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Pentam 300	AIDS / HIV	Ever	No coverage	
Pentamidine Isethionate	AIDS / HIV	Ever	No coverage	
Pentostatin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Perforomist	COPD	Ever	Graded	
Pergolide Mesylate	Parkinson's	Ever	Graded	
Perindopril; Perindopril Erbumine	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm) Hypertension	2 years	Modified Level	
Peritoneal Dialysis Devices, Solutions	Kidney Dialysis	1 year	No coverage	
Perjeta	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Permax	Parkinson's	Ever	Graded	
Permitil	Psychotic Disorder	Ever	Graded	
Perphenazine	Psychotic Disorder	Ever	Graded	
Persantine	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Pertuzumab	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Phoslo, Phoslyra	Kidney Dialysis Kidney Disorder	1 year Ever	No coverage Graded	
Photofrin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Plaquenil	Systemic Lupus Malaria Rheumatoid Arthritis	Ever	Graded Level Level	
Platinol AQ	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Plavix (300 mg)	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Plavix (75mg)	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	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 **Dosage must not exceed 75 mg to be Level
Plegisol	Circulatory Surgery	2 years	Modified	
Plenaxis	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Plerixafor	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Plicamycin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Ponatinib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Portrazza	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Pralatrexate	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Pramipexole dihydrochloride, Pramipexole	Parkinson's Restless Leg Syndrome	Ever	Graded Level	
Prasugrel	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Prasugrel	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Pregabalin	Neuropathy (Diabetic Complication) Other use	2 years	Modified* Level	*If used to treat Neuropathy due to Diabetic Complications
Prezista	AIDS / HIV	Ever	No coverage	
Primacor	CHF (Congestive Heart Failure)	2 years	Modified	
Prinivil	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
PrismaSol	Kidney Failure	Ever	Graded	
Privigen	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Proair HFA	COPD / Emphysema Asthma	Ever	Graded Level	
Procarbazine	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Procardia	Angina (Chest Pain) Hypertension	2 years	Modified Level	
Prochlorperazine; Prochlorperazine Maleate; Prochlorperazine Edisylat	Psychotic Disorder Other Use	Ever	Graded Level	
Procrit	Kidney Dialysis Kidney Disorder	1 year Ever	No coverage Graded	
Procyclidine	Parkinson's	Ever	Graded	
Procysbi	Kidney Disorder	Ever	Graded	
Prograf	Heart Surgery Kidney / Liver Disorder	2 years Ever	Modified Graded	
Prolastin	COPD	Ever	Graded	
Proleukin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Prolia	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Prolixin; Prolixin Decanoate	Psychotic Disorder	Ever	Graded	
Propranolol; Propranolol HCL	Angina (Chest Pain) Hypertension	2 years	Modified Level	
Provenge	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Proventil; Proventil HFA	COPD / Emphysema Asthma	Ever	Graded Level	
Pulmicort	COPD / Emphysema Asthma	Ever	Graded Level	
Pulmophylline	COPD / Emphysema Asthma	Ever	Graded Level	
Purinethol	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Pyrazinamide	Tuberculosis (TB)	Ever	Graded	
Quadramet	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Quetiapine	Psychotic Disorder	Ever	Graded	
Quibron	COPD / Emphysema Asthma	Ever	Graded Level	
Quinapril	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Qvar	COPD / Emphysema Asthma	Ever	Graded Level	
Radium Ra 223 Dichloride	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Raltegravir	AIDS / HIV	Ever	No coverage	
Ramipril	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Ramucirumab	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Ranexa	Angina (Chest Pain)	2 years	Modified	
Ranolazine	Angina (Chest Pain)	2 years	Modified	
Rapamune	Kidney Failure	Ever	Graded	

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Rasagiline	Parkinson's	Ever	Graded	
Razadyne	Alzheimer's / Dementia	Ever	No coverage	
Rebetol	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Rebetron	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Regorafenib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Reminyl	Alzheimer's / Dementia	Ever	No coverage	
Renagel	Kidney Dialysis	1 year	No coverage	
Renvela	Kidney Dialysis	1 year	No coverage	
Reopro	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Requip	Parkinson's Restless Leg Syndrome	Ever	Graded Level	
Rescriptor	AIDS / HIV	Ever	No coverage	
Retavase	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Retrovir	AIDS / HIV	Ever	No coverage	
Revex	Alcohol / Drug	2 years	Modified	
Revia	Alcohol / Drug	2 years	Modified	
Revlimid	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Rexulti	Psychotic Disorder Other Use	Ever	Graded Level	
Reyataz	AIDS / HIV	Ever	No coverage	
Rezolsta	AIDS / HIV	Ever	No coverage	
Ribapak	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Ribasphere	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Ribatab	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Ribavirin; Ribavirin systemic	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Ribociclib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Rifabutin	AIDS/ HIV	Ever	No coverage	
Rifadin	Tuberculosis (TB)	Ever	Graded	
Rifampin; Rifampicin	Tuberculosis (TB)	Ever	Graded	
Rilpivirine	AIDS / HIV	Ever	No coverage	
Rilutek	ALS (Amyotrophic Lateral Sclerosis); Lou Gehrig's	Ever	No coverage	
Riluzole	ALS (Amyotrophic Lateral Sclerosis); Lou Gehrig's	Ever	No coverage	
Risperdal	Psychotic Disorder	Ever	Graded	
Risperidone; Risperidone M-TAB; Risperidone ODT	Psychotic Disorder	Ever	Graded	
Ritonavir	AIDS / HIV	Ever	No coverage	



### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Rituxan	Cancer Rheumatoid Arthritis	3 years	Modified* Level	*If current treatment or reoccurrence of cancer -No coverage If treatment free > 3 years - Level
Rituximab	Cancer Rheumatoid Arthritis	3 years	Modified* Level	*If current treatment or reoccurrence of cancer -No coverage If treatment free > 3 years - Level
Rivastigmine	Alzheimer's / Dementia	Ever	No coverage	
Rocaltrol	Kidney Dialysis Kidney Disorder Other	1 year Ever Ever	No coverage Graded Level	
Roflumilast	COPD	Ever	Graded	
Rolapitant Hydrochloride	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Romidepsin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Ropinirole; Ropinirole HCL	Parkinson's Restless Leg Syndrome	Ever	Graded Level	
Rotigotine	Parkinson's Restless Leg Syndrome	Ever	Graded Level	
Rubex	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Rubraca	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Ruxolitinib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Rydapt	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Sacubitril/Valsartan	CHF (Congestive Heart Failure)	2 years	Modified	
Saluron	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Sancuso	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Sandimmune	Heart Surgery Kidney / Liver Disorder	2 years Ever	Modified Graded	
Sandoglobulin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Sandostatin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Saphris	Psychotic Disorder	Ever	Graded	
Saquinavir	AIDS / HIV	Ever	No coverage	
Sclerosol	COPD / Emphysema Asthma	Ever	Graded Level	
Sectral	Angina (Chest Pain) Hypertension	2 years	Modified Level	
Selegiline; Selegiline HCL	Parkinson's	Ever	Graded	

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Selzentry	AIDS / HIV	Ever	No coverage	
Sensipar	Kidney Dialysis	1 year	No coverage	
Serentil	Psychotic Disorder	Ever	Graded	
Serevent	COPD / Emphysema Asthma	Ever	Graded Level	
Seroquel	Psychotic Disorder	Ever	Graded	
Sevelamer	Kidney Dialysis	1 year	No coverage	
Simeprevir; Simeprevir systemic	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Simlect	Kidney Failure	Ever	Graded	
Sinemet; Sinemet CR	Parkinson's	Ever	Graded	
Singulair	COPD / Emphysema Asthma	Ever	Graded Level	
Sirolimus	Kidney Failure	Ever	Graded	
Sodium Edecrin	CHF (Congestive Heart Failure)	2 years	Modified	
Sofosbuvir , Sofosbuvir systemic	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Sofosbuvir/Velpatasvir/Voxilaprevir	Hepatitis	Ever	Graded	
Soltamox	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Somatuline Depot	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Sorafenib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Sovaldi	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Spiriva; Spiriva Respimat	COPD	Ever	Graded	
Spironolactone	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Sprycel	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Stalevo	Parkinson's	Ever	Graded	
Stavudine	AIDS / HIV	Ever	No coverage	
Stelazine	Psychotic Disorder	Ever	Graded	
Stiolto Respimat	COPD	Ever	Graded	
Stivarga	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Streptase	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Streptokinase	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Stribild	AIDS / HIV	Ever	No coverage	
Sublimaze	Cancer Pain Other Use	3 years	Modified* Level	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Suboxone	Alcohol / Drug	2 years	Modified	
Subutex	Alcohol / Drug	2 years	Modified	

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Sunitinib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Sustiva	AIDS / HIV	Ever	No coverage	
Sutent	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Sylatron	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Symbicort	COPD / Emphysema Asthma	Ever	Graded Level	
Symbyax	Psychotic Disorder	Ever	Graded	
Symmetrel	Parkinson's Other Use	Ever	Graded Level	
Synribo	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Tabloid	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Tacrine Hydrochloride	Alzheimer's / Dementia	Ever	No coverage	
Tacrolimus	Heart Surgery Kidney / Liver Disorder	2 years Ever	Modified Graded	
Tafinlar	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Tagrisso	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Talimogene Laherparepvec	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Tamoxifen; Tamoxifen Citrate	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Tapentadol	Neuropathy (Diabetic Complication) Other use	2 years	Modified* Level	*If used to treat Neuropathy due to Diabetic Complications
Tarceva	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Targretin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Tasigna	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Tasmar	Parkinson's	Ever	Graded	
Taxol	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Taxotere	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Taztia XT	Angina (Chest Pain) Hypertension	2 years	Modified Level	

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Tecentriq	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Technivie	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Tegretol	Neuropathy (Diabetic Complication) Other use	2 years	Modified* Level	*If used to treat Neuropathy due to Diabetic Complications
Tegretol; Tegretol XR	Psychotic Disorder Seizures	Ever	Graded Level	
Telaprevir	Liver Disorder	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Telbivudine	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Teleprevir; Teleprevir systemic	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Telmisartan	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm) Hypertension	2 years	Modified Level	
Telzir	AIDS / HIV	Ever	No coverage	
Temodar	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Temozolomide	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Temsirolimus	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Teniposide	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Tenofovir; Tenofovir Disoproxil Fumarate	AIDS / HIV Hepatitis	Ever	No coverage Graded	
Tenormin	Angina (Chest Pain) Hypertension	2 years	Modified Level	
Terbutaline; Terbutaline Sulfate	COPD / Emphysema Asthma	Ever	Graded Level	
Tesamorelin	AIDS/ HIV	Ever	No coverage	
Teslac	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Testolactone	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Thalidomide;Thalomid	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Thalitone	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Theochron	COPD / Emphysema Asthma	Ever	Graded Level	
Theodur	COPD / Emphysema Asthma	Ever	Graded Level	
Theolair	COPD / Emphysema Asthma	Ever	Graded Level	

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Theolate	COPD / Emphysema Asthma	Ever	Graded Level	
Theomar GG	COPD / Emphysema Asthma	Ever	Graded Level	
Theophylline	COPD / Emphysema Asthma	Ever	Graded Level	
Theracys	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Thioplex	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Thioquanine	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Thioridazine; Thioridazine HCL	Psychotic Disorder	Ever	Graded	
Thiotepa; Thioplex	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Thiothixene; Thiothixene HCL	Psychotic Disorder	Ever	Graded	
Thorazine	Psychotic Disorder	Ever	Graded	
Thymoglobulin	Kidney Failure	Ever	Graded	
Tiazac	Angina (Chest Pain) Hypertension	2 years	Modified Level	
Ticagrelor	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Tice BCG	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Ticlid; Ticlopidine HCL	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	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
Tiotropium	COPD	Ever	Graded	
Tiotropium Bromide & Olodaterol	COPD	Ever	Graded	
Tipiracil & Trifluridine	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Tipranavir	AIDS / HIV	Ever	No coverage	
Tivicay	AIDS/ HIV	Ever	No coverage	
TNKASE	Heart Condition (Stroke, TIA, Heart Attack, Aneurysm)	2 years	Modified	
Tofranil	Neuropathy (Diabetic Complication) Other use	2 years	Modified* Level	*If used to treat Neuropathy due to Diabetic Complications
Tolcapone	Parkinson's	Ever	Graded	
Tomoxafin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Topamax	Neuropathy (Diabetic Complication) Other use	2 years	Modified* Level	*If used to treat Neuropathy due to Diabetic Complications
Topiragen	Neuropathy (Diabetic Complication) Other use	2 years	Modified* Level	*If used to treat Neuropathy due to Diabetic Complications
Topiramate	Neuropathy (Diabetic Complication) Other use	2 years	Modified* Level	*If used to treat Neuropathy due to Diabetic Complications
Toposar	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Topotecan HCL	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Toprol XL	Angina (Chest Pain) Hypertension	2 years	Modified Level	
Toremifene	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Torisel	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Torsemide	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Tositumomab	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Totect	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Trabectedin	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Tramadol	Neuropathy (Diabetic Complication) Other use	2 years	Modified* Level	*If used to treat Neuropathy due to Diabetic Complications
Trametinib	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Trandolapril	Heart Attack Hypertension	2 years	Modified Level	
Tranxene T-Tab; Tranxene SD	Alcohol / Drug Other use	2 years	Modified Level	
Trastuzumab	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Treanda	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Trelegy; Trelegy Ellipta	COPD	Ever	Graded	
Trelstar	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level
Tretinoin	Cancer	3 years	Modified*	*If current treatment or recurrence - No coverage If treatment free > 3 years - Level

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Triamterene; Triamterene HCTZ	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Trifluoperazine; Trifluoperazine HCL	Psychotic Disorder	Ever	Graded	
Trifluridine & Tipiracil Hydrochloride	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Trihexane	Parkinson's Psychotic Disorder	Ever	Graded	
Trihexyphenidyl; Trihexyphenidyl HCL	Parkinson's Psychotic Disorder	Ever	Graded	
Trilafon	Psychotic Disorder	Ever	Graded	
Trimetrexate Glucuronate	AIDS/ HIV	Ever	No coverage	
Trisenox	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Triumeq	AIDS/ HIV	Ever	No coverage	
Trizivir	AIDS / HIV	Ever	No coverage	
Trokendi XR	Neuropathy (Diabetic Complication) Other use	2 years	Modified* Level	*If used to treat Neuropathy due to Diabetic Complications
Truvada	AIDS / HIV HIV PrEP	Ever	No coverage Level	
Tudorza Pressair	COPD	Ever	Graded	
Tybost	AIDS / HIV	Ever	No coverage	
Tykerb	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Tyzeka	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Ultram	Neuropathy (Diabetic Complication) Other use	2 years	Modified* Level	*If used to treat Neuropathy due to Diabetic Complications
Umeclidinium	COPD	Ever	Graded	
Umeclidinium & Vilanterol	COPD	Ever	Graded	
Unituxin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Univasc	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Uprima	Parkinson's	Ever	Graded	
Uridine Triacetate	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Uromitexan	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Ursodiol, Urso, Urso Forte	Liver Disorder	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Utibron	COPD	Ever	Graded	
Uvadex	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Valcyte	AIDS/ HIV Organ Transplant	Ever	No coverage	
Valganciclovir	AIDS/ HIV Organ Transplant	Ever	No coverage	

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Valium	Alcohol / Drug Other use	2 years	Modified Level	
Valproic Acid	Psychotic Disorder Seizures	Ever	Graded Level	
Valsartan	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Valstar	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Vandetanib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Vantas	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Varenicline	Smoking Cessation	1 year	Smoker Rates*	*If last use within 12 months
Varubi	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Vasotec	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Vectibix	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Velban	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Velcade	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Vemurafenib	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Venclexta	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Venetoclax	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Venofer	Kidney Disorder	Ever	Graded	
Venoglobulin-S	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Ventolin; Ventolin HFA	COPD / Emphysema Asthma	Ever	Graded Level	
Vepesid	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Verapamil	Angina (Chest Pain) Hypertension	2 years	Modified Level	
Versacloz	Psychotic Disorder	Ever	Graded	
Verzenio	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level



### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Vesanoid	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Vesprin	Psychotic Disorder	Ever	Graded	
Viadur	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Victrelis	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Vidaza	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Videx	AIDS / HIV	Ever	No coverage	
Viekira; Viekira pak	Liver Disorder / Hepatitis	Ever	Graded*	* If Stage 3/C Cirrhosis - No coverage
Vinblastine Sulfate	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Vincasar PFS	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Vincristine Sulfate	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Vinorelbine Tartrate	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Viracept	AIDS / HIV	Ever	No coverage	
Viramune	AIDS / HIV	Ever	No coverage	
Viread	AIDS / HIV Hepatitis	Ever	No coverage Graded	
Vistide	AIDS / HIV	Ever	No coverage	
Vistogard	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Vitekta	AIDS / HIV	Ever	No coverage	
Vivitrol	Alcohol / Drug	2 years	Modified	
Vorinostat	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Vosevi	Hepatitis	Ever	Graded	
VoSpire ER	COPD / Emphysema Asthma	Ever	Graded Level	
Votrient	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Vraylar	Psychotic Disorder	Ever	Graded	
Vumon	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Vyxeos	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Warfarin, Warfarin Sodium	Cardiac Valve Replacement TIA/Stroke Pulmonary Embolism Thrombosis	< 2 years* < 2 years* Ever Ever	Modified Modified Level 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
Xalkori	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Xeloda	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Xgeva	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Xofigo	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Xolair	COPD / Emphysema Asthma	Ever	Graded Level	
Xopenex; Xopenex HFA	COPD / Emphysema Asthma	Ever	Graded Level	
Xtandi	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Yervoy	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Yescarta	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Yondelis	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Zalcitabine	AIDS / HIV	Ever	No coverage	
Zaltrap	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Zanosar	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Zaroxolyn	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Zebeta	CHF (Congestive Heart Failure); Angina Hypertension	2 years	Modified Level	
Zejula	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Zelapar	Parkinson's	Ever	Graded	
Zelboraf	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Zemaira	COPD	Ever	Graded	
Zemplar	Kidney Dialysis Kidney Disorder	1 year Ever	No coverage Graded	
Zenapax	Kidney Failure	Ever	Graded	
Zepatier	Hepatitis	Ever	Graded	
Zerit	AIDS / HIV	Ever	No coverage	
Zestril	CHF (Congestive Heart Failure) Hypertension	2 years	Modified Level	
Zevalin	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Ziagen	AIDS / HIV	Ever	No coverage	
Zidovudine	AIDS / HIV	Ever	No coverage	
Zinecard	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Ziprasidone	Psychotic Disorder	Ever	Graded	
Ziv-Aflibercept	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Zofran; Zofran ODT	Cancer Other use	3 years	Modified* Level	*If current treatment or reoccurrence of cancer -No coverage If treatment free > 3 years - Level
Zoladex	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Zolinza	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Zometa	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Zortress	Kidney Failure Liver Disorder	Ever	Graded	

### Final Expense Prescription List

**\*\*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 application, coverage may be restricted or denied. Please email the Home Office with any questions.

Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Zubsolv	Alcohol / Drug	2 years	Modified	
Zuplenz	Cancer Other use	3 years	Modified* Level	*If current treatment or reoccurrence of cancer -No coverage If treatment free > 3 years - Level
Zyban	Smoking Cessation	1 year	Smoker Rates*	*If last use within 12 months
Zydelig	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Zykadia	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level
Zyprexa	Psychotic Disorder	Ever	Graded	
Zytiga	Cancer	3 years	Modified*	*If current treatment or reoccurrence - No coverage If treatment free > 3 years - Level

Intentionally  
Left Blank



**SBLI USA Life Insurance Company, Inc.**  
100 W. 33rd Street Suite 1007  
New York, NY 10001-2914  
1-877-SBLI-USA (1-877-725-4872)  
**[sbliusa.com](http://sbliusa.com)**

**S.USA Life Insurance Company, Inc.**  
P.O. Box 1050  
Newark, NJ 07101-1050  
1-866 SUSA 123 (1-866-787-2123)  
**[www.susa.com](http://www.susa.com)**