



PrimeTerm to 100SM

PRESCRIPTION LIST



For Agent Use Only

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

This prescription list applies to sales of the PrimeTerm to 100SM graded death benefit term life insurance product offered by S.USA Life Insurance Company, Inc. Not available in all states. We reserve the right to change, alter or amend any portion of this publication at any time.

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Prescription List for PRIMETERM to 100

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

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

Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Abarelix		< 2 Years > 2 Years	Declined Approved	
Abciximab		< 2 Years > 2 Years	Declined Approved	
Abecma		< 2 Years > 2 Years	Declined Approved	
Abemaciclib		< 2 Years > 2 Years	Declined Approved	
Abiraterone		< 2 Years > 2 Years	Declined Approved	
Abitrexate	Cancer Other Use	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Abraxane		< 2 Years > 2 Years	Declined Approved	
Abstral		< 2 Years > 2 Years	Declined Approved	
Acalabrutinib		< 2 Years > 2 Years	Declined Approved	
Accupril	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Aceon		< 2 Years > 2 Years	Declined Approved	
Acetyl L-Carnitine		< 2 Years > 2 Years	Declined Approved	
Actiq		< 2 Years > 2 Years	Declined Approved	
Activase		< 2 Years > 2 Years	Declined Approved	
Adcetris		< 2 Years > 2 Years	Declined Approved	
Adlarity		< 2 Years > 2 Years	Declined Approved	
Adriamycin; Adriamycin PFS; Adriamycin RDF		< 2 Years > 2 Years	Declined Approved	
Adrucil		< 2 Years > 2 Years	Declined Approved	
Aducanumab		< 2 Years > 2 Years	Declined Approved	
Aduhelm		< 2 Years > 2 Years	Declined Approved	
Afatinib; Afatinib Dimaleate		< 2 Years > 2 Years	Declined Approved	
Afinitor		< 2 Years > 2 Years	Declined Approved	
Aggrastat		< 2 Years > 2 Years	Declined Approved	
Aggrenox		< 2 Years > 2 Years	Declined Approved	
Akynzeo		< 2 Years > 2 Years	Declined Approved	
Aldactazide	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Aldactone	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Aldesleukin		< 2 Years > 2 Years	Declined Approved	
Alecensa		< 2 Years > 2 Years	Declined Approved	
Alectinib		< 2 Years > 2 Years	Declined Approved	
Alemtuzumab	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Alferon N		< 2 Years > 2 Years	Declined Approved	
Alimta		< 2 Years > 2 Years	Declined Approved	
Aliqopa		< 2 Years > 2 Years	Declined Approved	

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Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Alkeran		< 2 Years > 2 Years	Declined Approved	
Allopurinol Injeitiion		< 2 Years > 2 Years	Declined Approved	
Aloprim		< 2 Years > 2 Years	Declined Approved	
Aloxi		< 2 Years > 2 Years	Declined Approved	
Alpelisib		< 2 Years > 2 Years	Declined Approved	
Altace	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Alteplase		< 2 Years > 2 Years	Declined Approved	
Altretamine		< 2 Years > 2 Years	Declined Approved	
Alunbrig		< 2 Years > 2 Years	Declined Approved	
Alymsys		< 2 Years > 2 Years	Declined Approved	
Amicar		< 2 Years > 2 Years	Declined Approved	
Amifostine		< 2 Years > 2 Years	Declined Approved	
Amiloride; Amiloride HCTZ; Amiloride-Hydrochlorothia	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Aminocaproic Acid		< 2 Years > 2 Years	Declined Approved	
Amivantamab-vmjw		< 2 Years > 2 Years	Declined Approved	
Anastrozole		< 2 Years > 2 Years	Declined Approved	
Angiomax	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Anzemet		< 2 Years > 2 Years	Declined Approved	
Apalutamide		< 2 Years > 2 Years	Declined Approved	
Aprepitant		< 2 Years > 2 Years	Declined Approved	
Apresoline	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Aquazide H	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Aranesp	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Aredia		< 2 Years > 2 Years	Declined Approved	
Aricept; Aricept ODT		< 2 Years > 2 Years	Declined Approved	
Arimidex		< 2 Years > 2 Years	Declined Approved	
Aromasin		< 2 Years > 2 Years	Declined Approved	
Arranon		< 2 Years > 2 Years	Declined Approved	
Arsenic Trioxide		< 2 Years > 2 Years	Declined Approved	
Arzerra		< 2 Years > 2 Years	Declined Approved	
Asciminib		< 2 Years > 2 Years	Declined Approved	
Asparaginase; Asparaginase Erwinia Chrysanthemi (Recombinant)-rywn		< 2 Years > 2 Years	Declined Approved	
Asparlas		< 2 Years > 2 Years	Declined Approved	

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Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Aspirin & Dipyridamole		< 2 Years > 2 Years	Declined Approved	
Atacand	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Atezolizumab		< 2 Years > 2 Years	Declined Approved	
Atgam		< 2 Years > 2 Years	Declined Approved	
Avapritinib		< 2 Years > 2 Years	Declined Approved	
Avastin		< 2 Years > 2 Years	Declined Approved	
Avelumab		< 2 Years > 2 Years	Declined Approved	
Axicabtagene Ciloleucel		< 2 Years > 2 Years	Declined Approved	
Ayvakit		< 2 Years > 2 Years	Declined Approved	
Azacitidine		< 2 Years > 2 Years	Declined Approved	
Azasan	Organ Transplant **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Azathioprine	Organ Transplant **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Azedra		< 2 Years > 2 Years	Declined Approved	
Azidothymidine		< 2 Years > 2 Years	Declined Approved	
AZT		< 2 Years > 2 Years	Declined Approved	
Balversa		< 2 Years > 2 Years	Declined Approved	
Bavencio		< 2 Years > 2 Years	Declined Approved	
BCG (bacillus calmette-guerin)		< 2 Years > 2 Years	Declined Approved	
Belantamab Mafodotin		< 2 Years > 2 Years	Declined Approved	
Beleodaq		< 2 Years > 2 Years	Declined Approved	
Belinostat		< 2 Years > 2 Years	Declined Approved	
Belrapzo		< 2 Years > 2 Years	Declined Approved	
Belzutifan		< 2 Years > 2 Years	Declined Approved	
Benazepril	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Bendamustine		< 2 Years > 2 Years	Declined Approved	
Bendamustine HCl, Bendamustine Hydrochloride Injection		< 2 Years > 2 Years	Declined Approved	
Bendamustine Hcl		< 2 Years > 2 Years	Declined Approved	
Bendeka		< 2 Years > 2 Years	Declined Approved	
Besponsa		< 2 Years > 2 Years	Declined Approved	
Bevacizumab; Bevacizumab-awwb		< 2 Years > 2 Years	Declined Approved	
Bexarotene		< 2 Years > 2 Years	Declined Approved	
Bexxar; Bexxar 131 Iodine		< 2 Years > 2 Years	Declined Approved	
Bicalutamide		< 2 Years > 2 Years	Declined Approved	
BICNU		< 2 Years > 2 Years	Declined Approved	

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BiDil		< 2 Years > 2 Years	Declined Approved	
Binimetinib		< 2 Years > 2 Years	Declined Approved	
Bivalirudin	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Blenoxane		< 2 Years > 2 Years	Declined Approved	
Blenrep		< 2 Years > 2 Years	Declined Approved	
Bleomycin Sulfate		< 2 Years > 2 Years	Declined Approved	
Blinatumomab		< 2 Years > 2 Years	Declined Approved	
Blinicyto		< 2 Years > 2 Years	Declined Approved	
Bortezomib		< 2 Years > 2 Years	Declined Approved	
Braftovi		< 2 Years > 2 Years	Declined Approved	
Braftovi + Mektovi		< 2 Years > 2 Years	Declined Approved	
Brentuximab Vedotin		< 2 Years > 2 Years	Declined Approved	
Brexucabtagene Autoleucel		< 2 Years > 2 Years	Declined Approved	
Breyanzi		< 2 Years > 2 Years	Declined Approved	
Brigatinib		< 2 Years > 2 Years	Declined Approved	
Brilinta		< 2 Years > 2 Years	Declined Approved	
Brukinsa		< 2 Years > 2 Years	Declined Approved	
BuMel		< 2 Years > 2 Years	Declined Approved	
Bumetanide	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Bumex	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Busulfan		< 2 Years > 2 Years	Declined Approved	
Busulfex		< 2 Years > 2 Years	Declined Approved	
Bystolic	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Cabazitaxel		< 2 Years > 2 Years	Declined Approved	
Cabometyx		< 2 Years > 2 Years	Declined Approved	
Cabozantinib		< 2 Years > 2 Years	Declined Approved	
Calaspargase pegol-mknl		< 2 Years > 2 Years	Declined Approved	
Calcium Folate		< 2 Years > 2 Years	Declined Approved	
Calquence		< 2 Years > 2 Years	Declined Approved	
Camcevi		< 2 Years > 2 Years	Declined Approved	
Campath	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Camptosar		< 2 Years > 2 Years	Declined Approved	
Camzyos		< 2 Years > 2 Years	Declined Approved	

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Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Candesartan; Candesartan Cilexetil	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Capecitabine		< 2 Years > 2 Years	Declined Approved	
Capmatinib		< 2 Years > 2 Years	Declined Approved	
Capoten	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Caprelsa		< 2 Years > 2 Years	Declined Approved	
Captopril	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Carboplatin		< 2 Years > 2 Years	Declined Approved	
Cardioplegic		< 2 Years > 2 Years	Declined Approved	
Carimune; Carimune Nanofiltered		< 2 Years > 2 Years	Declined Approved	
Carmustine		< 2 Years > 2 Years	Declined Approved	
Carospir	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Carvedilol	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Casodex		< 2 Years > 2 Years	Declined Approved	
Catapres	Cancer Pain **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Cathflo Activase		< 2 Years > 2 Years	Declined Approved	
Ceenu		< 2 Years > 2 Years	Declined Approved	
Cellcept		< 2 Years > 2 Years	Declined Approved	
Cemiplimab-rwlc		< 2 Years > 2 Years	Declined Approved	
Cerianna Injection		< 2 Years > 2 Years	Declined Approved	
Ceritinib		< 2 Years > 2 Years	Declined Approved	
Cerubidine		< 2 Years > 2 Years	Declined Approved	
Cesamet		< 2 Years > 2 Years	Declined Approved	
Cetuximab		< 2 Years > 2 Years	Declined Approved	
Chlorambucil		< 2 Years > 2 Years	Declined Approved	
Chlorothiazide	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Chlorthalidone	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Cinvanti		< 2 Years > 2 Years	Declined Approved	
CIS-DDP		< 2 Years > 2 Years	Declined Approved	
Cisplatin		< 2 Years > 2 Years	Declined Approved	
Cladribine		< 2 Years > 2 Years	Declined Approved	
Clofarabine		< 2 Years > 2 Years	Declined Approved	
Clolar		< 2 Years > 2 Years	Declined Approved	
Clopidogrel		< 2 Years > 2 Years	Declined Approved	
Cobimetinib		< 2 Years > 2 Years	Declined Approved	

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Cognex		< 2 Years > 2 Years	Declined Approved	
Cometriq		< 2 Years > 2 Years	Declined Approved	
Copanlisib		< 2 Years > 2 Years	Declined Approved	
Copiktra		< 2 Years > 2 Years	Declined Approved	
Copper CU 64 Doctatate		< 2 Years > 2 Years	Declined Approved	
Coreg; Coreg CR	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Corianor		< 2 Years > 2 Years	Declined Approved	
Cosela		< 2 Years > 2 Years	Declined Approved	
Cosmegen		< 2 Years > 2 Years	Declined Approved	
Cotellic		< 2 Years > 2 Years	Declined Approved	
Coumaudin	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Cozaar	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Crizotinib		< 2 Years > 2 Years	Declined Approved	
Cyclophosphamide		< 2 Years > 2 Years	Declined Approved	
Cyclosporine		< 2 Years > 2 Years	Declined Approved	
Cyclosporine Modified		< 2 Years > 2 Years	Declined Approved	
Cyfos		< 2 Years > 2 Years	Declined Approved	
Cytalux		< 2 Years > 2 Years	Declined Approved	
Cytarabine		< 2 Years > 2 Years	Declined Approved	
Cytogam		< 2 Years > 2 Years	Declined Approved	
Cytomegalovirus Immune Glob		< 2 Years > 2 Years	Declined Approved	
Cytosar-U		< 2 Years > 2 Years	Declined Approved	
Cytovene	Organ Transplant **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Cytoxan		< 2 Years > 2 Years	Declined Approved	
Dabrafenib		< 2 Years > 2 Years	Declined Approved	
Dacarbazine		< 2 Years > 2 Years	Declined Approved	
Daclizumab		< 2 Years > 2 Years	Declined Approved	
Dacogen		< 2 Years > 2 Years	Declined Approved	
Dacomitinib		< 2 Years > 2 Years	Declined Approved	
Dactinomycin		< 2 Years > 2 Years	Declined Approved	
Dalteparin	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED

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Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Danyelza		< 2 Years > 2 Years	Declined Approved	
Darbepoetin Alfa	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Darolutamide		< 2 Years > 2 Years	Declined Approved	
Dasatinib		< 2 Years > 2 Years	Declined Approved	
Daunorubicin; Daunorubicin HCL; Daunorubicin Liposomal		< 2 Years > 2 Years	Declined Approved	
Daunoxome		< 2 Years > 2 Years	Declined Approved	
Daurismo		< 2 Years > 2 Years	Declined Approved	
Decitabine		< 2 Years > 2 Years	Declined Approved	
Defibrotide; Defibrotide Sodium		< 2 Years > 2 Years	Declined Approved	
Defitelio		< 2 Years > 2 Years	Declined Approved	
Degarelix, Degarelix Acetate		< 2 Years > 2 Years	Declined Approved	
Demadox	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Denileukin Diftitox		< 2 Years > 2 Years	Declined Approved	
Denosumab	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Depocyt		< 2 Years > 2 Years	Declined Approved	
Depo-Provera		< 2 Years > 2 Years	Declined Approved	
Detectnet		< 2 Years > 2 Years	Declined Approved	
Dexrazoxane		< 2 Years > 2 Years	Declined Approved	
Digitalis	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Digitek	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Digitoxin	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Digoxin	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Dilatrate SR		< 2 Years > 2 Years	Declined Approved	
Dinutuximab		< 2 Years > 2 Years	Declined Approved	
Diovan	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Dipyridamole		< 2 Years > 2 Years	Declined Approved	
Diucardin	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Diuril	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Dobutamine HCL; Dobutamine HCL/D5W; Dobutamine-Dextrose	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Dobutrex	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Docefrez		< 2 Years > 2 Years	Declined Approved	
Docetaxel		< 2 Years > 2 Years	Declined Approved	
Dolasetron		< 2 Years > 2 Years	Declined Approved	
Donepezil; Donepezil Hydrochloride		< 2 Years > 2 Years	Declined Approved	

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Dopamine		< 2 Years > 2 Years	Declined Approved	
Dostarlimab-gxly		< 2 Years > 2 Years	Declined Approved	
Doxil		< 2 Years > 2 Years	Declined Approved	
Doxorubicin HCL; Doxorubicin Liposomal		< 2 Years > 2 Years	Declined Approved	
Dronabinol	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Droxia	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
DTIC-Dome		< 2 Years > 2 Years	Declined Approved	
Duraclon	Cancer Pain **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Durvalumab		< 2 Years > 2 Years	Declined Approved	
Duvelisib		< 2 Years > 2 Years	Declined Approved	
Dyrenium	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Edaravone		< 2 Years > 2 Years	Declined Approved	
Edecrin	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Effient		< 2 Years > 2 Years	Declined Approved	
Eligard		< 2 Years > 2 Years	Declined Approved	
Elitek		< 2 Years > 2 Years	Declined Approved	
Ellence		< 2 Years > 2 Years	Declined Approved	
Eloxatin		< 2 Years > 2 Years	Declined Approved	
Elspar		< 2 Years > 2 Years	Declined Approved	
Elzonris		< 2 Years > 2 Years	Declined Approved	
Emcyt		< 2 Years > 2 Years	Declined Approved	
Emend		< 2 Years > 2 Years	Declined Approved	
Enalapril Enalapril Maleate	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Enalaprilat	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Enasidenib; Enasidenib Mesylate		< 2 Years > 2 Years	Declined Approved	
Encorafenib; Encorafenib + Binimetinib		< 2 Years > 2 Years	Declined Approved	
Enfortumab Vedotin-efv		< 2 Years > 2 Years	Declined Approved	
Enhertu		< 2 Years > 2 Years	Declined Approved	
Enoxaparin Sodium		< 2 Years > 2 Years	Declined Approved	
Entrectinib		< 2 Years > 2 Years	Declined Approved	
Entresto		< 2 Years > 2 Years	Declined Approved	
Enzalutamide		< 2 Years > 2 Years	Declined Approved	
Epaned	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Epirubicin		< 2 Years > 2 Years	Declined Approved	

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Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Eplerenone	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Eptifibatide		< 2 Years > 2 Years	Declined Approved	
Erbitux		< 2 Years > 2 Years	Declined Approved	
Erdafitinib		< 2 Years > 2 Years	Declined Approved	
Ergamisol		< 2 Years > 2 Years	Declined Approved	
Ergoloid Mesylates		< 2 Years > 2 Years	Declined Approved	
Eribulin		< 2 Years > 2 Years	Declined Approved	
Erivedge		< 2 Years > 2 Years	Declined Approved	
Erleada		< 2 Years > 2 Years	Declined Approved	
Erlotinib		< 2 Years > 2 Years	Declined Approved	
Erwinaze		< 2 Years > 2 Years	Declined Approved	
Esidrix	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Estramustine; Estramustine Phosphate		< 2 Years > 2 Years	Declined Approved	
Ethacrynate Sodium	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Ethylol		< 2 Years > 2 Years	Declined Approved	
Etopophos		< 2 Years > 2 Years	Declined Approved	
Etoposide		< 2 Years > 2 Years	Declined Approved	
Eulexin		< 2 Years > 2 Years	Declined Approved	
Everolimus (afinitor)		< 2 Years > 2 Years	Declined Approved	
Everolimus (zortress)		< 2 Years > 2 Years	Declined Approved	
Evomela		< 2 Years > 2 Years	Declined Approved	
Exelon		< 2 Years > 2 Years	Declined Approved	
Exemestane		< 2 Years > 2 Years	Declined Approved	
Exkivity		< 2 Years > 2 Years	Declined Approved	
Exservan		< 2 Years > 2 Years	Declined Approved	
Fam-Trastuzumab Deruxtecan-nxki		< 2 Years > 2 Years	Declined Approved	
Fareston		< 2 Years > 2 Years	Declined Approved	
Farydak		< 2 Years > 2 Years	Declined Approved	
Faslodex		< 2 Years > 2 Years	Declined Approved	
Femara		< 2 Years > 2 Years	Declined Approved	
Fentanyl Citrate		< 2 Years > 2 Years	Declined Approved	
Fentanyl Sublingual Spray		< 2 Years > 2 Years	Declined Approved	
Fentora		< 2 Years > 2 Years	Declined Approved	
Filgrastim; Filgrastim-aafi		< 2 Years > 2 Years	Declined Approved	

Prescription List for PRIMETERM to 100

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

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

Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Filgrastim-sndz		< 2 Years > 2 Years	Declined Approved	
Firmagon		< 2 Years > 2 Years	Declined Approved	
Flebogamma; Flebogamma DIF		< 2 Years > 2 Years	Declined Approved	
Floxuridine		< 2 Years > 2 Years	Declined Approved	
Fludara		< 2 Years > 2 Years	Declined Approved	
Fludarabine Phosphate		< 2 Years > 2 Years	Declined Approved	
Fluoroestradiol f 18		< 2 Years > 2 Years	Declined Approved	
Fluorouracil		< 2 Years > 2 Years	Declined Approved	
Fluoxymesterone		< 2 Years > 2 Years	Declined Approved	
Flutamide		< 2 Years > 2 Years	Declined Approved	
Folotyng		< 2 Years > 2 Years	Declined Approved	
Fosaprepitant		< 2 Years > 2 Years	Declined Approved	
Fosinopril Sodium	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Fotivda		< 2 Years > 2 Years	Declined Approved	
Fragmin	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
FUDR		< 2 Years > 2 Years	Declined Approved	
Fulphila		< 2 Years > 2 Years	Declined Approved	
Fulvestrant		< 2 Years > 2 Years	Declined Approved	
Furosemide	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Fusilev		< 2 Years > 2 Years	Declined Approved	
Fyarro		< 2 Years > 2 Years	Declined Approved	
Galantamine; Galantamine Hydrobromide		< 2 Years > 2 Years	Declined Approved	
Gallium; Gallium Nitrate; Gallium ga 69 dotatate; Gallium Citrate Ga 67		< 2 Years > 2 Years	Declined Approved	
Gamimune, Gammagard, Gammaplex, Gamunex		< 2 Years > 2 Years	Declined Approved	
Gammar-P		< 2 Years > 2 Years	Declined Approved	
Ganciclovir	Organ Transplant **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Ganite		< 2 Years > 2 Years	Declined Approved	
Gavreto		< 2 Years > 2 Years	Declined Approved	
Gazyva		< 2 Years > 2 Years	Declined Approved	
Gefitinib		< 2 Years > 2 Years	Declined Approved	
Gemcitabine; Gemcitabine HCL		< 2 Years > 2 Years	Declined Approved	
Gemtuzumab		< 2 Years > 2 Years	Declined Approved	
Gemzar		< 2 Years > 2 Years	Declined Approved	

Prescription List for PRIMETERM to 100

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

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

Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Gengraf		< 2 Years > 2 Years	Declined Approved	
Gilotrif		< 2 Years > 2 Years	Declined Approved	
Giltegritinib		< 2 Years > 2 Years	Declined Approved	
Glasdegib		< 2 Years > 2 Years	Declined Approved	
Gleevec		< 2 Years > 2 Years	Declined Approved	
Gliadel Wafer		< 2 Years > 2 Years	Declined Approved	
Goserelin	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Granisetron		< 2 Years > 2 Years	Declined Approved	
Halaven		< 2 Years > 2 Years	Declined Approved	
Halotestin		< 2 Years > 2 Years	Declined Approved	
Herceptin		< 2 Years > 2 Years	Declined Approved	
Hexalen		< 2 Years > 2 Years	Declined Approved	
Histrelin		< 2 Years > 2 Years	Declined Approved	
Hycamtin		< 2 Years > 2 Years	Declined Approved	
Hydergine		< 2 Years > 2 Years	Declined Approved	
Hydralazine HCL	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Hydrea		< 2 Years > 2 Years	Declined Approved	
Hydrochlorothiazide	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
HydroDIURIL	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Hydroflumethiazide	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Hydroxyurea		< 2 Years > 2 Years	Declined Approved	
Hygroton	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Ibrance		< 2 Years > 2 Years	Declined Approved	
Ibritumomab		< 2 Years > 2 Years	Declined Approved	
Ibrutinib		< 2 Years > 2 Years	Declined Approved	
Idamycin PFS		< 2 Years > 2 Years	Declined Approved	
Idarubicin; Idarubicin HCL		< 2 Years > 2 Years	Declined Approved	
Idecabtagene Vicleucel		< 2 Years > 2 Years	Declined Approved	
Idelalisib		< 2 Years > 2 Years	Declined Approved	
Idhifa		< 2 Years > 2 Years	Declined Approved	
Ifex Iflex Mesnex Combo Pack		< 2 Years > 2 Years	Declined Approved	
Ifosfamide; Ifosfamide-Mesna		< 2 Years > 2 Years	Declined Approved	
Illuccix		< 2 Years > 2 Years	Declined Approved	
Imatinib Mesylate		< 2 Years > 2 Years	Declined Approved	

Prescription List for PRIMETERM to 100

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

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

Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Imbruvica		< 2 Years > 2 Years	Declined Approved	
Imfinzi		< 2 Years > 2 Years	Declined Approved	
Imlygic		< 2 Years > 2 Years	Declined Approved	
Immune Globulin		< 2 Years > 2 Years	Declined Approved	
Imuran	Organ Transplant **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Inamrinone	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Indapamide	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Infigratinib		< 2 Years > 2 Years	Declined Approved	
Inotuzumab Ozogamicin		< 2 Years > 2 Years	Declined Approved	
Inqovi		< 2 Years > 2 Years	Declined Approved	
Inspira	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Integrilin		< 2 Years > 2 Years	Declined Approved	
Interferon Alfa-2b	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Intron A	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Iobenguane I 131		< 2 Years > 2 Years	Declined Approved	
Iressa		< 2 Years > 2 Years	Declined Approved	
Irinotecan		< 2 Years > 2 Years	Declined Approved	
Isatuximab-irfc		< 2 Years > 2 Years	Declined Approved	
Isordil		< 2 Years > 2 Years	Declined Approved	
Istodax		< 2 Years > 2 Years	Declined Approved	
Ivarbradine		< 2 Years > 2 Years	Declined Approved	
Iveegam EN		< 2 Years > 2 Years	Declined Approved	
IVIG		< 2 Years > 2 Years	Declined Approved	
Ivosidenib		< 2 Years > 2 Years	Declined Approved	
Ixabepilone		< 2 Years > 2 Years	Declined Approved	
Ixempra		< 2 Years > 2 Years	Declined Approved	
Jakafi		< 2 Years > 2 Years	Declined Approved	
Jantoven	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Jelymyto		< 2 Years > 2 Years	Declined Approved	
Jemperli		< 2 Years > 2 Years	Declined Approved	
Jevtana		< 2 Years > 2 Years	Declined Approved	
Kepivance		< 2 Years > 2 Years	Declined Approved	
Kimmtrak		< 2 Years > 2 Years	Declined Approved	

Prescription List for PRIMETERM to 100

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

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

Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Kisqali		< 2 Years > 2 Years	Declined Approved	
Kytril		< 2 Years > 2 Years	Declined Approved	
Lanoxin; Lanoxicaps	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Lanreotide; Lanreotide Acetate		< 2 Years > 2 Years	Declined Approved	
Lapatinib		< 2 Years > 2 Years	Declined Approved	
Larotrectinib		< 2 Years > 2 Years	Declined Approved	
Lasix	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Lemtrada	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Lenalidomide		< 2 Years > 2 Years	Declined Approved	
Lenvatinib; Lenvatinib Mesylate		< 2 Years > 2 Years	Declined Approved	
Lenvima		< 2 Years > 2 Years	Declined Approved	
Letrozole		< 2 Years > 2 Years	Declined Approved	
Leucovorin Calcium		< 2 Years > 2 Years	Declined Approved	
Leukeran		< 2 Years > 2 Years	Declined Approved	
Leukine		< 2 Years > 2 Years	Declined Approved	
Leuprolide Acetate Implant		< 2 Years > 2 Years	Declined Approved	
Leuprolide; Leuprolide Mesylate		< 2 Years > 2 Years	Declined Approved	
Leustatin		< 2 Years > 2 Years	Declined Approved	
Levamisole HCL		< 2 Years > 2 Years	Declined Approved	
Libtayo		< 2 Years > 2 Years	Declined Approved	
Lipodox		< 2 Years > 2 Years	Declined Approved	
Lisinopril	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Lisocabtagene Maraleucel		< 2 Years > 2 Years	Declined Approved	
Locametz		< 2 Years > 2 Years	Declined Approved	
Lomustine		< 2 Years > 2 Years	Declined Approved	
Loncastuximab		< 2 Years > 2 Years	Declined Approved	
Lonsurf		< 2 Years > 2 Years	Declined Approved	
Lopressor	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Lorbrena		< 2 Years > 2 Years	Declined Approved	
Lorlatinib		< 2 Years > 2 Years	Declined Approved	
Losartan; Losartan Potassium	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Lotensin	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Lovenox		< 2 Years > 2 Years	Declined Approved	
Lozol	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED

Prescription List for PRIMETERM to 100

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Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Lumakras		< 2 Years > 2 Years	Declined Approved	
Lumoxiti		< 2 Years > 2 Years	Declined Approved	
Lupron; Lupron Depot		< 2 Years > 2 Years	Declined Approved	
Lurbinectedin		< 2 Years > 2 Years	Declined Approved	
Lutathera		< 2 Years > 2 Years	Declined Approved	
Lutetium Lu 177 Dotatate		< 2 Years > 2 Years	Declined Approved	
Lutetium Lu 177 vipivotide tetraxetan		< 2 Years > 2 Years	Declined Approved	
Lynparza		< 2 Years > 2 Years	Declined Approved	
Lysodren		< 2 Years > 2 Years	Declined Approved	
Margenza		< 2 Years > 2 Years	Declined Approved	
Margetuximab-cmkb		< 2 Years > 2 Years	Declined Approved	
Marinol	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Marqibo		< 2 Years > 2 Years	Declined Approved	
Matulane		< 2 Years > 2 Years	Declined Approved	
Mavacamten		< 2 Years > 2 Years	Declined Approved	
Mavik	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Mechlorethamine		< 2 Years > 2 Years	Declined Approved	
Megace	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Megace ES	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Megestrol	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Megestrol Acetate	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Mekinist		< 2 Years > 2 Years	Declined Approved	
Mektovi		< 2 Years > 2 Years	Declined Approved	
Melphalan		< 2 Years > 2 Years	Declined Approved	
Melphalan Flufenamide		< 2 Years > 2 Years	Declined Approved	
Melphalan; Melphalan Hydrochloride		< 2 Years > 2 Years	Declined Approved	
Memantine, Memantine HCL		< 2 Years > 2 Years	Declined Approved	
Mercaptopurine		< 2 Years > 2 Years	Declined Approved	
Mesna		< 2 Years > 2 Years	Declined Approved	
Mesnex		< 2 Years > 2 Years	Declined Approved	
Metastron		< 2 Years > 2 Years	Declined Approved	
Methotrexate	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Methyclothiazide	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED

Prescription List for PRIMETERM to 100

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Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Metolazone	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Metoprolol, Metoprolol Tartrate	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Micardis		< 2 Years > 2 Years	Declined Approved	
Microzide	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Midamor	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Midostaurin		< 2 Years > 2 Years	Declined Approved	
Milrinone		< 2 Years > 2 Years	Declined Approved	
Mithracin		< 2 Years > 2 Years	Declined Approved	
Mitomycin		< 2 Years > 2 Years	Declined Approved	
Mitotane		< 2 Years > 2 Years	Declined Approved	
Mitoxantrone HCL		< 2 Years > 2 Years	Declined Approved	
Mobocertinib		< 2 Years > 2 Years	Declined Approved	
Moduretic	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Moexipril	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Mogamulizumab-kpkc		< 2 Years > 2 Years	Declined Approved	
Monjuvi		< 2 Years > 2 Years	Declined Approved	
Monopril	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Moxetumomab Pasudotox-tdfk		< 2 Years > 2 Years	Declined Approved	
Mozobil		< 2 Years > 2 Years	Declined Approved	
Muromonab-CD3		< 2 Years > 2 Years	Declined Approved	
Mustargen		< 2 Years > 2 Years	Declined Approved	
Mutamycin		< 2 Years > 2 Years	Declined Approved	
Mvasi		< 2 Years > 2 Years	Declined Approved	
Mycophenolate Mofetil		< 2 Years > 2 Years	Declined Approved	
Myfortic		< 2 Years > 2 Years	Declined Approved	
Myleran		< 2 Years > 2 Years	Declined Approved	
Mylocel		< 2 Years > 2 Years	Declined Approved	
Mylotarg		< 2 Years > 2 Years	Declined Approved	
Nabilone		< 2 Years > 2 Years	Declined Approved	
Namenda; Namenda XR; Namenda Titration PAK		< 2 Years > 2 Years	Declined Approved	
Namzaric		< 2 Years > 2 Years	Declined Approved	
Natrecor		< 2 Years > 2 Years	Declined Approved	
Natulane		< 2 Years > 2 Years	Declined Approved	

Prescription List for PRIMETERM to 100

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Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Navelbine		< 2 Years > 2 Years	Declined Approved	
Naxitamab-gqgk		< 2 Years > 2 Years	Declined Approved	
Nebivolol	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Necitumumab		< 2 Years > 2 Years	Declined Approved	
Nelarabine		< 2 Years > 2 Years	Declined Approved	
Neoral		< 2 Years > 2 Years	Declined Approved	
Neosar		< 2 Years > 2 Years	Declined Approved	
Neratinib; Neratinib Maleate		< 2 Years > 2 Years	Declined Approved	
Nerlynx		< 2 Years > 2 Years	Declined Approved	
Nesiritide		< 2 Years > 2 Years	Declined Approved	
Netspot		< 2 Years > 2 Years	Declined Approved	
Netupitant		< 2 Years > 2 Years	Declined Approved	
Neulasta		< 2 Years > 2 Years	Declined Approved	
Neumega		< 2 Years > 2 Years	Declined Approved	
Neupogen		< 2 Years > 2 Years	Declined Approved	
Nexavar		< 2 Years > 2 Years	Declined Approved	
Nilandron		< 2 Years > 2 Years	Declined Approved	
Nilutamide		< 2 Years > 2 Years	Declined Approved	
Nipent		< 2 Years > 2 Years	Declined Approved	
Nivestym		< 2 Years > 2 Years	Declined Approved	
Nivolumab		< 2 Years > 2 Years	Declined Approved	
Nolvadex		< 2 Years > 2 Years	Declined Approved	
Novantrone		< 2 Years > 2 Years	Declined Approved	
Nubeqa		< 2 Years > 2 Years	Declined Approved	
Nyvepria		< 2 Years > 2 Years	Declined Approved	
Obinutuzumab		< 2 Years > 2 Years	Declined Approved	
Octagam		< 2 Years > 2 Years	Declined Approved	
Odomzo		< 2 Years > 2 Years	Declined Approved	
Ofatumumab		< 2 Years > 2 Years	Declined Approved	
Oforta		< 2 Years > 2 Years	Declined Approved	
Olaparib		< 2 Years > 2 Years	Declined Approved	
Oncaspar		< 2 Years > 2 Years	Declined Approved	
Oncovin		< 2 Years > 2 Years	Declined Approved	
Ondansetron	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED

Prescription List for PRIMETERM to 100

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

Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Onsolis		< 2 Years > 2 Years	Declined Approved	
Ontak		< 2 Years > 2 Years	Declined Approved	
Onureg		< 2 Years > 2 Years	Declined Approved	
Onxol		< 2 Years > 2 Years	Declined Approved	
Opdivo		< 2 Years > 2 Years	Declined Approved	
Opdualag		< 2 Years > 2 Years	Declined Approved	
Orgovyx		< 2 Years > 2 Years	Declined Approved	
Orthoclone OKT3		< 2 Years > 2 Years	Declined Approved	
Osimertinib		< 2 Years > 2 Years	Declined Approved	
Oxaliplatin		< 2 Years > 2 Years	Declined Approved	
Oxygen; Oxygen Equipment		< 2 Years > 2 Years	Declined Approved	
Paclitaxel		< 2 Years > 2 Years	Declined Approved	
Padcev		< 2 Years > 2 Years	Declined Approved	
Pafolacianine		< 2 Years > 2 Years	Declined Approved	
Palbociclib		< 2 Years > 2 Years	Declined Approved	
Palonosetron; Palonosetron Hydrochloride		< 2 Years > 2 Years	Declined Approved	
Pamidronate Disodium		< 2 Years > 2 Years	Declined Approved	
Panglobulin		< 2 Years > 2 Years	Declined Approved	
Panitumumab		< 2 Years > 2 Years	Declined Approved	
Panobinostat		< 2 Years > 2 Years	Declined Approved	
Paraplatin		< 2 Years > 2 Years	Declined Approved	
Pazopanib		< 2 Years > 2 Years	Declined Approved	
Pegaspargase		< 2 Years > 2 Years	Declined Approved	
Pegfilgrastim; Pegfilgrastim-apgf; Pegfilgrastim-bmez; Pegfilgrastim-cbqv Pegfilgrastim-jmdb		< 2 Years > 2 Years	Declined Approved	
Pemazyre		< 2 Years > 2 Years	Declined Approved	
Pemetrexed		< 2 Years > 2 Years	Declined Approved	
Pemigatinib		< 2 Years > 2 Years	Declined Approved	
Pentostatin		< 2 Years > 2 Years	Declined Approved	
Pepaxto		< 2 Years > 2 Years	Declined Approved	
Perindopril; Perindopril Erbumine	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Persantine		< 2 Years > 2 Years	Declined Approved	
Photofrin		< 2 Years > 2 Years	Declined Approved	

Prescription List for PRIMETERM to 100

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

Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Piflufolostat F18 Injection		< 2 Years > 2 Years	Declined Approved	
Piqray		< 2 Years > 2 Years	Declined Approved	
Platinol AQ		< 2 Years > 2 Years	Declined Approved	
Plavix		< 2 Years > 2 Years	Declined Approved	
Plegisol		< 2 Years > 2 Years	Declined Approved	
Plenaxis		< 2 Years > 2 Years	Declined Approved	
Plerixafor		< 2 Years > 2 Years	Declined Approved	
Plicamycin		< 2 Years > 2 Years	Declined Approved	
Pluvicto		< 2 Years > 2 Years	Declined Approved	
Polatuzumab Vedotin-PIIQ		< 2 Years > 2 Years	Declined Approved	
Polivy		< 2 Years > 2 Years	Declined Approved	
Polycam S/D		< 2 Years > 2 Years	Declined Approved	
Pomalidomide		< 2 Years > 2 Years	Declined Approved	
Pomalyst		< 2 Years > 2 Years	Declined Approved	
Porfimer		< 2 Years > 2 Years	Declined Approved	
Portrazza		< 2 Years > 2 Years	Declined Approved	
Poteligeo		< 2 Years > 2 Years	Declined Approved	
Pralatrexate		< 2 Years > 2 Years	Declined Approved	
Pralsetinib		< 2 Years > 2 Years	Declined Approved	
Prasugrel		< 2 Years > 2 Years	Declined Approved	
Primacor		< 2 Years > 2 Years	Declined Approved	
Prinivil	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Privigen		< 2 Years > 2 Years	Declined Approved	
Procarbazine		< 2 Years > 2 Years	Declined Approved	
Prograf		< 2 Years > 2 Years	Declined Approved	
Proleukin		< 2 Years > 2 Years	Declined Approved	
Prolia	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Provenge		< 2 Years > 2 Years	Declined Approved	
Purinethol		< 2 Years > 2 Years	Declined Approved	
Purixan		< 2 Years > 2 Years	Declined Approved	
Pylarify		< 2 Years > 2 Years	Declined Approved	
Qinlock		< 2 Years > 2 Years	Declined Approved	
Quadramet		< 2 Years > 2 Years	Declined Approved	
Quinapril	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED

Prescription List for PRIMETERM to 100

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

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

Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Radicava		< 2 Years > 2 Years	Declined Approved	
Radium Ra 223 Dichloride		< 2 Years > 2 Years	Declined Approved	
Ramipril	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Rapamune		< 2 Years > 2 Years	Declined Approved	
Rasburicase		< 2 Years > 2 Years	Declined Approved	
Razadyne		< 2 Years > 2 Years	Declined Approved	
Relugolix		< 2 Years > 2 Years	Declined Approved	
Reminyl		< 2 Years > 2 Years	Declined Approved	
Reopro		< 2 Years > 2 Years	Declined Approved	
Retavase		< 2 Years > 2 Years	Declined Approved	
Retepase		< 2 Years > 2 Years	Declined Approved	
Retevmo		< 2 Years > 2 Years	Declined Approved	
Revlimid		< 2 Years > 2 Years	Declined Approved	
Riabni	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Ribociclib		< 2 Years > 2 Years	Declined Approved	
Rilutek		< 2 Years > 2 Years	Declined Approved	
Riluzole		< 2 Years > 2 Years	Declined Approved	
Ripretinib		< 2 Years > 2 Years	Declined Approved	
Rituxan	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Rituximab	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Rituximab-pvvr		< 2 Years > 2 Years	Declined Approved	
Rivastigmine		< 2 Years > 2 Years	Declined Approved	
Rolapitant Hydrochloride		< 2 Years > 2 Years	Declined Approved	
Romidepsin		< 2 Years > 2 Years	Declined Approved	
Rozlytrek		< 2 Years > 2 Years	Declined Approved	
Rubex		< 2 Years > 2 Years	Declined Approved	
Rubraca		< 2 Years > 2 Years	Declined Approved	
Rucaparib		< 2 Years > 2 Years	Declined Approved	
Ruxolitinib		< 2 Years > 2 Years	Declined Approved	
Rybrevant		< 2 Years > 2 Years	Declined Approved	
Rydapt		< 2 Years > 2 Years	Declined Approved	
Rylaze		< 2 Years > 2 Years	Declined Approved	
Sacituzumab Govitecan-hziy		< 2 Years > 2 Years	Declined Approved	
Sacubitril/Valsartan		< 2 Years > 2 Years	Declined Approved	

Prescription List for PRIMETERM to 100

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

Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Saluron	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Samarium SM 153 Lexidronam		< 2 Years > 2 Years	Declined Approved	
Sancuso		< 2 Years > 2 Years	Declined Approved	
Sandimmune		< 2 Years > 2 Years	Declined Approved	
Sandoglobulin		< 2 Years > 2 Years	Declined Approved	
Sandostatin		< 2 Years > 2 Years	Declined Approved	
Sarclisa		< 2 Years > 2 Years	Declined Approved	
Sargramostim		< 2 Years > 2 Years	Declined Approved	
Scemblix		< 2 Years > 2 Years	Declined Approved	
Selinexor		< 2 Years > 2 Years	Declined Approved	
Selpercatinib		< 2 Years > 2 Years	Declined Approved	
Simulect		< 2 Years > 2 Years	Declined Approved	
Sipuleucel-T		< 2 Years > 2 Years	Declined Approved	
Sirolimus		< 2 Years > 2 Years	Declined Approved	
Soaanz		< 2 Years > 2 Years	Declined Approved	
Sodium Edecrin	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Soltamox		< 2 Years > 2 Years	Declined Approved	
Somatuline Depot		< 2 Years > 2 Years	Declined Approved	
Sonidegib; Sonidegib Phosphate		< 2 Years > 2 Years	Declined Approved	
Sorafenib		< 2 Years > 2 Years	Declined Approved	
Sotorasib		< 2 Years > 2 Years	Declined Approved	
Spirolactone	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Sprycel		< 2 Years > 2 Years	Declined Approved	
Streptase		< 2 Years > 2 Years	Declined Approved	
Streptokinase		< 2 Years > 2 Years	Declined Approved	
Streptozocin		< 2 Years > 2 Years	Declined Approved	
Strontium-89		< 2 Years > 2 Years	Declined Approved	
Sublimaze	Cancer Pain **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Subsys		< 2 Years > 2 Years	Declined Approved	
Sunitinib		< 2 Years > 2 Years	Declined Approved	
Sutent		< 2 Years > 2 Years	Declined Approved	
Sylatron		< 2 Years > 2 Years	Declined Approved	
Syndros	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Tabloid		< 2 Years > 2 Years	Declined Approved	

Prescription List for PRIMETERM to 100

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

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

Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Tabrecta		< 2 Years > 2 Years	Declined Approved	
Tacrine Hydrochloride		< 2 Years > 2 Years	Declined Approved	
Tacrolimus		< 2 Years > 2 Years	Declined Approved	
Tafamidis; Tafamidis Meglumine		< 2 Years > 2 Years	Declined Approved	
Tafasitamab		< 2 Years > 2 Years	Declined Approved	
Tafinlar		< 2 Years > 2 Years	Declined Approved	
Tagraxofusp-erzs Injection		< 2 Years > 2 Years	Declined Approved	
Tagrisso		< 2 Years > 2 Years	Declined Approved	
Talazoparib		< 2 Years > 2 Years	Declined Approved	
Talimogene Laherparepvec		< 2 Years > 2 Years	Declined Approved	
Talzenna		< 2 Years > 2 Years	Declined Approved	
Tamoxifen; Tamoxifen Citrate		< 2 Years > 2 Years	Declined Approved	
Tarceva		< 2 Years > 2 Years	Declined Approved	
Targretin		< 2 Years > 2 Years	Declined Approved	
Tasigna		< 2 Years > 2 Years	Declined Approved	
Taxol		< 2 Years > 2 Years	Declined Approved	
Taxotere		< 2 Years > 2 Years	Declined Approved	
Tazemetostat		< 2 Years > 2 Years	Declined Approved	
Tazverik		< 2 Years > 2 Years	Declined Approved	
Tebentafusp-tebn		< 2 Years > 2 Years	Declined Approved	
Tecartus		< 2 Years > 2 Years	Declined Approved	
Tecentriq		< 2 Years > 2 Years	Declined Approved	
Telmisartan		< 2 Years > 2 Years	Declined Approved	
Telotristat Ethyl		< 2 Years > 2 Years	Declined Approved	
Temodar		< 2 Years > 2 Years	Declined Approved	
Temozolomide		< 2 Years > 2 Years	Declined Approved	
Temsirolimus		< 2 Years > 2 Years	Declined Approved	
Tenecteplase		< 2 Years > 2 Years	Declined Approved	
Teniposide		< 2 Years > 2 Years	Declined Approved	
Tepadina		< 2 Years > 2 Years	Declined Approved	
Tepmetko		< 2 Years > 2 Years	Declined Approved	
Tepotinib		< 2 Years > 2 Years	Declined Approved	
Teslac		< 2 Years > 2 Years	Declined Approved	
Testolactone		< 2 Years > 2 Years	Declined Approved	

Prescription List for PRIMETERM to 100

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

Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Thalitone	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Theracys		< 2 Years > 2 Years	Declined Approved	
Thioplex		< 2 Years > 2 Years	Declined Approved	
Thioquanine		< 2 Years > 2 Years	Declined Approved	
Thiotepa		< 2 Years > 2 Years	Declined Approved	
Thymoglobulin		< 2 Years > 2 Years	Declined Approved	
Tibsovo		< 2 Years > 2 Years	Declined Approved	
Ticagrelor		< 2 Years > 2 Years	Declined Approved	
Tice BCG		< 2 Years > 2 Years	Declined Approved	
Ticlid		< 2 Years > 2 Years	Declined Approved	
Ticlopidine HCL		< 2 Years > 2 Years	Declined Approved	
Tiglutik		< 2 Years > 2 Years	Declined Approved	
Tipiracil & Trifluridine		< 2 Years > 2 Years	Declined Approved	
Tirofiban		< 2 Years > 2 Years	Declined Approved	
Tisotumab Vedotin-tftv		< 2 Years > 2 Years	Declined Approved	
Tivdak		< 2 Years > 2 Years	Declined Approved	
Tivozanib		< 2 Years > 2 Years	Declined Approved	
TNKASE		< 2 Years > 2 Years	Declined Approved	
Toposar		< 2 Years > 2 Years	Declined Approved	
Topotecan HCL		< 2 Years > 2 Years	Declined Approved	
Toprol XL	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Toremifene		< 2 Years > 2 Years	Declined Approved	
Torisel		< 2 Years > 2 Years	Declined Approved	
Torse mide	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Tositumomab		< 2 Years > 2 Years	Declined Approved	
Totect		< 2 Years > 2 Years	Declined Approved	
Trabectedin		< 2 Years > 2 Years	Declined Approved	
Trametinib		< 2 Years > 2 Years	Declined Approved	
Trandolapril	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Treanda		< 2 Years > 2 Years	Declined Approved	
Trelstar		< 2 Years > 2 Years	Declined Approved	

Prescription List for PRIMETERM to 100

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Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Tretinoin		< 2 Years > 2 Years	Declined Approved	
Trexall	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Triamterene; Triamterene HCTZ	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Trifluridine & Tipiracil Hydrochloride		< 2 Years > 2 Years	Declined Approved	
Trilaciclib		< 2 Years > 2 Years	Declined Approved	
Trisenox		< 2 Years > 2 Years	Declined Approved	
Trodelyv		< 2 Years > 2 Years	Declined Approved	
Truseltiq		< 2 Years > 2 Years	Declined Approved	
Truxima		< 2 Years > 2 Years	Declined Approved	
Tucatinib		< 2 Years > 2 Years	Declined Approved	
Tukysa		< 2 Years > 2 Years	Declined Approved	
Tykerb		< 2 Years > 2 Years	Declined Approved	
Udenyca		< 2 Years > 2 Years	Declined Approved	
Ukoniq		< 2 Years > 2 Years	Declined Approved	
Umbralisib		< 2 Years > 2 Years	Declined Approved	
Unituxin		< 2 Years > 2 Years	Declined Approved	
Univasc	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Uridine Triacetate		< 2 Years > 2 Years	Declined Approved	
Uromitexan		< 2 Years > 2 Years	Declined Approved	
Uvadex		< 2 Years > 2 Years	Declined Approved	
Valchlor		< 2 Years > 2 Years	Declined Approved	
Valcyte	Organ Transplant **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Valganciclovir	Organ Transplant **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Valrubicin		< 2 Years > 2 Years	Declined Approved	
Valsartan	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Valstar		< 2 Years > 2 Years	Declined Approved	
Vandetanib		< 2 Years > 2 Years	Declined Approved	
Vantas		< 2 Years > 2 Years	Declined Approved	
Varubi		< 2 Years > 2 Years	Declined Approved	
Vasotec	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Vectibix		< 2 Years > 2 Years	Declined Approved	
Velban		< 2 Years > 2 Years	Declined Approved	
Velcade		< 2 Years > 2 Years	Declined Approved	
Vemurafenib		< 2 Years > 2 Years	Declined Approved	

Prescription List for PRIMETERM to 100

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Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Venclexta		< 2 Years > 2 Years	Declined Approved	
Venetoclax		< 2 Years > 2 Years	Declined Approved	
Venoglobulin-S		< 2 Years > 2 Years	Declined Approved	
Vepesid		< 2 Years > 2 Years	Declined Approved	
Vericiguat		< 2 Years > 2 Years	Declined Approved	
Verquvo		< 2 Years > 2 Years	Declined Approved	
Verzenio		< 2 Years > 2 Years	Declined Approved	
Vesanoid		< 2 Years > 2 Years	Declined Approved	
Viadur		< 2 Years > 2 Years	Declined Approved	
Vidaza		< 2 Years > 2 Years	Declined Approved	
Vinblastine Sulfate		< 2 Years > 2 Years	Declined Approved	
Vincasar PFS		< 2 Years > 2 Years	Declined Approved	
Vincristine Sulfate		< 2 Years > 2 Years	Declined Approved	
Vinorelbine Tartrate		< 2 Years > 2 Years	Declined Approved	
Vismodegib		< 2 Years > 2 Years	Declined Approved	
Vistogard		< 2 Years > 2 Years	Declined Approved	
Vitrakvi		< 2 Years > 2 Years	Declined Approved	
Vizimpro		< 2 Years > 2 Years	Declined Approved	
Vorinostat		< 2 Years > 2 Years	Declined Approved	
Votrient		< 2 Years > 2 Years	Declined Approved	
Vumon		< 2 Years > 2 Years	Declined Approved	
Vyndamax		< 2 Years > 2 Years	Declined Approved	
Vyndaquel		< 2 Years > 2 Years	Declined Approved	
Vyxeos		< 2 Years > 2 Years	Declined Approved	
Warfarin; Warfarin Sodium	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Welireg		< 2 Years > 2 Years	Declined Approved	
Xalkori		< 2 Years > 2 Years	Declined Approved	
Xatmep	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Xeloda		< 2 Years > 2 Years	Declined Approved	
Xermelo		< 2 Years > 2 Years	Declined Approved	
Xgeva		< 2 Years > 2 Years	Declined Approved	
Xofigo		< 2 Years > 2 Years	Declined Approved	
Xospata		< 2 Years > 2 Years	Declined Approved	

Prescription List for PRIMETERM to 100

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Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Xpovio		< 2 Years > 2 Years	Declined Approved	
Xtandi		< 2 Years > 2 Years	Declined Approved	
Yervoy		< 2 Years > 2 Years	Declined Approved	
Yescarta		< 2 Years > 2 Years	Declined Approved	
Yondelis		< 2 Years > 2 Years	Declined Approved	
Yonsa		< 2 Years > 2 Years	Declined Approved	
Yosprala		< 2 Years > 2 Years	Declined Approved	
Zaltrap		< 2 Years > 2 Years	Declined Approved	
Zanosar		< 2 Years > 2 Years	Declined Approved	
Zanubrutinib		< 2 Years > 2 Years	Declined Approved	
Zaroxolyn	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Zarxio		< 2 Years > 2 Years	Declined Approved	
Zebeta		< 2 Years > 2 Years	Declined Approved	
Zelboraf		< 2 Years > 2 Years	Declined Approved	
Zenapax		< 2 Years > 2 Years	Declined Approved	
Zepzelca		< 2 Years > 2 Years	Declined Approved	
Zestril	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Zevalin		< 2 Years > 2 Years	Declined Approved	
Ziextenzo		< 2 Years > 2 Years	Declined Approved	
Zinecard		< 2 Years > 2 Years	Declined Approved	
Zirabev		< 2 Years > 2 Years	Declined Approved	
Ziv-Afibercept		< 2 Years > 2 Years	Declined Approved	
Zofran; Zofran ODT	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Zoladex	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Zolinza		< 2 Years > 2 Years	Declined Approved	
Zometa		< 2 Years > 2 Years	Declined Approved	
Zortress		< 2 Years > 2 Years	Declined Approved	
Zuplenz	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Zydelig		< 2 Years > 2 Years	Declined Approved	
Zykadia		< 2 Years > 2 Years	Declined Approved	
Zynlonta		< 2 Years > 2 Years	Declined Approved	
Zytiga		< 2 Years > 2 Years	Declined Approved	

A close-up photograph of a person sleeping peacefully in a white rope hammock. The person's face is in profile, resting against the fabric of the hammock. The background is softly blurred, showing what appears to be an outdoor setting with trees and foliage. The lighting is natural, suggesting a sunny day.

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