

# PrimeTerm to 100<sup>SM</sup> 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 100<sup>SM</sup> 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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#### **New Business**

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### **Agent Portal**

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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	Declined	
Abdrellx		> 2 Years < 2 Years	Approved Declined	
Abciximab		> 2 Years	Approved	
Abecma		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Abemaciclib		> 2 Years	Approved	
Abiraterone		< 2 Years > 2 Years	Declined Approved	
A b it was to	Cancer	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be
Abitrexate	Other Use	> 2 Years	Approved	APPROVED
Abraxane		< 2 Years > 2 Years	Declined Approved	
Abstral		< 2 Years	Declined	
Abstrui		> 2 Years < 2 Years	Approved Declined	
Acalabrutinib		< 2 Years	Approved	
Accupril	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - <b>**OTHER USE would be</b>
	**OTHER USE	> 2 Years < 2 Years	Approved Declined	APPROVED
Aceon		> 2 Years	Approved	
Acetyl L-Carnitine		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Actiq		> 2 Years	Approved	
Activase		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Adcetris		> 2 Years	Approved	
Adlarity		< 2 Years > 2 Years	Declined	
Adriamycin; Adriamycin PFS;		< 2 Years	Approved Declined	
Adriamycin RDF		> 2 Years	Approved	
Adrucil		< 2 Years > 2 Years	Declined Approved	
Aducanumab		< 2 Years	Declined	
Addeandinab		> 2 Years < 2 Years	Approved Declined	
Aduhelm		< 2 Years	Approved	
Afatinib; Afatinib Dimaleate		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Afinitor		> 2 Years	Approved	
Aggrastat		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Aggrenox		> 2 Years	Approved	
Akynzeo		< 2 Years > 2 Years	Declined Approved	
A   d= =4==; d=	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be
Aldactazide	**OTHER USE	> 2 Years	Approved	APPROVED
Aldactone	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Aldesleukin	o men osc	< 2 Years	Declined	
Alucsicukili		> 2 Years	Approved	
Alecensa		< 2 Years > 2 Years	Declined Approved	
Alectinib		< 2 Years	Declined	
	Cancer	> 2 Years < 2 Years	Approved Declined	Dual Use Drug - **OTHER USE would be
Alemtuzumab	**OTHER USE	< 2 Years	Approved	APPROVED
Alferon N		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Alimta		> 2 Years	Approved	
Aliqopa		< 2 Years	Declined	
· ··· 4040		> 2 Years	Approved	

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

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

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Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
BiDil		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Binimetinib		> 2 Years	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	Declined	
ыешер		> 2 Years < 2 Years	Approved Declined	
Bleomycin Sulfate		> 2 Years	Approved	
Blinatumomab		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Blincyto		> 2 Years	Approved	
Bortezomib		< 2 Years > 2 Years	Declined Approved	
Braftovi		< 2 Years	Declined	
Brattovi		> 2 Years	Approved	
Braftovi + Mektovi		< 2 Years > 2 Years	Declined Approved	
Brentuximab Vedotin		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Brexucabtagene Autoleucel		> 2 Years	Approved	
Breyanzi		< 2 Years	Declined	
D. S. M. M.		> 2 Years < 2 Years	Approved Declined	
Brigatinib		> 2 Years	Approved	
Brilinta		< 2 Years > 2 Years	Declined Approved	
Brukinsa		< 2 Years	Declined	
2. 4		> 2 Years < 2 Years	Approved Declined	
BuMel		> 2 Years	Approved	
Bumetanide	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be
	**OTHER USE Congestive Heart Failure (CHF)	> 2 Years < 2 Years	Approved Declined	APPROVED Dual Use Drug - **OTHER USE would be
Bumex	**OTHER USE	> 2 Years	Approved	APPROVED
Busulfan		< 2 Years > 2 Years	Declined Approved	
Busulfex		< 2 Years	Declined	
Busunex	Congestive Heart Failure (CHF)	> 2 Years < 2 Years	Approved Declined	Dual Use Drug - **OTHER USE would be
Bystolic	**OTHER USE	> 2 Years	Approved	APPROVED
Cabazitaxel		< 2 Years	Declined	
- • · ·		> 2 Years < 2 Years	Approved Declined	
Cabometyx		> 2 Years	Approved	
Cabozantinib		< 2 Years > 2 Years	Declined Approved	
Calaspargase pegol-mknl		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Calcium Folinate		> 2 Years	Approved	
Calquence		< 2 Years	Declined	
<u></u>		> 2 Years < 2 Years	Approved Declined	
Camcevi		> 2 Years	Approved	
Campath	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Camptosar		< 2 Years	Declined	
Camptosa		> 2 Years < 2 Years	Approved Declined	
Camzyos		< 2 Years	Approved	

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Coverage	may be denied. Please email the	e Home Offic	ce with any q Benefit Eligibility - SBLI/SUSA	Comments
	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would b
Candesartan; Candesartan Cilexetil	**OTHER USE	> 2 Years	Approved	APPROVED
Capecitabine		< 2 Years > 2 Years	Declined Approved	
Capmatinib		< 2 Years	Declined	
capinating	Congestive Heart Failure (CHF)	> 2 Years < 2 Years	Approved Declined	Dual Use Drug - **OTHER USE would b
Capoten	**OTHER USE	> 2 Years	Approved	APPROVED
Caprelsa		< 2 Years	Declined	
	Congestive Heart Failure (CHF)	> 2 Years < 2 Years	Approved Declined	Dual Use Drug - **OTHER USE would b
Captopril	**OTHER USE	> 2 Years	Approved	APPROVED
Carboplatin		< 2 Years > 2 Years	Declined Approved	
Cardioplegic		< 2 Years	Declined	
Carimune;		> 2 Years < 2 Years	Approved Declined	
Carimune; Carimune Nanofiltered		< 2 Years > 2 Years	Approved	
Carmustine		< 2 Years	Declined	
	Congestive Heart Failure (CHF)	> 2 Years < 2 Years	Approved Declined	Dual Use Drug - **OTHER USE would b
Carospir	**OTHER USE	> 2 Years	Approved	APPROVED
Carvedilol	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would b
	**OTHER USE	> 2 Years < 2 Years	Approved Declined	APPROVED
Casodex		> 2 Years	Approved	
Catapres	Cancer Pain **OTHER USE	< 2 Years > 2 Years	Declined	Dual Use Drug - **OTHER USE would L APPROVED
	OTHER USE	< 2 Years	Approved Declined	APPROVED
Cathflo Activase		> 2 Years	Approved	
Ceenu		< 2 Years > 2 Years	Declined Approved	
Collegent		< 2 Years	Declined	
Cellcept		> 2 Years	Approved	
Cemiplimab-rwlc		< 2 Years > 2 Years	Declined Approved	
Cerianna Injection		< 2 Years	Declined	
Centainia injection		> 2 Years < 2 Years	Approved Declined	
Ceritinib		> 2 Years	Approved	
Cerubidine		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Cesamet		> 2 Years	Approved	
Cetuximab		< 2 Years	Declined	
Chloromhuril		> 2 Years < 2 Years	Approved Declined	
Chlorambucil		> 2 Years	Approved	
Chlorothiazide	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would I APPROVED
Chlorthalidone	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would b
	**OTHER USE	> 2 Years < 2 Years	Approved Declined	APPROVED
Cinvanti		< 2 Years	Approved	
CIS-DDP		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Cisplatin		> 2 Years	Approved	
Cladribine		< 2 Years	Declined Approved	
Clafenshine		> 2 Years < 2 Years	Approved Declined	
Clofarabine		> 2 Years	Approved	
Clolar		< 2 Years > 2 Years	Declined Approved	
Clopidogrel		< 2 Years	Declined	
Ciopidogrei		> 2 Years	Approved	
Cobimetinib		< 2 Years > 2 Years	Declined Approved	

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Cognex		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Cometriq		> 2 Years	Approved	
Copanlisib		< 2 Years	Declined	
copumbib		> 2 Years	Approved	
Copiktra		< 2 Years > 2 Years	Declined Approved	
		< 2 Years	Declined	
Copper CU 64 Doctatate		> 2 Years	Approved	
Coreg; Coreg CR	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be
	**OTHER USE	> 2 Years < 2 Years	Approved Declined	APPROVED
Corianor		> 2 Years	Approved	
Cosela		< 2 Years	Declined	
		> 2 Years	Approved	
Cosmegen		< 2 Years > 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Cotellic		> 2 Years	Approved	
	Heart Attack (Myocardial Infarction),			
	Heart Surgery, Cardiomyopathy,	< 2 Years	Declined	Dual Use Drug - <b>**OTHER USE would be</b>
Coumaudin	Congestive Heart Failure (CHF), Stroke **OTHER USE	> 2 Years	Approved	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	Declined	
Ch2othib		> 2 Years	Approved	
Cyclophosphamide		< 2 Years > 2 Years	Declined Approved	
Cyclosporine		< 2 Years > 2 Years	Declined Approved	
Cyclosporine Modified		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Cyfos		> 2 Years	Approved	
Cytalux		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Cytarabine		< 2 Years	Approved	
C to so a		< 2 Years	Declined	
Cytogam		> 2 Years	Approved	
Cytomegalovirus Immune Glob		< 2 Years	Declined	
, 0		> 2 Years < 2 Years	Approved Declined	
Cytosar-U		> 2 Years	Approved	
Cytovene	Organ Transplant	< 2 Years	Declined	Dual Use Drug - <b>**OTHER USE would be</b>
Cytovene	**OTHER USE	> 2 Years	Approved	APPROVED
Cytoxan		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Dabrafenib		> 2 Years	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	Declined	
Dalteparin	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke **OTHER USE	> 2 Years < 2 Years > 2 Years	Approved Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED

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Danyelza		< 2 Years	Declined	
Duriyeizu	Cancer	> 2 Years < 2 Years	Approved Declined	Dual Use Drug - **OTHER USE would b
Darbepoetin Alfa	**OTHER USE	> 2 Years	Approved	APPROVED
Darolutamide		< 2 Years	Declined	
Darolatamide		> 2 Years	Approved	
Dasatinib		< 2 Years > 2 Years	Declined Approved	
Daunorubicin; Daunorubicin HCL;		< 2 Years	Declined	
Daunorubicin Liposomal		> 2 Years	Approved	
Daunoxome		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Daurismo		> 2 Years	Approved	
Decitabine		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Defibrotide; Defibrotide Sodium		< 2 Years	Approved	
Defitelio		< 2 Years	Declined	
Demeilo		> 2 Years	Approved	
Degarelix, Degarelix Acetate		< 2 Years > 2 Years	Declined Approved	
	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would b
Demadex	**OTHER USE	> 2 Years	Approved	APPROVED
Denileukin Diftitox		< 2 Years	Declined	
	Cancer	> 2 Years < 2 Years	Approved Declined	Dual Use Drug - **OTHER USE would b
Denosumab	**OTHER USE	> 2 Years	Approved	APPROVED
Depocyt		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Depo-Provera		> 2 Years	Approved	
Detectnet		< 2 Years	Declined	
Detectinet		> 2 Years	Approved	
Dexrazoxane		< 2 Years > 2 Years	Declined Approved	
Disitalia	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would b
Digitalis	**OTHER USE	> 2 Years	Approved	APPROVED
Digitek	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would b
-	**OTHER USE Congestive Heart Failure (CHF)	> 2 Years < 2 Years	Approved Declined	APPROVED Dual Use Drug - **OTHER USE would L
Digitoxin	**OTHER USE	> 2 Years	Approved	APPROVED
Digoxin	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would I
0	**OTHER USE	> 2 Years < 2 Years	Approved Declined	APPROVED
Dilatrate SR		< 2 Years	Approved	
Dinutuximab		< 2 Years	Declined	
	Congostivo Heart Failure (CUE)	> 2 Years	Approved	
Diovan	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would L APPROVED
Dipyridamole		< 2 Years	Declined	
ырупцаное		> 2 Years	Approved	
Diucardin	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would L APPROVED
	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would b
Diuril	**OTHER USE	> 2 Years	Approved	APPROVED
Dobutamine HCL;	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would b
Dobutamine HCL/D5W; Dobutamine-Dextrose	**OTHER USE	> 2 Years	Approved	APPROVED
	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would b
Dobutrex	**OTHER USE	> 2 Years	Approved	APPROVED
Docefrez		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Docetaxel		> 2 Years	Approved	
Dolasetron		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Donepezil; Donepezil Hydrochloride		< 2 Years > 2 Years	Approved	

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Dopamine		< 2 Years	Declined	
· ·		> 2 Years < 2 Years	Approved Declined	
Dostarlimab-gxly		> 2 Years	Approved	
Doxil		< 2 Years > 2 Years	Declined Approved	
Doxorubicin HCL;		< 2 Years	Declined	
Doxorubicin Liposomal	Cancer	> 2 Years < 2 Years	Approved Declined	Dual Use Drug - **OTHER USE would be
Dronabinol	**OTHER USE	> 2 Years	Approved	APPROVED
Droxia	Cancer	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be
	**OTHER USE	> 2 Years < 2 Years	Approved Declined	APPROVED
DTIC-Dome		> 2 Years	Approved	
Duraclon	Cancer Pain **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Durvalumab		< 2 Years	Declined	7.0.0025
		> 2 Years < 2 Years	Approved Declined	
Duvelisib		> 2 Years	Approved	
Dyrenium	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be
· ·	**OTHER USE	> 2 Years < 2 Years	Approved Declined	APPROVED
Edaravone		> 2 Years	Approved	
Edecrin	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Effient	Offickosc	< 2 Years	Declined	AFFROVED
Ement		> 2 Years	Approved	
Eligard		< 2 Years > 2 Years	Declined Approved	
Elitek		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Ellence		> 2 Years	Approved	
Eloxatin		< 2 Years > 2 Years	Declined Approved	
Flanar		< 2 Years	Declined	
Elspar		> 2 Years	Approved	
Elzonris		< 2 Years > 2 Years	Declined Approved	
Emcyt		< 2 Years	Declined	
-		> 2 Years < 2 Years	Approved Declined	
Emend		> 2 Years	Approved	
Enalapril	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be
Enalapril Maleate	**OTHER USE Congestive Heart Failure (CHF)	> 2 Years < 2 Years	Approved Declined	APPROVED Dual Use Drug - **OTHER USE would be
Enalaprilat	**OTHER USE	> 2 Years	Approved	APPROVED
Enasidenib; Enasidenib Mesylate		< 2 Years > 2 Years	Declined Approved	
Encorafenib; Encorafenib + Binimetinib		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Enfortumab Vedotin-ejfv		> 2 Years	Approved	
Enhertu		< 2 Years	Declined	
Free stands for th		> 2 Years < 2 Years	Approved Declined	
Enoxaparin Sodium		> 2 Years	Approved	
Entrectinib		< 2 Years > 2 Years	Declined Approved	
Entresto		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Enzalutamide		> 2 Years	Approved	
Epaned	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be
	**OTHER USE	> 2 Years < 2 Years	Approved Declined	APPROVED
Epirubicin		> 2 Years	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.					
		1st Rx Fill	Benefit Eligibility -		
Medication	Indication	Within	SBLI/SUSA	Comments	
Eplerenone	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be	
·	**OTHER USE	> 2 Years < 2 Years	Approved Declined	APPROVED	
Eptifibatide		> 2 Years	Approved		
Erbitux		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Erdafitinib		> 2 Years	Approved		
Ergamisol		< 2 Years	Declined		
Ligamisor		> 2 Years	Approved		
Ergoloid Mesylates		< 2 Years > 2 Years	Declined Approved		
		< 2 Years	Declined		
Eribulin		> 2 Years	Approved		
Erivedge		< 2 Years	Declined		
-		> 2 Years < 2 Years	Approved Declined		
Erleada		> 2 Years	Approved		
Erlotinib		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Erwinaze		< 2 Years	Approved		
Feideiv	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - <b>**OTHER USE would be</b>	
Esidrix	**OTHER USE	> 2 Years	Approved	APPROVED	
Estramustine;		< 2 Years	Declined		
Estramustine Phosphate	Congestive Heart Failure (CHF)	> 2 Years < 2 Years	Approved Declined	Dual Use Drug - **OTHER USE would be	
Ethacrynate Sodium	**OTHER USE	> 2 Years	Approved	APPROVED	
Ethyol		< 2 Years	Declined		
- )-		> 2 Years < 2 Years	Approved Declined		
Etopophos		> 2 Years	Approved		
Etoposide		< 2 Years	Declined		
Lioposide		> 2 Years	Approved		
Eulexin		< 2 Years > 2 Years	Declined Approved		
Everolimus (afinitor)		< 2 Years	Declined		
Everonnus (annitor)		> 2 Years	Approved		
Everolimus (zortress)		< 2 Years	Declined Approved		
		> 2 Years < 2 Years	Declined		
Evomela		> 2 Years	Approved		
Exelon		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Exemestane		> 2 Years	Approved		
Exkivity		< 2 Years	Declined		
,		> 2 Years < 2 Years	Approved Declined		
Exservan		> 2 Years	Approved		
Fam-Trastuzumab Deruxtecan-nxki		< 2 Years	Declined		
		> 2 Years	Approved		
Fareston		< 2 Years > 2 Years	Declined Approved		
Formelal		< 2 Years	Declined		
Farydak		> 2 Years	Approved		
Faslodex		< 2 Years > 2 Years	Declined Approved		
		< 2 Years	Declined		
Femara		> 2 Years	Approved		
Fentanyl Citrate		< 2 Years	Declined		
·		> 2 Years < 2 Years	Approved Declined		
Fentanyl Sublingual Spray		> 2 Years	Approved		
Fentora		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Filgrastim; Filgrastim-aafi		< 2 Years > 2 Years	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	Declined	
-		> 2 Years < 2 Years	Approved Declined	
Firmagon		> 2 Years	Approved	
Flebogamma; Flebogamma DIF		< 2 Years > 2 Years	Declined Approved	
Flauncidina		< 2 Years	Declined	
Floxuridine		> 2 Years	Approved	
Fludara		< 2 Years > 2 Years	Declined Approved	
		< 2 Years	Declined	
Fludarabine Phosphate		> 2 Years	Approved	
Fluoroestradiol f 18		< 2 Years > 2 Years	Declined Approved	
Eluorouracil		< 2 Years	Declined	
Fluorouracil		> 2 Years	Approved	
Fluoxymesterone		< 2 Years > 2 Years	Declined Approved	
Flutamide		< 2 Years	Declined	
Flutamide		> 2 Years	Approved	
Folotyn		< 2 Years > 2 Years	Declined Approved	
<b>5</b>		< 2 Years	Declined	
Fosaprepitant		> 2 Years	Approved	
Fosinopril Sodium	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
		< 2 Years	Declined	APPROVED
Fotivda		> 2 Years	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	Declined	
		> 2 Years < 2 Years	Approved Declined	
Fulphila		> 2 Years	Approved	
Fulvestrant		< 2 Years	Declined	
	Congestive Heart Failure (CHF)	> 2 Years < 2 Years	Approved Declined	Dual Use Drug - **OTHER USE would be
Furosemide	**OTHER USE	> 2 Years	Approved	APPROVED
Fusilev		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Fyarro		> 2 Years	Approved	
Galantamine;		< 2 Years	Declined	
Galantamine Hydrobromide Gallium; Gallium Nitrate; Gallium ga 69		> 2 Years < 2 Years	Approved Declined	
dotatate; Gallium Citrate Ga 67		> 2 Years	Approved	
Gamimune, Gammagard, Gammaplex,		< 2 Years	Declined	
Gamunex		> 2 Years < 2 Years	Approved Declined	
Gammar-P		> 2 Years	Approved	
Ganciclovir	Organ Transplant	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be
	**OTHER USE	> 2 Years < 2 Years	Approved Declined	APPROVED
Ganite		> 2 Years	Approved	
Gavreto		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Gazyva		> 2 Years	Approved	
Gefitinib		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Gemcitabine; Gemcitabine HCL		> 2 Years	Approved	
Gemtuzumab		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Gemzar		> 2 Years	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.					
Covera	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments	
Gengraf		< 2 Years	Declined		
-		> 2 Years < 2 Years	Approved Declined		
Gilotrif		> 2 Years	Approved		
Gilteritinib		< 2 Years > 2 Years	Declined Approved		
Glasdegib		< 2 Years	Declined		
-		> 2 Years < 2 Years	Approved Declined		
Gleevec		> 2 Years	Approved		
Gliadel Wafer		< 2 Years > 2 Years	Declined Approved		
Goserelin	Cancer	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be	
Göserenn	**OTHER USE	> 2 Years < 2 Years	Approved Declined	APPROVED	
Granisetron		> 2 Years	Approved		
Halaven		< 2 Years	Declined Approved		
Halotestin		> 2 Years < 2 Years	Approved Declined		
naiotestin		> 2 Years	Approved Declined		
Herceptin		< 2 Years > 2 Years	Approved		
Hexalen		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Histrelin		> 2 Years	Approved		
Hycamtin		< 2 Years > 2 Years	Declined Approved		
Hydergine		< 2 Years	Declined		
Trydergine	Congestive Heart Failure (CHF)	> 2 Years < 2 Years	Approved Declined	Dual Use Drug - **OTHER USE would be	
Hydralazine HCL	**OTHER USE	> 2 Years	Approved	APPROVED	
Hydrea		< 2 Years	Declined		
U. dos oblavathiacida	Congestive Heart Failure (CHF)	> 2 Years < 2 Years	Approved Declined	Dual Use Drug - **OTHER USE would be	
Hydrochlorothiazide	**OTHER USE	> 2 Years	Approved	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)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be	
·	**OTHER USE	> 2 Years < 2 Years	Approved Declined	APPROVED	
Hydroxyurea		> 2 Years	Approved		
Hygroton	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED	
Ibrance	OTHEROSE	< 2 Years	Declined	ATTIONED	
		> 2 Years < 2 Years	Approved Declined		
Ibritumomab		> 2 Years	Approved		
Ibrutinib		< 2 Years	Declined		
Idomusia DEC		> 2 Years < 2 Years	Approved Declined		
Idamycin PFS		> 2 Years	Approved		
Idarubicin; Idarubicin HCL		< 2 Years > 2 Years	Declined Approved		
Idecabtagene Vicleucel		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Idelalisib		> 2 Years	Approved		
Idhifa		< 2 Years > 2 Years	Declined Approved		
Ifex		< 2 Years	Declined		
Iflex Mesnex Combo Pack Ifosfamide;		> 2 Years < 2 Years	Approved Declined		
Ifosfamide-Mesna		< 2 Years > 2 Years	Approved		
Illuccix		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Imatinib Mesylate		> 2 Years	Approved		

If a medication is	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	Declined		
		> 2 Years < 2 Years	Approved Declined		
Imfinzi		> 2 Years	Approved		
Imlygic		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Immune Globulin		> 2 Years	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)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be	
manninone	**OTHER USE Congestive Heart Failure (CHF)	> 2 Years < 2 Years	Approved Declined	APPROVED Dual Use Drug - **OTHER USE would be	
Indapamide	**OTHER USE	< 2 Years	Approved	APPROVED	
Infigratinib		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Inotuzumab Ozogamicin		> 2 Years	Approved		
Inqovi		< 2 Years	Declined		
	Congestive Heart Failure (CHF)	> 2 Years < 2 Years	Approved Declined	Dual Use Drug - **OTHER USE would be	
Inspra	**OTHER USE	> 2 Years	Approved	APPROVED	
Integrilin		< 2 Years	Declined		
-	Cancer	> 2 Years < 2 Years	Approved Declined	Dual Use Drug - <b>**OTHER USE</b> would be	
Interferon Alfa-2b	**OTHER USE	> 2 Years	Approved	APPROVED	
Intron A	Cancer	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be	
	**OTHER USE	> 2 Years < 2 Years	Approved Declined	APPROVED	
lobenguane I 131		> 2 Years	Approved		
Iressa		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Irinotecan		> 2 Years	Approved		
Isatuximab-irfc		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Isordil		> 2 Years	Approved		
Istodax		< 2 Years > 2 Years	Declined Approved		
h an altan a		< 2 Years	Declined		
Ivarbradine		> 2 Years	Approved		
Iveegam EN		< 2 Years > 2 Years	Declined Approved		
IVIG		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Ivosidenib		< 2 Years > 2 Years	Approved		
Ixabepilone		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Ixempra		> 2 Years	Approved		
Jakafi		< 2 Years	Declined		
		> 2 Years	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	Declined		
		> 2 Years < 2 Years	Approved Declined		
Jemperli		< 2 Years	Approved		
Jevtana		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Kepivance		> 2 Years	Approved		
Kimmtrak		< 2 Years	Declined		
		> 2 Years	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	Declined	
		> 2 Years < 2 Years	Approved Declined	
Kytril		> 2 Years	Approved	
Lanoxin; Lanoxicaps	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be
	**OTHER USE	> 2 Years < 2 Years	Approved Declined	APPROVED
Lanreotide; Lanreotide Acetate		> 2 Years	Approved	
Lapatinib		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Larotrectinib		> 2 Years	Approved	
Lasix	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be APPROVED
	Cancer	> 2 Years < 2 Years	Approved Declined	Dual Use Drug - **OTHER USE would be
Lemtrada	**OTHER USE	> 2 Years	Approved	APPROVED
Lenalidomide		< 2 Years > 2 Years	Declined	
		< 2 Years	Approved Declined	
Lenvatinib; Lenvatinib Mesylate		> 2 Years	Approved	
Lenvima		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Letrozole		> 2 Years	Approved	
Leucovorin Calcium		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Leukeran		> 2 Years	Approved	
Leukine		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Leuprolide Acetate Implant		> 2 Years	Approved	
Leuprolide; Leuprolide Mesylate		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Leustatin		> 2 Years	Approved	
Levamisole HCL		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Libtayo		> 2 Years	Approved	
Lipodox		< 2 Years	Declined	
-,	Congestive Heart Failure (CHF)	> 2 Years < 2 Years	Approved Declined	Dual Use Drug - **OTHER USE would be
Lisinopril	**OTHER USE	> 2 Years	Approved	APPROVED
Lisocabtagene Maraleucel		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Locametz		> 2 Years	Approved	
Lomustine		< 2 Years	Declined	
2035tine		> 2 Years < 2 Years	Approved Declined	
Loncastuximab		< 2 Years	Approved	
Lonsurf		< 2 Years	Declined	
	Congestive Heart Failure (CHF)	> 2 Years < 2 Years	Approved Declined	Dual Use Drug - **OTHER USE would be
Lopressor	**OTHER USE	> 2 Years	Approved	APPROVED
Lorbrena		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Lorlatinib		< 2 Years	Approved	
Losartan; Losartan Potassium	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be
	**OTHER USE	> 2 Years	Approved	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	Declined	
LOVENDA	Congestive Heart 5-1 (015)	> 2 Years	Approved	
Lozol	Congestive Heart Failure (CHF) **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	
Lumakras		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Lumoxiti		> 2 Years	Approved		
Lupron; Lupron Depot		< 2 Years > 2 Years	Declined Approved		
Lurbinectedin		< 2 Years	Declined		
Luibilietteuili		> 2 Years < 2 Years	Approved Declined		
Lutathera		> 2 Years	Approved		
Lutetium Lu 177 Dotatate		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Lutetium Lu 177 vipivotide tetraxetan		> 2 Years	Approved		
Lynparza		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Lysodren		> 2 Years	Approved		
Margenza		< 2 Years > 2 Years	Declined Approved		
Margetuximab-cmkb		< 2 Years	Declined		
	<b>2</b>	> 2 Years	Approved	>	
Marinol	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED	
Margibo	o menose	< 2 Years	Declined	ATTROVED	
ivial dibo		> 2 Years	Approved Declined		
Matulane		< 2 Years > 2 Years	Approved		
Mavacamten		< 2 Years	Declined		
		> 2 Years	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	Declined		
	Cancer	> 2 Years < 2 Years	Approved Declined	Dual Use Drug - **OTHER USE would be	
Megace	**OTHER USE	> 2 Years	Approved	APPROVED	
Megace ES	Cancer	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be	
	**OTHER USE Cancer	> 2 Years < 2 Years	Approved Declined	APPROVED Dual Use Drug - **OTHER USE would be	
Megestrol	**OTHER USE	> 2 Years	Approved	APPROVED	
Megestrol Acetate	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED	
Mekinist	OTTEROSE	< 2 Years	Declined	AFFNOVED	
Merihist		> 2 Years	Approved		
Mektovi		< 2 Years > 2 Years	Declined Approved		
Melphalan		< 2 Years	Declined		
Melphalan		> 2 Years	Approved		
Melphalan Flufenadmide		< 2 Years > 2 Years	Declined Approved		
Melphalan;		< 2 Years	Declined		
Melphalan Hydrochloride		> 2 Years	Approved		
Memantine, Memantine HCL		< 2 Years > 2 Years	Declined Approved		
Mercaptopurine		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Mesna		> 2 Years	Approved		
Mesnex		< 2 Years > 2 Years	Declined Approved		
Metastron		< 2 Years	Declined		
•••••	Cancer	> 2 Years < 2 Years	Approved Declined	Dual Use Drug - **OTHER USE would be	
Methotrexate	**OTHER USE	> 2 Years	Approved	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 **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
	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would b
Metolazone	**OTHER USE	> 2 Years	Approved	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 b APPROVED
Micardis		< 2 Years	Declined	
	Congestive Heart Failure (CHF)	> 2 Years < 2 Years	Approved Declined	Dual Use Drug - **OTHER USE would b
Microzide	**OTHER USE	> 2 Years	Approved	APPROVED
Midamor	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would b
	**OTHER USE	> 2 Years < 2 Years	Approved Declined	APPROVED
Midostaurin		> 2 Years	Approved	
Milrinone		< 2 Years	Declined	
		> 2 Years	Approved	
Mithracin		< 2 Years > 2 Years	Declined Approved	
<b>N</b> 414		< 2 Years	Declined	
Mitomycin		> 2 Years	Approved	
Mitotane		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Mitoxantrone HCL		> 2 Years	Approved	
Mobocertinib		< 2 Years	Declined	
		> 2 Years	Approved	
Moduretic	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would L APPROVED
	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would b
Moexipril	**OTHER USE	> 2 Years	Approved	APPROVED
Mogamulizumab-kpkc		< 2 Years	Declined	
·····6-·····		> 2 Years < 2 Years	Approved Declined	
Monjuvi		> 2 Years	Approved	
Mananril	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would I
Monopril	**OTHER USE	> 2 Years	Approved	APPROVED
Moxetumomab Pasudotox-tdfk		< 2 Years > 2 Years	Declined	
		< 2 Years	Approved Declined	
Mozobil		> 2 Years	Approved	
Muromonab-CD3		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Mustargen		< 2 Years > 2 Years	Approved	
Mutamycin		< 2 Years	Declined	
wittaniytii		> 2 Years	Approved	
Mvasi		< 2 Years > 2 Years	Declined Approved	
		> 2 Years < 2 Years	Declined	
Mycophenolate Mofetil		> 2 Years	Approved	
Myfortic		< 2 Years	Declined	
·		> 2 Years < 2 Years	Approved Declined	
Myleran		> 2 Years	Approved	
Mylocel		< 2 Years	Declined	
wylocel		> 2 Years	Approved	
Mylotarg		< 2 Years > 2 Years	Declined Approved	
		< 2 Years	Declined	
Nabilone		> 2 Years	Approved	
Namenda; Namenda XR;		< 2 Years	Declined	
Namenda Titration PAK		> 2 Years < 2 Years	Approved Declined	
Namzaric		< 2 Years	Approved	
Natrecor		< 2 Years	Declined	
iNatietor		> 2 Years	Approved	
Natulane		< 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
Navelbine		< 2 Years	Declined	
Havelonie		> 2 Years < 2 Years	Approved Declined	
Naxitamab-gqgk		> 2 Years	Approved	
Nebivolol	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be
	**OTHER USE	> 2 Years < 2 Years	Approved Declined	APPROVED
Necitumumab		> 2 Years	Approved	
Nelarabine		< 2 Years > 2 Years	Declined Approved	
Neoral		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Neosar		> 2 Years	Approved	
Neratinib; Neratinib Maleate		< 2 Years	Declined	
No. L. J.		> 2 Years < 2 Years	Approved Declined	
Nerlynx		> 2 Years	Approved	
Nesiritide		< 2 Years > 2 Years	Declined Approved	
Netspot		< 2 Years	Declined	
netopot		> 2 Years < 2 Years	Approved Declined	
Netupitant		> 2 Years	Approved	
Neulasta		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Neumega		> 2 Years	Approved	
Neupogen		< 2 Years > 2 Years	Declined Approved	
Nexavar		< 2 Years	Declined	
i cavai		> 2 Years < 2 Years	Approved Declined	
Nilandron		> 2 Years	Approved	
Nilutamide		< 2 Years	Declined	
<b>N</b> <sup>1</sup>		> 2 Years < 2 Years	Approved Declined	
Nipent		> 2 Years	Approved	
Nivestym		< 2 Years > 2 Years	Declined Approved	
Nivolumab		< 2 Years	Declined	
nivolanas		> 2 Years < 2 Years	Approved Declined	
Nolvadex		> 2 Years	Approved	
Novantrone		< 2 Years > 2 Years	Declined	
Nuberr		> 2 Years < 2 Years	Approved Declined	
Nubeqa		> 2 Years	Approved	
Nyvepria		< 2 Years > 2 Years	Declined Approved	
Obinutuzumab		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Octagam		> 2 Years	Approved	
Odomzo		< 2 Years > 2 Years	Declined Approved	
Ofatumumab		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Oforta		> 2 Years	Approved	
Olaparib		< 2 Years > 2 Years	Declined Approved	
Oncorpor		< 2 Years	Declined	
Oncaspar		> 2 Years	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 **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
Onsolis		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Ontak		> 2 Years	Approved	
Onureg		< 2 Years > 2 Years	Declined Approved	
Ormal		< 2 Years	Declined	
Onxol		> 2 Years	Approved	
Opdivo		< 2 Years > 2 Years	Declined Approved	
Opdualag		< 2 Years	Declined	
Opuualag		> 2 Years	Approved	
Orgovyx		< 2 Years > 2 Years	Declined Approved	
Orthoclone OKT3		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Osimertinib		< 2 Years	Approved	
Oxaliplatin		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Oxygen; Oxygen Equipment		< 2 Years > 2 Years	Approved	
Paclitaxel		< 2 Years	Declined	
Paciitaxei		> 2 Years	Approved	
Padcev		< 2 Years > 2 Years	Declined Approved	
Pafolacianine		< 2 Years	Declined	
Parolacianine		> 2 Years	Approved	
Palbociclib		< 2 Years > 2 Years	Declined Approved	
		< 2 Years	Declined	
Palonosetron; Palonosetron Hydrochloride		> 2 Years	Approved	
Pamidronate Disodium		< 2 Years > 2 Years	Declined Approved	
Develop the		< 2 Years	Declined	
Panglobulin		> 2 Years	Approved	
Panitumumab		< 2 Years > 2 Years	Declined Approved	
Development		< 2 Years	Declined	
Panobinostat		> 2 Years	Approved	
Paraplatin		< 2 Years > 2 Years	Declined Approved	
Deserverik		< 2 Years	Declined	
Pazopanib		> 2 Years	Approved	
Pegaspargase		< 2 Years > 2 Years	Declined	
Pegfilgrastim; Pegfilgrastim-apgf;			Approved	
Pegfilgrastim-bmez; Pegfilgrastim-cbqv		< 2 Years > 2 Years	Declined Approved	
Pegfilgrastim-jmdb		< 2 Years	Declined	
Pemazyre		> 2 Years	Approved	
Pemetrexed		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Pemigatinib		> 2 Years	Approved	
Pentostatin		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Pepaxto		< 2 Years	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	Declined	
		> 2 Years < 2 Years	Approved Declined	
Photofrin		> 2 Years	Approved	

Prescription List for PRIMETERM to 100 ** <i>This list is not all inclusive and drug ratings are subject to change</i> ** 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
Piflufolastat F18 Injection		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Piqray		> 2 Years	Approved	
Platinol AQ		< 2 Years > 2 Years	Declined Approved	
Plavix		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Plegisol		> 2 Years	Approved	
Plenaxis		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Plerixafor		> 2 Years	Approved	
Plicamycin		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Pluvicto		> 2 Years	Approved	
Polatuzumab Vedotin-PIIQ		< 2 Years > 2 Years	Declined Approved	
Doline		< 2 Years	Declined	
Polivy		> 2 Years	Approved	
Polycam S/D		< 2 Years > 2 Years	Declined Approved	
Pomalidomide		< 2 Years	Declined	
Fomalidonide		> 2 Years < 2 Years	Approved Declined	
Pomalyst		> 2 Years	Approved	
Porfimer		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Portrazza		> 2 Years	Approved	
Poteligeo		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Pralatrexate		> 2 Years	Approved	
Pralsetinib		< 2 Years > 2 Years	Declined Approved	
Descende		< 2 Years	Declined	
Prasugrel		> 2 Years	Approved	
Primacor		< 2 Years > 2 Years	Declined Approved	
Prinivil	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - <b>**OTHER USE would be</b>
	**OTHER USE	> 2 Years < 2 Years	Approved Declined	APPROVED
Privigen		< 2 Years	Approved	
Procarbazine		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Prograf		> 2 Years	Approved	
Proleukin		< 2 Years > 2 Years	Declined Approved	
Drolio	Cancer	2 Years < 2 Years	Declined	Dual Use Drug - **OTHER USE would be
Prolia	**OTHER USE	> 2 Years	Approved	APPROVED
Provenge		< 2 Years > 2 Years	Declined Approved	
Purinethol		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Purixan		> 2 Years	Approved	
Pylarify		< 2 Years	Declined	
· · ·		> 2 Years < 2 Years	Approved Declined	
Qinlock		> 2 Years	Approved	
Quadramet		< 2 Years > 2 Years	Declined Approved	
Quinenzil	Congestive Heart Failure (CHF)	< 2 Years	Approved Declined	Dual Use Drug - **OTHER USE would be
Quinapril	**OTHER USE	> 2 Years	Approved	APPROVED

If a medication is	Prescription List for PRI ist is not all inclusive and drug a not shown, but suggests treatment e may be denied. Please email the	<b>ratings are s</b> nt for a cond	subject to cl ition stated o	n the application,
Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Radicava		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Radium Ra 223 Dichloride		> 2 Years	Approved	
Ramipril	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Rapamune	OTHER USE	< 2 Years	Declined	AFFNOVED
Kapamune		> 2 Years < 2 Years	Approved Declined	
Rasburicase		< 2 Years	Approved	
Razadyne		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Relugolix		> 2 Years	Approved	
Reminyl		< 2 Years > 2 Years	Declined Approved	
Reopro		< 2 Years	Declined	
Reopro		> 2 Years < 2 Years	Approved Declined	
Retavase		> 2 Years	Approved	
Reteplase		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Retevmo		> 2 Years	Approved	
Revlimid		< 2 Years	Declined	
	Cancer	> 2 Years < 2 Years	Approved Declined	Dual Use Drug - **OTHER USE would be
Riabni	**OTHER USE	> 2 Years	Approved	APPROVED
Ribociclib		< 2 Years	Declined	
21.1.1		> 2 Years < 2 Years	Approved Declined	
Rilutek		> 2 Years	Approved	
Riluzole		< 2 Years > 2 Years	Declined Approved	
Ripretinib		< 2 Years	Declined	
Mpretimb	Cancer	> 2 Years < 2 Years	Approved Declined	Dual Use Drug - **OTHER USE would be
Rituxan	**OTHER USE	> 2 Years	Approved	APPROVED
Rituximab	Cancer	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be
	**OTHER USE	> 2 Years < 2 Years	Approved Declined	APPROVED
Rituximab-pvvr		> 2 Years	Approved	
Rivastigmine		< 2 Years > 2 Years	Declined Approved	
		< 2 Years	Declined	
Rolapitant Hydrochloride		> 2 Years	Approved	
Romidepsin		< 2 Years > 2 Years	Declined Approved	
Rozlytrek		< 2 Years	Declined	
·		> 2 Years < 2 Years	Approved Declined	
Rubex		> 2 Years	Approved	
Rubraca		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Rucaparib		> 2 Years	Approved	
Ruxolitinib		< 2 Years > 2 Years	Declined Approved	
Rybrevant		< 2 Years	Declined	
Nybrevanc		> 2 Years < 2 Years	Approved Declined	
Rydapt		< 2 Years	Approved	
Rylaze		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Sacituzumab Govitecan-hziy		> 2 Years	Approved	
Sacubitril/Valsartan		< 2 Years > 2 Years	Declined Approved	

	Prescription List for PRI	METERM to	100			
If a medication is	st is not all inclusive and drug in not shown, but suggests treatmen	nt for a condi	ition stated o	n the application,		
coverage may be denied. Please email the Home Office with any questions. Benefit Benefit						
		1st Rx Fill	Eligibility -			
Medication	Indication	Within	SBLI/SUSA	Comments		
Saluron	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined	Dual Use Drug - **OTHER USE would be APPROVED		
C	OTHER OSE	< 2 Years	Approved Declined	APPROVED		
Samarium SM 153 Lexidronam		> 2 Years	Approved			
Sancuso		< 2 Years > 2 Years	Declined Approved			
Sandimmune		< 2 Years	Declined			
Sandininune		> 2 Years < 2 Years	Approved Declined			
Sandoglobulin		< 2 Years	Approved			
Sandostatin		< 2 Years	Declined			
		> 2 Years < 2 Years	Approved Declined			
Sarclisa		> 2 Years	Approved			
Sargramostim		< 2 Years	Declined			
		> 2 Years < 2 Years	Approved Declined			
Scemblix		> 2 Years	Approved			
Selinexor		< 2 Years	Declined			
		> 2 Years < 2 Years	Approved Declined			
Selpercatinib		> 2 Years	Approved			
Simulect		< 2 Years	Declined			
		> 2 Years < 2 Years	Approved Declined			
Sipuleucel-T		> 2 Years	Approved			
Sirolimus		< 2 Years	Declined			
		> 2 Years < 2 Years	Approved Declined			
Soaanz		> 2 Years	Approved			
Sodium Edecrin	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be		
	**OTHER USE	> 2 Years < 2 Years	Approved Declined	APPROVED		
Soltamox		> 2 Years	Approved			
Somatuline Depot		< 2 Years	Declined			
		> 2 Years < 2 Years	Approved Declined			
Sonidegib; Sonidegib Phosphate		> 2 Years	Approved			
Sorafenib		< 2 Years	Declined			
		> 2 Years < 2 Years	Approved Declined			
Sotorasib		> 2 Years	Approved			
Spironolactone	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be		
	**OTHER USE	> 2 Years < 2 Years	Approved Declined	APPROVED		
Sprycel		> 2 Years	Approved			
Streptase		< 2 Years > 2 Years	Declined Approved			
		< 2 Years	Declined			
Streptokinase		> 2 Years	Approved			
Streptozocin		< 2 Years > 2 Years	Declined Approved			
Characterize 00		2 Years < 2 Years	Declined			
Strontium-89		> 2 Years	Approved			
Sublimaze	Cancer Pain **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED		
Subara	UTILIN USL	< 2 Years	Declined	ALTIOVED		
Subsys		> 2 Years	Approved			
Sunitinib		< 2 Years > 2 Years	Declined Approved			
Sutant		< 2 Years	Declined			
Sutent		> 2 Years	Approved			
Sylatron		< 2 Years > 2 Years	Declined Approved			
Sundres	Cancer	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be		
Syndros	**OTHER USE	> 2 Years	Approved	APPROVED		
Tabloid		< 2 Years	Declined			

If a medication is not	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	Declined		
		> 2 Years < 2 Years	Approved Declined		
Tacrine Hydrochloride		> 2 Years	Approved		
Tacrolimus		< 2 Years > 2 Years	Declined Approved		
Tafamidis; Tafamidis Meglumine		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Tafasitamab		> 2 Years	Approved		
Tafinlar		< 2 Years > 2 Years	Declined Approved		
Tagraxofusp-erzs Injection		< 2 Years	Declined		
		> 2 Years	Approved Declined		
Tagrisso		< 2 Years > 2 Years	Approved		
Talazoparib		< 2 Years	Declined		
· · · · · · · · · · · · · · · · · · ·		> 2 Years < 2 Years	Approved Declined		
Talimogene Laherparepvec		> 2 Years	Approved		
Talzenna		< 2 Years > 2 Years	Declined		
The state of the state of the state		< 2 Years	Approved Declined		
Tamoxifen; Tamoxifen Citrate		> 2 Years	Approved		
Tarceva		< 2 Years > 2 Years	Declined Approved		
Targretin		< 2 Years	Declined		
Taigretin		> 2 Years < 2 Years	Approved Declined		
Tasigna		> 2 Years	Approved		
Taxol		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Taxotere		> 2 Years	Approved		
Tazemetostat		< 2 Years > 2 Years	Declined Approved		
Tazverik		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Tebentafusp-tebn		> 2 Years	Approved		
Tecartus		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Tecentriq		> 2 Years	Approved		
Telmisartan		< 2 Years > 2 Years	Declined Approved		
Telotristat Ethyl		< 2 Years	Declined		
reiotristat Ethyr		> 2 Years < 2 Years	Approved Declined		
Temodar		> 2 Years	Approved		
Temozolomide		< 2 Years	Declined		
- · · ·		> 2 Years < 2 Years	Approved Declined		
Temsirolimus		> 2 Years	Approved		
Tenecteplase		< 2 Years > 2 Years	Declined Approved		
Teniposide		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Tepadina		> 2 Years	Approved		
Tepmetko		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Tepotinib		> 2 Years	Approved		
Teslac		< 2 Years > 2 Years	Declined Approved		
Testolactone		< 2 Years	Declined		
restolactolle		> 2 Years	Approved		

	Prescription List for PRIM	IETERM to	100	
	t is not all inclusive and drug ra	-	-	-
	not shown, but suggests treatment may be denied. Please email the			
			Benefit	
Medication	Indication	1st Rx Fill Within	Eligibility - SBLI/SUSA	Comments
Thalitone	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be
mailtone	**OTHER USE	> 2 Years < 2 Years	Approved Declined	APPROVED
Theracys		> 2 Years	Approved	
Thioplex		< 2 Years > 2 Years	Declined Approved	
Thioquanine		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Thiotepa		> 2 Years	Approved	
Thymoglobulin		< 2 Years > 2 Years	Declined Approved	
Tibsovo		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Ticagrelor		> 2 Years	Approved	
Tice BCG		< 2 Years > 2 Years	Declined Approved	
Ticlid		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Ticlopidine HCL		> 2 Years	Approved	
Tiglutik		< 2 Years > 2 Years	Declined Approved	
Tipiracil & Trifluridine		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Tirofiban		> 2 Years	Approved	
Tisotumab Vedotin-tftv		< 2 Years > 2 Years	Declined Approved	
Tivdak		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Tivozanib		> 2 Years	Approved	
TNKASE		< 2 Years > 2 Years	Declined Approved	
Toposar		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Topotecan HCL		> 2 Years	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	Declined	
Toxical		> 2 Years < 2 Years	Approved Declined	
Torisel	Congostius Hoart Failure (CUE)	> 2 Years	Approved	Dual Lico Drug **OTUED LICE
Torsemide	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Tositumomab		< 2 Years	Declined	
Tataat		> 2 Years < 2 Years	Approved Declined	
Totect		> 2 Years < 2 Years	Approved Declined	
Trabectedin		< 2 Years	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	Declined	
1101300		> 2 Years	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	
Tretinoin		< 2 Years	Declined		
rretholin	Canaan	> 2 Years	Approved Declined		
Trexall	Cancer **OTHER USE	< 2 Years > 2 Years	Approved	Dual Use Drug - **OTHER USE would be APPROVED	
Triamterene; Triamterene HCTZ	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be	
· ····, · ····	**OTHER USE	> 2 Years < 2 Years	Approved Declined	APPROVED	
Trifluridine & Tipiracil Hydrochloride		> 2 Years	Approved		
Trilaciclib		< 2 Years > 2 Years	Declined Approved		
Tricency		< 2 Years	Declined		
Trisenox		> 2 Years	Approved		
Trodelvy		< 2 Years > 2 Years	Declined Approved		
Truseltiq		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Truxima		< 2 Years > 2 Years	Approved		
Tucatinib		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Tukysa		> 2 Years	Approved		
Tykerb		< 2 Years	Declined		
·		> 2 Years < 2 Years	Approved Declined		
Udenyca		> 2 Years	Approved		
Ukoniq		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Umbralisib		> 2 Years	Approved		
Unituxin		< 2 Years > 2 Years	Declined Approved		
Univasc	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be	
Univasc	**OTHER USE	> 2 Years < 2 Years	Approved Declined	APPROVED	
Uridine Triacetate		> 2 Years	Approved		
Uromitexan		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Uvadex		> 2 Years	Approved		
Valchlor		< 2 Years	Declined		
	Organ Transplant	> 2 Years < 2 Years	Approved Declined	Dual Use Drug - **OTHER USE would be	
Valcyte	**OTHER USE	> 2 Years	Approved	APPROVED	
Valganciclovir	Organ Transplant **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED	
Malauhisia	OTHER OSE	< 2 Years	Declined	APPROVED	
Valrubicin		> 2 Years	Approved		
Valsartan	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED	
Valstar	OTHEROSE	< 2 Years	Declined		
vaistai		> 2 Years < 2 Years	Approved Declined		
Vandetanib		< 2 Years	Approved		
Vantas		< 2 Years	Declined		
		> 2 Years < 2 Years	Approved Declined		
Varubi		> 2 Years	Approved		
Vasotec	Congestive Heart Failure (CHF)	< 2 Years	Declined	Dual Use Drug - **OTHER USE would be	
	**OTHER USE	> 2 Years < 2 Years	Approved Declined	APPROVED	
Vectibix		> 2 Years	Approved		
Velban		< 2 Years > 2 Years	Declined Approved		
Velcade		< 2 Years	Declined		
veicaue		> 2 Years	Approved		
Vemurafenib		< 2 Years > 2 Years	Declined Approved		

If a medication	Prescription List for PRIN list is not all inclusive and drug ration is not shown, but suggests treatment ge may be denied. Please email the	t <i>ings are s</i> for a condi	subject to cl ition stated o ce with any q	n the application,
Medication	Indication	1st Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Venclexta		< 2 Years > 2 Years	Declined Approved	
Venetoclax		< 2 Years	Declined	
Venetociax		> 2 Years < 2 Years	Approved Declined	
Venoglobulin-S		> 2 Years	Approved	
Vepesid		< 2 Years > 2 Years	Declined	
Vericiguat		< 2 Years	Approved Declined	
venciguat		> 2 Years < 2 Years	Approved Declined	
Verquvo		> 2 Years	Approved	
Verzenio		< 2 Years	Declined	
Vacantia		> 2 Years < 2 Years	Approved Declined	
Vesanoid		> 2 Years	Approved	
Viadur		< 2 Years > 2 Years	Declined Approved	
Vidaza		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Vinblastine Sulfate		> 2 Years	Approved	
Vincasar PFS		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Vincristine Sulfate		> 2 Years	Approved	
Vinorelbine Tartrate		< 2 Years > 2 Years	Declined Approved	
Vismodegib		< 2 Years	Declined	
Visitiouegio		> 2 Years < 2 Years	Approved Declined	
Vistogard		< 2 Years > 2 Years	Approved	
Vitrakvi		< 2 Years	Declined	
		> 2 Years < 2 Years	Approved Declined	
Vizimpro		> 2 Years	Approved	
Vorinostat		< 2 Years > 2 Years	Declined Approved	
Votrient		< 2 Years	Declined	
volten		> 2 Years < 2 Years	Approved Declined	
Vumon		> 2 Years	Approved	
Vyndamax		< 2 Years	Declined	
Manufactor		> 2 Years < 2 Years	Approved Declined	
Vyndaqel		> 2 Years	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	Declined	
-		> 2 Years < 2 Years	Approved Declined	
Xalkori		> 2 Years	Approved	
Xatmep	Cancer **OTHER USE	< 2 Years > 2 Years < 2 Years	Declined Approved Declined	Dual Use Drug - **OTHER USE would be APPROVED
Xeloda		< 2 Years > 2 Years	Approved	
Xermelo		< 2 Years	Declined	
Xgeva		> 2 Years < 2 Years > 2 Years	Approved Declined Approved	
Xofigo		< 2 Years	Declined	
VOIRO		> 2 Years	Approved Declined	
Xospata		< 2 Years > 2 Years	Approved	

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       Ist Rx Fill       Benefit Eligibility - SBL/SUSA       Comments         Xpovio       <2 Years       Declined        2 Years       Declined         Xtandi       <2 Years       Declined        2 Years       Declined         Yervoy       <2 Years       Declined        2 Years       Approved         Yervoy       <2 Years       Declined        2 Years       Approved         Yervoy       <2 Years       Declined        2 Years       Approved         Yescarta       <2 Years       Approved         2 Years       Approved         Yondelis       <2 Years       Declined         2 Years       Approved         Yosprala       <2 Years       Declined         2 Years       Approved         Zaltrap       <2 Years       Declined          2 Years       Approved         Zanosar       <2 Years       Declined	
MedicationIndicationIst Rx Fill WithinEligibility- SBL/SUSACommentsXpovio< 2 YearsDeclinedXtandi< 2 YearsApprovedXtandi< 2 YearsApprovedYervoy< 2 YearsApprovedYescarta< 2 YearsDeclinedYondelis< 2 YearsDeclinedYonsa< 2 YearsApprovedYosprala< 2 YearsApprovedYosprala< 2 YearsDeclinedYosprala< 2 YearsDeclinedYosprala< 2 YearsApprovedZanosar< 2 YearsDeclinedZanosar< 2 YearsDeclinedZanovlynCongestive Heart Failure (CHF) **OTHER USE> 2 YearsZarxioCongestive Heart Failure (CHF) **OTHER USE> 2 YearsZebeta< 2 YearsApprovedZebeta< 2 YearsApprovedZebeta< 2 YearsApprovedZelboraf< 2 YearsApprovedZebeta< 2 YearsDeclined< 2 YearsApproved <t< th=""><th></th></t<>	
MedicationIndicationWithinSBL/SUSACommentsXpovio< 2 YearsApprovedXtandi< 2 YearsApprovedXtandi< 2 YearsDeclinedYervoy< 2 YearsApprovedYervoy< 2 YearsApprovedYescarta< 2 YearsApprovedYondelis< 2 YearsApprovedYonsa< 2 YearsApprovedYosprala< 2 YearsApprovedYosprala< 2 YearsApprovedZaltrap< 2 YearsApprovedZanosar< 2 YearsApprovedZarxio< 2 YearsDeclinedZarxio< 2 YearsApprovedZebeta< 2 YearsDeclinedZelboraf< 2 YearsApprovedZelboraf< 2 YearsApprovedZelboraf< 2 YearsDeclinedZelboraf< 2 YearsApprovedZelboraf< 2 YearsDeclinedZelboraf< 2 YearsApprovedZelboraf< 2 YearsDeclinedZelboraf< 2 YearsDeclinedZel	
Xpovio       > 2 Years       Approved         Xtandi       < 2 Years       Declined         Yervoy       < 2 Years       Approved         Yescarta       < 2 Years       Declined         > 2 Years       Declined          Yondelis       < 2 Years       Approved         Yonsa       < 2 Years       Approved         Yosprala       < 2 Years       Declined         > 2 Years       Approved          Zaltrap       < 2 Years       Approved         Zanosar       < 2 Years       Approved         Zanubrutinib       < 2 Years       Approved         Zaroxolyn       Congestive Heart Failure (CHF)       2 Years       Approved         Zarxio       < 2 Years       Approved       APPROVED         Zarxio       < 2 Years       Approved       APPROVED         Zebeta       < 2 Years       Approved       APPROVED         < 2 Years       Approved        APPROVED <t< th=""><th></th></t<>	
Xtandi       > 2 Years       Approved         Xtandi       > 2 Years       Approved         Yervoy       < 2 Years	
Xtandi       > 2 Years       Approved         Yervoy       < 2 Years	
Yervoy       > 2 Years       Approved         Yescarta       < 2 Years	
Yescarta       > 2 Years       Approved         Yondelis       > 2 Years       Declined         Yonsa       > 2 Years       Approved         Yonsa       > 2 Years       Approved         Yosprala       > 2 Years       Approved         Yosprala       > 2 Years       Approved         Zaltrap       < 2 Years	
Yescarta> 2 YearsApprovedYondelis< 2 Years	
Yondelis       > 2 Years       Approved         Yonsa       < 2 Years	
Yonsa       < 2 Years	
Yosprala       > 2 Years       Approved         Yosprala       < 2 Years	
Yosprala       > 2 Years       Approved         Zaltrap       < 2 Years	
Zaltrap       < 2 Years	
Zanosar     > 2 Years     Approved       Zanubrutinib     < 2 Years	
Zanosar     > 2 Years     Approved       Zanubrutinib     < 2 Years	
Zanubrutinib     < 2 Years     Declined       Zaroxolyn     Congestive Heart Failure (CHF)     < 2 Years	
Zaroxolyn     Congestive Heart Failure (CHF)     < 2 Years     Approved       Zaroxolyn     Congestive Heart Failure (CHF)     < 2 Years	
Zaroxolyn     **OTHER USE     > 2 Years     Approved     APPROVED       Zarxio     < 2 Years	
Zarxio     < 2 Years	SE would be
Zarxio     > 2 Years     Approved       Zebeta     < 2 Years	
Zebeta     > 2 Years     Approved       Zelboraf     < 2 Years	
Zelboraf <pre>     Zelboraf     Zenanax     Zenanax</pre>	
Zelborat         > 2 Years         Approved           Zenanax         < 2 Years	
/enanax	
> 2 Years Approved	
Zepzelca > 2 Years Approved	
Zestril Congestive Heart Failure (CHF) < 2 Years Declined Dual Use Drug - **OTHER U	SE would be
**OTHER USE > 2 Years Approved APPROVED	
Zevalin > 2 Years Approved	
Ziextenzo < 2 Years Declined	
> 2 Years Approved	
Zinecard > 2 Years Approved	
Zirabev < 2 Years Declined	
> 2 Years Approved < 2 Years Declined	
Ziv-Aflibercept >2 Years Approved	
Zofran: Zofran ODT Cancer < 2 Years Declined Dual Use Drug - **OTHER U	SE would be
**OTHER USE         > 2 Years         Approved         APPROVED           Cancer         < 2 Years	SE would be
Zoladex **OTHER USE > 2 Years Approved APPROVED	se would be
Zolinza <2 Years Declined	
> 2 Years Approved	
Zometa < 2 Years Declined > 2 Years Approved	
Zortress <a></a> < 2 Years Declined	
> 2 Years Approved	SE would be
Zuplenz Cancer < 2 Years Declined Dual Use Drug - **OTHER U. **OTHER USE > 2 Years Approved APPROVED	se would be
Zydelig <2 Years Declined	
> 2 Years Approved	
Zykadia < 2 Years Declined > 2 Years Approved	
Zynlonta <2 Years Declined	
>2 Years Approved	
Zytiga < 2 Years Declined > 2 Years Approved	

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