



PrimeTerm to 100SM

PRESCRIPTION LIST



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

Home Office Contacts

New Business

newbusinessprocessing@prosperitylife.com

Fax: (212) 624-0818

Agent Hotline

agentcare@prosperitylife.com

Phone: (866) 380-6413

Customer Service

customercare@prosperitylife.com

Phone: (877) 725-4872

Fax: (212) 624-0820

Agent Portal

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

(For contracting, commissions, and policy information)

Underwriting

underwriting2@prosperitylife.com

Fax: (212) 624-0814

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	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Abarelix	Cancer	< 2 Years > 2 Years	Declined Approved	
Abciximab	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Abemaciclib	Cancer	< 2 Years > 2 Years	Declined Approved	
Abiraterone	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Abstral	Cancer Pain	< 2 Years > 2 Years	Declined Approved	
Acalabrutinib	Cancer	< 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	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Acetyl L-Carnitine	Alzheimer's / Dementia	< 2 Years > 2 Years	Declined Approved	
Actiq	Cancer Pain	< 2 Years > 2 Years	Declined Approved	
Activase	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Adcetris	Cancer	< 2 Years > 2 Years	Declined Approved	
Adriamycin; Adriamycin PFS; Adriamycin RDF	Cancer	< 2 Years > 2 Years	Declined Approved	
Adrucil	Cancer	< 2 Years > 2 Years	Declined Approved	
Aducanumab	Alzheimer's / Dementia	< 2 Years > 2 Years	Declined Approved	
Aduhelm	Alzheimer's / Dementia	< 2 Years > 2 Years	Declined Approved	
Afatinib; Afatinib Dimaleate	Cancer	< 2 Years > 2 Years	Declined Approved	
Afinitor	Cancer	< 2 Years > 2 Years	Declined Approved	
Aggrastat	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Aggrenox	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Akynzeo	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Alecensa	Cancer	< 2 Years > 2 Years	Declined Approved	
Alectinib	Cancer	< 2 Years > 2 Years	Declined Approved	
Alemtuzumab	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED

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Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Alferon N	Cancer	< 2 Years > 2 Years	Declined Approved	
Alimta	Cancer	< 2 Years > 2 Years	Declined Approved	
Aliqopa	Cancer	< 2 Years > 2 Years	Declined Approved	
Alkeran	Cancer	< 2 Years > 2 Years	Declined Approved	
Aloxi	Cancer	< 2 Years > 2 Years	Declined Approved	
Alpelisib	Cancer	< 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	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Altretamine	Cancer	< 2 Years > 2 Years	Declined Approved	
Alunbrig	Cancer	< 2 Years > 2 Years	Declined Approved	
Amicar	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Amifostine	Cancer	< 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	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Amivantamab-vmjw	Cancer	< 2 Years > 2 Years	Declined Approved	
Anastrozole	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Apalutamide	Cancer	< 2 Years > 2 Years	Declined Approved	
Aprepitant	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Aricept; Aricept ODT	Alzheimer's / Dementia	< 2 Years > 2 Years	Declined Approved	
Arimidex	Cancer	< 2 Years > 2 Years	Declined Approved	
Aromasin	Cancer	< 2 Years > 2 Years	Declined Approved	
Arranon	Cancer	< 2 Years > 2 Years	Declined Approved	
Arsenic Trioxide	Cancer	< 2 Years > 2 Years	Declined Approved	
Arzerra	Cancer	< 2 Years > 2 Years	Declined Approved	

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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	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Asparaginase; Asparaginase Erwinia Chrysanthemi (Recombinant)-rywn	Cancer	< 2 Years > 2 Years	Declined Approved	
Aspirin & Dipyridamole	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Atgam	Organ Transplant	< 2 Years > 2 Years	Declined Approved	
Avapritinib	Cancer	< 2 Years > 2 Years	Declined Approved	
Avastin	Cancer	< 2 Years > 2 Years	Declined Approved	
Avelumab	Cancer	< 2 Years > 2 Years	Declined Approved	
Axicabtagene CiloleuceL	Cancer	< 2 Years > 2 Years	Declined Approved	
Ayvakit	Cancer	< 2 Years > 2 Years	Declined Approved	
Azacitidine	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Azidothymidine	Alzheimer's / Dementia	< 2 Years > 2 Years	Declined Approved	
AZT	Alzheimer's / Dementia	< 2 Years > 2 Years	Declined Approved	
Balversa	Cancer	< 2 Years > 2 Years	Declined Approved	
Bavencio	Cancer	< 2 Years > 2 Years	Declined Approved	
BCG (bacillus calmette-guerin)	Cancer	< 2 Years > 2 Years	Declined Approved	
Belantamab Mafodotin	Cancer	< 2 Years > 2 Years	Declined Approved	
Beleodaq	Cancer	< 2 Years > 2 Years	Declined Approved	
Belinostat	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Bendamustine Hcl	Cancer	< 2 Years > 2 Years	Declined Approved	
Bendeka	Cancer	< 2 Years > 2 Years	Declined Approved	
Besponsa	Cancer	< 2 Years > 2 Years	Declined Approved	
Bevacizumab; Bevacizumab-awwb	Cancer	< 2 Years > 2 Years	Declined Approved	
Bexarotene	Cancer	< 2 Years > 2 Years	Declined Approved	
Bexxar; Bexxar 131 Iodine	Cancer	< 2 Years > 2 Years	Declined Approved	
Bicalutamide	Cancer	< 2 Years > 2 Years	Declined Approved	
BiCNU	Cancer	< 2 Years > 2 Years	Declined Approved	
BiDil	Congestive Heart Failure (CHF)	< 2 Years > 2 Years	Declined Approved	

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Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Binimetinib	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Blenrep	Cancer	< 2 Years > 2 Years	Declined Approved	
Bleomycin Sulfate	Cancer	< 2 Years > 2 Years	Declined Approved	
Blinatumomab	Cancer	< 2 Years > 2 Years	Declined Approved	
Blinicyto	Cancer	< 2 Years > 2 Years	Declined Approved	
Bortezomib	Cancer	< 2 Years > 2 Years	Declined Approved	
Braftovi	Cancer	< 2 Years > 2 Years	Declined Approved	
Braftovi + Mektovi	Cancer	< 2 Years > 2 Years	Declined Approved	
Brentuximab Vedotin	Cancer	< 2 Years > 2 Years	Declined Approved	
Brigatinib	Cancer	< 2 Years > 2 Years	Declined Approved	
Brilinta	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
BuMel	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Busulfex	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Cabometyx	Cancer	< 2 Years > 2 Years	Declined Approved	
Cabozantinib	Cancer	< 2 Years > 2 Years	Declined Approved	
Calcium Folate	Cancer	< 2 Years > 2 Years	Declined Approved	
Calquence	Cancer	< 2 Years > 2 Years	Declined Approved	
Camcevi	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Candesartan; Candesartan Cilexetil	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Capecitabine	Cancer	< 2 Years > 2 Years	Declined Approved	
Capmatinib	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	

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Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Captopril	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Carboplatin	Cancer	< 2 Years > 2 Years	Declined Approved	
Cardioplegic	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Carimune; Carimune Nanofiltered	Cancer	< 2 Years > 2 Years	Declined Approved	
Carmustine	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Catapres	Cancer Pain USE **OTHER	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Cathflo Activase	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Ceenu	Cancer	< 2 Years > 2 Years	Declined Approved	
Cellcept	Organ Transplant	< 2 Years > 2 Years	Declined Approved	
Cemiplimab-rwlc	Cancer	< 2 Years > 2 Years	Declined Approved	
Cerianna Injection	Cancer	< 2 Years > 2 Years	Declined Approved	
Ceritinib	Cancer	< 2 Years > 2 Years	Declined Approved	
Cerubidine	Cancer	< 2 Years > 2 Years	Declined Approved	
Cesamet	Cancer	< 2 Years > 2 Years	Declined Approved	
Cetuximab	Cancer	< 2 Years > 2 Years	Declined Approved	
Chlorambucil	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
CIS-DDP	Cancer	< 2 Years > 2 Years	Declined Approved	
Cisplatin	Cancer	< 2 Years > 2 Years	Declined Approved	
Cladribine	Cancer	< 2 Years > 2 Years	Declined Approved	
Clofarabine	Cancer	< 2 Years > 2 Years	Declined Approved	
Clolar	Cancer	< 2 Years > 2 Years	Declined Approved	
Clopidogrel	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Cobimetinib	Cancer	< 2 Years > 2 Years	Declined Approved	
Cognex	Alzheimer's / Dementia	< 2 Years > 2 Years	Declined Approved	
Cometriq	Cancer	< 2 Years > 2 Years	Declined Approved	

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Copanlisib	Cancer	< 2 Years > 2 Years	Declined Approved	
Copiktra	Cancer	< 2 Years > 2 Years	Declined Approved	
Copper CU 64 Doctatate	Cancer	< 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	Congestive Heart Failure (CHF)	< 2 Years > 2 Years	Declined Approved	
Cosela	Cancer	< 2 Years > 2 Years	Declined Approved	
Cosmegen	Cancer	< 2 Years > 2 Years	Declined Approved	
Cotellic	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Cyclophosphamide	Cancer	< 2 Years > 2 Years	Declined Approved	
Cyclosporine	Organ Transplant	< 2 Years > 2 Years	Declined Approved	
Cyclosporine Modified	Organ Transplant	< 2 Years > 2 Years	Declined Approved	
Cyfos	Cancer	< 2 Years > 2 Years	Declined Approved	
Cytarabine	Cancer	< 2 Years > 2 Years	Declined Approved	
Cytogam	Organ Transplant	< 2 Years > 2 Years	Declined Approved	
Cytomegalovirus Immune Glob	Organ Transplant	< 2 Years > 2 Years	Declined Approved	
Cytosar-U	Cancer	< 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
Cytosan	Cancer	< 2 Years > 2 Years	Declined Approved	
Dabrafenib	Cancer	< 2 Years > 2 Years	Declined Approved	
Dacarbazine	Cancer	< 2 Years > 2 Years	Declined Approved	
Daclizumab	Organ Transplant	< 2 Years > 2 Years	Declined Approved	
Dacogen	Cancer	< 2 Years > 2 Years	Declined Approved	
Dacomitinib	Cancer	< 2 Years > 2 Years	Declined Approved	
Dactinomycin	Cancer	< 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
Danyelza	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	

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Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Dasatinib	Cancer	< 2 Years > 2 Years	Declined Approved	
Daunorubicin; Daunorubicin HCL; Daunorubicin Liposomal	Cancer	< 2 Years > 2 Years	Declined Approved	
Daunoxome	Cancer	< 2 Years > 2 Years	Declined Approved	
Daurismo	Cancer	< 2 Years > 2 Years	Declined Approved	
Decitabine	Cancer	< 2 Years > 2 Years	Declined Approved	
Defibrotide; Defibrotide Sodium	Cancer	< 2 Years > 2 Years	Declined Approved	
Defitelio	Cancer	< 2 Years > 2 Years	Declined Approved	
Degarelix, Degarelix Acetate	Cancer	< 2 Years > 2 Years	Declined Approved	
Demadex	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Denileukin Diftitox	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Depo-Provera	Cancer	< 2 Years > 2 Years	Declined Approved	
Detectnet	Cancer	< 2 Years > 2 Years	Declined Approved	
Dexrazoxane	Cancer	< 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	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Dinutuximab	Cancer	< 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	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Docetaxel	Cancer	< 2 Years > 2 Years	Declined Approved	
Dolasetron	Cancer	< 2 Years > 2 Years	Declined Approved	
Donepezil	Alzheimer's / Dementia	< 2 Years > 2 Years	Declined Approved	

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Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Dopamine	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Dostarlimab-gxly	Cancer	< 2 Years > 2 Years	Declined Approved	
Doxil	Cancer	< 2 Years > 2 Years	Declined Approved	
Doxorubicin HCL; Doxorubicin Liposomal	Cancer	< 2 Years > 2 Years	Declined Approved	
Droxia	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
DTIC-Dome	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Duvelisib	Cancer	< 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	ALS (Amyotrophic Lateral Sclerosis); Lou Gehrig's	< 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	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Eligard	Cancer	< 2 Years > 2 Years	Declined Approved	
Elitek	Cancer	< 2 Years > 2 Years	Declined Approved	
Ellence	Cancer	< 2 Years > 2 Years	Declined Approved	
Eloxatin	Cancer	< 2 Years > 2 Years	Declined Approved	
Elspar	Cancer	< 2 Years > 2 Years	Declined Approved	
Emcyt	Cancer	< 2 Years > 2 Years	Declined Approved	
Emend	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Encorafenib; Encorafenib + Binimetinib	Cancer	< 2 Years > 2 Years	Declined Approved	
Enfortumab Vedotin-ejfv	Cancer	< 2 Years > 2 Years	Declined Approved	
Enfortumab Vedotin-ejfv	Cancer	< 2 Years > 2 Years	Declined Approved	
Enhertu	Cancer	< 2 Years > 2 Years	Declined Approved	
Enoxaparin Sodium	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Entrectinib	Cancer	< 2 Years > 2 Years	Declined Approved	
Entresto	Congestive Heart Failure (CHF)	< 2 Years > 2 Years	Declined Approved	
Enzalutamide	Cancer	< 2 Years > 2 Years	Declined Approved	

Prescription List for PRIMETERM to 100

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Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Epaned	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Epirubicin	Cancer	< 2 Years > 2 Years	Declined Approved	
Eplerenone	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Eptifibatide	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Erbitux	Cancer	< 2 Years > 2 Years	Declined Approved	
Erdafitinib	Cancer	< 2 Years > 2 Years	Declined Approved	
Ergamisol	Cancer	< 2 Years > 2 Years	Declined Approved	
Ergoloid Mesylates	Alzheimer's / Dementia	< 2 Years > 2 Years	Declined Approved	
Eribulin	Cancer	< 2 Years > 2 Years	Declined Approved	
Erleada	Cancer	< 2 Years > 2 Years	Declined Approved	
Erlotinib	Cancer	< 2 Years > 2 Years	Declined Approved	
Erwinaze	Cancer	< 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	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Etopophos	Cancer	< 2 Years > 2 Years	Declined Approved	
Etoposide	Cancer	< 2 Years > 2 Years	Declined Approved	
Eulexin	Cancer	< 2 Years > 2 Years	Declined Approved	
Everolimus (afinitor)	Cancer	< 2 Years > 2 Years	Declined Approved	
Everolimus (zortress)	Organ Transplant	< 2 Years > 2 Years	Declined Approved	
Exelon	Alzheimer's / Dementia	< 2 Years > 2 Years	Declined Approved	
Exemestane	Cancer	< 2 Years > 2 Years	Declined Approved	
Exservan	ALS (Amyotrophic Lateral Sclerosis); Lou Gehrig's	< 2 Years > 2 Years	Declined Approved	
Fam-Trastuzumab Deruxtecan-nxki	Cancer	< 2 Years > 2 Years	Declined Approved	
Fareston	Cancer	< 2 Years > 2 Years	Declined Approved	
Farydak	Cancer	< 2 Years > 2 Years	Declined Approved	
Faslodex	Cancer	< 2 Years > 2 Years	Declined Approved	
Femara	Cancer	< 2 Years > 2 Years	Declined Approved	
Fentanyl Citrate	Cancer Pain	< 2 Years > 2 Years	Declined Approved	
Fentanyl Sublingual Spray	Cancer	< 2 Years > 2 Years	Declined Approved	
Fentora	Cancer Pain	< 2 Years > 2 Years	Declined Approved	
Filgrastim; Filgrastim-aafi	Cancer	< 2 Years > 2 Years	Declined Approved	

Prescription List for PRIMETERM to 100

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Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Firmagon	Cancer	< 2 Years > 2 Years	Declined Approved	
Flebogamma; Flebogamma DIF	Cancer	< 2 Years > 2 Years	Declined Approved	
Floxuridine	Cancer	< 2 Years > 2 Years	Declined Approved	
Fludara	Cancer	< 2 Years > 2 Years	Declined Approved	
Fludarabine Phosphate	Cancer	< 2 Years > 2 Years	Declined Approved	
Fluoroestradiol f 18	Cancer	< 2 Years > 2 Years	Declined Approved	
Fluorouracil	Cancer	< 2 Years > 2 Years	Declined Approved	
Fluoxymesterone	Cancer	< 2 Years > 2 Years	Declined Approved	
Flutamide	Cancer	< 2 Years > 2 Years	Declined Approved	
Folotyn	Cancer	< 2 Years > 2 Years	Declined Approved	
Fosaprepitant	Cancer	< 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	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Fulphila	Cancer	< 2 Years > 2 Years	Declined Approved	
Fulvestrant	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Galantamine; Galantamine Hydrobromide	Alzheimer's / Dementia	< 2 Years > 2 Years	Declined Approved	
Gallium; Gallium Nitrate; Gallium ga 69 dotatate; Gallium Citrate Ga 67	Cancer	< 2 Years > 2 Years	Declined Approved	
Gamimune, Gammagard, Gammplex, Gamunex	Cancer	< 2 Years > 2 Years	Declined Approved	
Gammar-P	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Gavreto	Cancer	< 2 Years > 2 Years	Declined Approved	
Gazyva	Cancer	< 2 Years > 2 Years	Declined Approved	
Gefitinib	Cancer	< 2 Years > 2 Years	Declined Approved	
Gemcitabine; Gemcitabine HCL	Cancer	< 2 Years > 2 Years	Declined Approved	
Gemtuzumab	Cancer	< 2 Years > 2 Years	Declined Approved	
Gemzar	Cancer	< 2 Years > 2 Years	Declined Approved	
Gengraf	Organ Transplant	< 2 Years > 2 Years	Declined Approved	

Prescription List for PRIMETERM to 100

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Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Gilotrif	Cancer	< 2 Years > 2 Years	Declined Approved	
Gilteritinib	Cancer	< 2 Years > 2 Years	Declined Approved	
Glasdegib	Cancer	< 2 Years > 2 Years	Declined Approved	
Gleevec	Cancer	< 2 Years > 2 Years	Declined Approved	
Gliadel Wafer	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Halaven	Cancer	< 2 Years > 2 Years	Declined Approved	
Halotestin	Cancer	< 2 Years > 2 Years	Declined Approved	
Herceptin	Cancer	< 2 Years > 2 Years	Declined Approved	
Hexalen	Cancer	< 2 Years > 2 Years	Declined Approved	
Histrelin	Cancer	< 2 Years > 2 Years	Declined Approved	
Hycamtin	Cancer	< 2 Years > 2 Years	Declined Approved	
Hydergine	Alzheimer's / Dementia	< 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	Cancer	< 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	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Ibritumomab	Cancer	< 2 Years > 2 Years	Declined Approved	
Ibrutinib	Cancer	< 2 Years > 2 Years	Declined Approved	
Idamycin PFS	Cancer	< 2 Years > 2 Years	Declined Approved	
Idarubicin; Idarubicin HCL	Cancer	< 2 Years > 2 Years	Declined Approved	
Idelalisib	Cancer	< 2 Years > 2 Years	Declined Approved	
Idhifa	Cancer	< 2 Years > 2 Years	Declined Approved	
Ifex Iflex Mesnex Combo Pack	Cancer	< 2 Years > 2 Years	Declined Approved	
Ifosfamide; Ifosfamide-Mesna	Cancer	< 2 Years > 2 Years	Declined Approved	
Imatinib Mesylate	Cancer	< 2 Years > 2 Years	Declined Approved	
Imbruvica	Cancer	< 2 Years > 2 Years	Declined Approved	
Imfinzi	Cancer	< 2 Years > 2 Years	Declined Approved	
Imlygic	Cancer	< 2 Years > 2 Years	Declined Approved	

Prescription List for PRIMETERM to 100

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Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Immune Globulin	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Inotuzumab Ozogamicin	Cancer	< 2 Years > 2 Years	Declined Approved	
Inqovi	Cancer	< 2 Years > 2 Years	Declined Approved	
Inspra	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Integrilin	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 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
lobenguane I 131	Cancer	< 2 Years > 2 Years	Declined Approved	
Iressa	Cancer	< 2 Years > 2 Years	Declined Approved	
Irinotecan	Cancer	< 2 Years > 2 Years	Declined Approved	
Isatuximab-irfc	Cancer	< 2 Years > 2 Years	Declined Approved	
Isordil	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Istodax	Cancer	< 2 Years > 2 Years	Declined Approved	
Ivarbradine	Congestive Heart Failure (CHF)	< 2 Years > 2 Years	Declined Approved	
Iveegam EN	Cancer	< 2 Years > 2 Years	Declined Approved	
IVIG	Cancer	< 2 Years > 2 Years	Declined Approved	
Ivosidenib	Cancer	< 2 Years > 2 Years	Declined Approved	
Ixabepilone	Cancer	< 2 Years > 2 Years	Declined Approved	
Ixempra	Cancer	< 2 Years > 2 Years	Declined Approved	
Jakafi	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Jemperli	Cancer	< 2 Years > 2 Years	Declined Approved	
Jevtana	Cancer	< 2 Years > 2 Years	Declined Approved	
Kepivance	Cancer	< 2 Years > 2 Years	Declined Approved	
Kisqali	Cancer	< 2 Years > 2 Years	Declined Approved	
Kytril	Cancer	< 2 Years > 2 Years	Declined Approved	

Prescription List for PRIMETERM to 100

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Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
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	Cancer	< 2 Years > 2 Years	Declined Approved	
Lapatinib	Cancer	< 2 Years > 2 Years	Declined Approved	
Larotrectinib	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Lenvatinib; Lenvatinib Mesylate	Cancer	< 2 Years > 2 Years	Declined Approved	
Lenvima	Cancer	< 2 Years > 2 Years	Declined Approved	
Letrozole	Cancer	< 2 Years > 2 Years	Declined Approved	
Leucovorin Calcium	Cancer	< 2 Years > 2 Years	Declined Approved	
Leukeran	Cancer	< 2 Years > 2 Years	Declined Approved	
Leukine	Cancer	< 2 Years > 2 Years	Declined Approved	
Leuprolide Acetate Implant	Cancer	< 2 Years > 2 Years	Declined Approved	
Leuprolide; Leuprolide Mesylate	Cancer	< 2 Years > 2 Years	Declined Approved	
Leustatin	Cancer	< 2 Years > 2 Years	Declined Approved	
Levamisole HCL	Cancer	< 2 Years > 2 Years	Declined Approved	
Libtayo	Cancer	< 2 Years > 2 Years	Declined Approved	
Lipodox	Cancer	< 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
Lomustine	Cancer	< 2 Years > 2 Years	Declined Approved	
Loncastuximab	Cancer	< 2 Years > 2 Years	Declined Approved	
Lonsurf	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Lorlatinib	Cancer	< 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	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 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
Lumakras	Cancer	< 2 Years > 2 Years	Declined Approved	
Lumoxiti	Cancer	< 2 Years > 2 Years	Declined Approved	
Lupron; Lupron Depot	Cancer	< 2 Years > 2 Years	Declined Approved	

Prescription List for PRIMETERM to 100

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Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Lurbinectedin	Cancer	< 2 Years > 2 Years	Declined Approved	
Lynparza	Cancer	< 2 Years > 2 Years	Declined Approved	
Lysodren	Cancer	< 2 Years > 2 Years	Declined Approved	
Margenza	Cancer	< 2 Years > 2 Years	Declined Approved	
Margetuximab-cmkb	Cancer	< 2 Years > 2 Years	Declined Approved	
Matulane	Cancer	< 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	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Mektovi	Cancer	< 2 Years > 2 Years	Declined Approved	
Melphalan Flufenadmid	Cancer	< 2 Years > 2 Years	Declined Approved	
Melphalan; Melphalan Hydrochloride	Cancer	< 2 Years > 2 Years	Declined Approved	
Memantine, Memantine HCL	Alzheimer's / Dementia	< 2 Years > 2 Years	Declined Approved	
Mercaptopurine	Cancer	< 2 Years > 2 Years	Declined Approved	
Mesna	Cancer	< 2 Years > 2 Years	Declined Approved	
Mesnex	Cancer	< 2 Years > 2 Years	Declined Approved	
Metastron	Cancer	< 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
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	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Milrinone	Congestive Heart Failure (CHF)	< 2 Years > 2 Years	Declined Approved	

Prescription List for PRIMETERM to 100

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Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Mithracin	Cancer	< 2 Years > 2 Years	Declined Approved	
Mithracin	Cancer	< 2 Years > 2 Years	Declined Approved	
Mitomycin	Cancer	< 2 Years > 2 Years	Declined Approved	
Mitotane	Cancer	< 2 Years > 2 Years	Declined Approved	
Mitoxantrone HCL	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Monjuvi	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Mozobil	Cancer	< 2 Years > 2 Years	Declined Approved	
Muromonab-CD3	Organ Transplant	< 2 Years > 2 Years	Declined Approved	
Mustargen	Cancer	< 2 Years > 2 Years	Declined Approved	
Mutamycin	Cancer	< 2 Years > 2 Years	Declined Approved	
Mvasi	Cancer	< 2 Years > 2 Years	Declined Approved	
Mycophenolate Mofetil	Organ Transplant	< 2 Years > 2 Years	Declined Approved	
Myfortic	Organ Transplant	< 2 Years > 2 Years	Declined Approved	
Myleran	Cancer	< 2 Years > 2 Years	Declined Approved	
Mylocel	Cancer	< 2 Years > 2 Years	Declined Approved	
Mylotarg	Cancer	< 2 Years > 2 Years	Declined Approved	
Nabilone	Cancer	< 2 Years > 2 Years	Declined Approved	
Namenda; Namenda XR; Namenda Titration PAK	Alzheimer's / Dementia	< 2 Years > 2 Years	Declined Approved	
Namzaric	Alzheimer's / Dementia	< 2 Years > 2 Years	Declined Approved	
Natrecor	Congestive Heart Failure (CHF)	< 2 Years > 2 Years	Declined Approved	
Natulane	Cancer	< 2 Years > 2 Years	Declined Approved	
Navelbine	Cancer	< 2 Years > 2 Years	Declined Approved	
Naxitamab-gqgk	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Nelarabine	Cancer	< 2 Years > 2 Years	Declined Approved	
Neoral	Organ Transplant	< 2 Years > 2 Years	Declined Approved	
Neosar	Cancer	< 2 Years > 2 Years	Declined Approved	
Neratinib; Neratinib Maleate	Cancer	< 2 Years > 2 Years	Declined Approved	

Prescription List for PRIMETERM to 100

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Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Nerlynx	Cancer	< 2 Years > 2 Years	Declined Approved	
Nesiritide	Congestive Heart Failure (CHF)	< 2 Years > 2 Years	Declined Approved	
Netspot	Cancer	< 2 Years > 2 Years	Declined Approved	
Netupitant	Cancer	< 2 Years > 2 Years	Declined Approved	
Neulasta	Cancer	< 2 Years > 2 Years	Declined Approved	
Neumega	Cancer	< 2 Years > 2 Years	Declined Approved	
Neupogen	Cancer	< 2 Years > 2 Years	Declined Approved	
Nexavar	Cancer	< 2 Years > 2 Years	Declined Approved	
Nilandron	Cancer	< 2 Years > 2 Years	Declined Approved	
Nilutamide	Cancer	< 2 Years > 2 Years	Declined Approved	
Nipent	Cancer	< 2 Years > 2 Years	Declined Approved	
Nivestym	Cancer	< 2 Years > 2 Years	Declined Approved	
Nivolumab	Cancer	< 2 Years > 2 Years	Declined Approved	
Nolvadex	Cancer	< 2 Years > 2 Years	Declined Approved	
Novantrone	Cancer	< 2 Years > 2 Years	Declined Approved	
Nubeqa	Cancer	< 2 Years > 2 Years	Declined Approved	
Nyvepria	Cancer	< 2 Years > 2 Years	Declined Approved	
Obinutuzumab	Cancer	< 2 Years > 2 Years	Declined Approved	
Octagam	Cancer	< 2 Years > 2 Years	Declined Approved	
Ofatumumab	Cancer	< 2 Years > 2 Years	Declined Approved	
Oforta	Cancer	< 2 Years > 2 Years	Declined Approved	
Olaparib	Cancer	< 2 Years > 2 Years	Declined Approved	
Oncaspar	Cancer	< 2 Years > 2 Years	Declined Approved	
Oncovin	Cancer	< 2 Years > 2 Years	Declined Approved	
Ondansetron	Cancer **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Onsolis	Cancer Pain	< 2 Years > 2 Years	Declined Approved	
Ontak	Cancer	< 2 Years > 2 Years	Declined Approved	
Onureg	Cancer	< 2 Years > 2 Years	Declined Approved	
Onxol	Cancer	< 2 Years > 2 Years	Declined Approved	
Opdivo	Cancer	< 2 Years > 2 Years	Declined Approved	
Orgovyx	Cancer	< 2 Years > 2 Years	Declined Approved	
Orthoclone OKT3	Organ Transplant	< 2 Years > 2 Years	Declined Approved	
Osimertinib	Cancer	< 2 Years > 2 Years	Declined Approved	
Oxaliplatin	Cancer	< 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	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Oxygen; Oxygen Equipment	Assist with breathing	< 2 Years > 2 Years	Declined Approved	
Paclitaxel	Cancer	< 2 Years > 2 Years	Declined Approved	
Padcev	Cancer	< 2 Years > 2 Years	Declined Approved	
Padcev	Cancer	< 2 Years > 2 Years	Declined Approved	
Palbociclib	Cancer	< 2 Years > 2 Years	Declined Approved	
Palonosetron; Palonosetron Hydrochloride	Cancer	< 2 Years > 2 Years	Declined Approved	
Pamidronate Disodium	Cancer	< 2 Years > 2 Years	Declined Approved	
Panglobulin	Cancer	< 2 Years > 2 Years	Declined Approved	
Panitumumab	Cancer	< 2 Years > 2 Years	Declined Approved	
Panobinostat	Cancer	< 2 Years > 2 Years	Declined Approved	
Paraplatin	Cancer	< 2 Years > 2 Years	Declined Approved	
Pazopanib	Cancer	< 2 Years > 2 Years	Declined Approved	
Pegaspargase	Cancer	< 2 Years > 2 Years	Declined Approved	
Pegfilgrastim; Pegfilgrastim-apgf; Pegfilgrastim-bmez; Pegfilgrastim-cbqv; Pegfilgrastim-jmdb	Cancer	< 2 Years > 2 Years	Declined Approved	
Pemazyre	Cancer	< 2 Years > 2 Years	Declined Approved	
Pemetrexed	Cancer	< 2 Years > 2 Years	Declined Approved	
Pemigatinib	Cancer	< 2 Years > 2 Years	Declined Approved	
Pentostatin	Cancer	< 2 Years > 2 Years	Declined Approved	
Pepaxto	Cancer	< 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	<i>Dual Use Drug - **OTHER USE would be APPROVED</i>
Persantine	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Photofrin	Cancer	< 2 Years > 2 Years	Declined Approved	
Piflufolastat F18 Injection	Cancer	< 2 Years > 2 Years	Declined Approved	
Piqray	Cancer	< 2 Years > 2 Years	Declined Approved	
Platinol AQ	Cancer	< 2 Years > 2 Years	Declined Approved	
Plavix	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Plegisol	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Plenaxis	Cancer	< 2 Years > 2 Years	Declined Approved	
Plerixafor	Cancer	< 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	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Plicamycin	Cancer	< 2 Years > 2 Years	Declined Approved	
Polatuzumab Vedotin-PIIQ	Cancer	< 2 Years > 2 Years	Declined Approved	
Polivy	Cancer	< 2 Years > 2 Years	Declined Approved	
Polycam S/D	Cancer	< 2 Years > 2 Years	Declined Approved	
Pomalidomide	Cancer	< 2 Years > 2 Years	Declined Approved	
Pomalyst	Cancer	< 2 Years > 2 Years	Declined Approved	
Porfimer	Cancer	< 2 Years > 2 Years	Declined Approved	
Portrazza	Cancer	< 2 Years > 2 Years	Declined Approved	
Poteligeo	Cancer	< 2 Years > 2 Years	Declined Approved	
Pralatrexate	Cancer	< 2 Years > 2 Years	Declined Approved	
Pralsetinib	Cancer	< 2 Years > 2 Years	Declined Approved	
Prasugrel	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Primacor	Congestive Heart Failure (CHF)	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Procarbazine	Cancer	< 2 Years > 2 Years	Declined Approved	
Prograf	Organ Transplant	< 2 Years > 2 Years	Declined Approved	
Proleukin	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Purinethol	Cancer	< 2 Years > 2 Years	Declined Approved	
Purixan	Cancer	< 2 Years > 2 Years	Declined Approved	
Pylarify	Cancer	< 2 Years > 2 Years	Declined Approved	
Qinlock	Cancer	< 2 Years > 2 Years	Declined Approved	
Quadramet	Cancer	< 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
Radicava	ALS (Amyotrophic Lateral Sclerosis); Lou Gehrig's	< 2 Years > 2 Years	Declined Approved	
Radium Ra 223 Dichloride	Cancer	< 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	Organ Transplant	< 2 Years > 2 Years	Declined Approved	
Razadyne	Alzheimer's / Dementia	< 2 Years > 2 Years	Declined Approved	
Relugolix	Cancer	< 2 Years > 2 Years	Declined Approved	
Reminyl	Alzheimer's / Dementia	< 2 Years > 2 Years	Declined Approved	

Prescription List for PRIMETERM to 100

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Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Reopro	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Retavase	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Reteplase	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Retevmo	Cancer	< 2 Years > 2 Years	Declined Approved	
Revlimid	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Rilutek	ALS (Amyotrophic Lateral Sclerosis); Lou Gehrig's	< 2 Years > 2 Years	Declined Approved	
Riluzole	ALS (Amyotrophic Lateral Sclerosis); Lou Gehrig's	< 2 Years > 2 Years	Declined Approved	
Ripretinib	Cancer	< 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
Rivastigmine	Alzheimer's / Dementia	< 2 Years > 2 Years	Declined Approved	
Rolapitant Hydrochloride	Cancer	< 2 Years > 2 Years	Declined Approved	
Romidepsin	Cancer	< 2 Years > 2 Years	Declined Approved	
Rozlytrek	Cancer	< 2 Years > 2 Years	Declined Approved	
Rubex	Cancer	< 2 Years > 2 Years	Declined Approved	
Rubraca	Cancer	< 2 Years > 2 Years	Declined Approved	
Rucaparib	Cancer	< 2 Years > 2 Years	Declined Approved	
Ruxolitinib	Cancer	< 2 Years > 2 Years	Declined Approved	
Rybrevant	Cancer	< 2 Years > 2 Years	Declined Approved	
Rydapt	Cancer	< 2 Years > 2 Years	Declined Approved	
Rylaze	Cancer	< 2 Years > 2 Years	Declined Approved	
Sacituzumab Govitecan-hziy	Cancer	< 2 Years > 2 Years	Declined Approved	
Sacubitril/Valsartan	Congestive Heart Failure (CHF)	< 2 Years > 2 Years	Declined Approved	
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	Cancer	< 2 Years > 2 Years	Declined Approved	
Sancuso	Cancer	< 2 Years > 2 Years	Declined Approved	
Sandimmune	Organ Transplant	< 2 Years > 2 Years	Declined Approved	
Sandoglobulin	Cancer	< 2 Years > 2 Years	Declined Approved	
Sandostatin	Cancer	< 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	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Sarclisa	Cancer	< 2 Years > 2 Years	Declined Approved	
Sargramostim	Cancer	< 2 Years > 2 Years	Declined Approved	
Selinexor	Cancer	< 2 Years > 2 Years	Declined Approved	
Selpercatinib	Cancer	< 2 Years > 2 Years	Declined Approved	
Simulect	Organ Transplant	< 2 Years > 2 Years	Declined Approved	
Sipuleucel-T	Cancer	< 2 Years > 2 Years	Declined Approved	
Sirrolimus	Organ Transplant	< 2 Years > 2 Years	Declined Approved	
Soanz	Congestive Heart Failure (CHF)	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Somatuline Depot	Cancer	< 2 Years > 2 Years	Declined Approved	
Sorafenib	Cancer	< 2 Years > 2 Years	Declined Approved	
Sotorasib	Cancer	< 2 Years > 2 Years	Declined Approved	
Spironolactone	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Sprycel	Cancer	< 2 Years > 2 Years	Declined Approved	
Streptase	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Streptokinase	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Streptozocin	Cancer	< 2 Years > 2 Years	Declined Approved	
Strontium-89	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Sunitinib	Cancer	< 2 Years > 2 Years	Declined Approved	
Sutent	Cancer	< 2 Years > 2 Years	Declined Approved	
Sylatron	Cancer	< 2 Years > 2 Years	Declined Approved	
Tabloid	Cancer	< 2 Years > 2 Years	Declined Approved	
Tabrecta	Cancer	< 2 Years > 2 Years	Declined Approved	
Tacrine Hydrochloride	Alzheimer's / Dementia	< 2 Years > 2 Years	Declined Approved	
Tacrolimus	Organ Transplant	< 2 Years > 2 Years	Declined Approved	
Tafamidis; Tafamidis Meglumine	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Tafasitamab	Cancer	< 2 Years > 2 Years	Declined Approved	
Tafinlar	Cancer	< 2 Years > 2 Years	Declined Approved	

Prescription List for PRIMETERM to 100

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Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Tagrisso	Cancer	< 2 Years > 2 Years	Declined Approved	
Talazoparib	Cancer	< 2 Years > 2 Years	Declined Approved	
Talimogene Laherparepvec	Cancer	< 2 Years > 2 Years	Declined Approved	
Talzenna	Cancer	< 2 Years > 2 Years	Declined Approved	
Tamoxifen; Tamoxifen Citrate	Cancer	< 2 Years > 2 Years	Declined Approved	
Tarceva	Cancer	< 2 Years > 2 Years	Declined Approved	
Targretin	Cancer	< 2 Years > 2 Years	Declined Approved	
Tasigna	Cancer	< 2 Years > 2 Years	Declined Approved	
Taxol	Cancer	< 2 Years > 2 Years	Declined Approved	
Taxotere	Cancer	< 2 Years > 2 Years	Declined Approved	
Tazemetostat	Cancer	< 2 Years > 2 Years	Declined Approved	
Tazverik	Cancer	< 2 Years > 2 Years	Declined Approved	
Tecentriq	Cancer	< 2 Years > 2 Years	Declined Approved	
Telmisartan	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Telotristat Ethyl	Cancer	< 2 Years > 2 Years	Declined Approved	
Temodar	Cancer	< 2 Years > 2 Years	Declined Approved	
Temozolomide	Cancer	< 2 Years > 2 Years	Declined Approved	
Temsirolimus	Cancer	< 2 Years > 2 Years	Declined Approved	
Tenecteplase	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Teniposide	Cancer	< 2 Years > 2 Years	Declined Approved	
Tepadina	Cancer	< 2 Years > 2 Years	Declined Approved	
Tepmetko	Cancer	< 2 Years > 2 Years	Declined Approved	
Tepotinib	Cancer	< 2 Years > 2 Years	Declined Approved	
Teslac	Cancer	< 2 Years > 2 Years	Declined Approved	
Testolactone	Cancer	< 2 Years > 2 Years	Declined Approved	
Thalitone	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Theracys	Cancer	< 2 Years > 2 Years	Declined Approved	
Thioplex	Cancer	< 2 Years > 2 Years	Declined Approved	
Thioquanine	Cancer	< 2 Years > 2 Years	Declined Approved	
Thiotepa	Cancer	< 2 Years > 2 Years	Declined Approved	
Thymoglobulin	Organ Transplant	< 2 Years > 2 Years	Declined Approved	
Tibsovo	Cancer	< 2 Years > 2 Years	Declined Approved	

Prescription List for PRIMETERM to 100

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Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Ticagrelor	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Tice BCG	Cancer	< 2 Years > 2 Years	Declined Approved	
Ticlid	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Ticlopidine HCL	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Tiglutik	ALS (Amyotrophic Lateral Sclerosis); Lou Gehrig's	< 2 Years > 2 Years	Declined Approved	
Tipiracil & Trifluridine	Cancer	< 2 Years > 2 Years	Declined Approved	
Tirofiban	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Tivozanib	Cancer	< 2 Years > 2 Years	Declined Approved	
TNKASE	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Toposar	Cancer	< 2 Years > 2 Years	Declined Approved	
Topotecan HCL	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Torisel	Cancer	< 2 Years > 2 Years	Declined Approved	
Torsemide	Congestive Heart Failure (CHF) **OTHER USE	< 2 Years > 2 Years	Declined Approved	Dual Use Drug - **OTHER USE would be APPROVED
Tositumomab	Cancer	< 2 Years > 2 Years	Declined Approved	
Totect	Cancer	< 2 Years > 2 Years	Declined Approved	
Trabectedin	Cancer	< 2 Years > 2 Years	Declined Approved	
Trametinib	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Trelstar	Cancer	< 2 Years > 2 Years	Declined Approved	
Tretinoin	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	

Prescription List for PRIMETERM to 100

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Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Trilaciclib	Cancer	< 2 Years > 2 Years	Declined Approved	
Trisenox	Cancer	< 2 Years > 2 Years	Declined Approved	
Trodelyv	Cancer	< 2 Years > 2 Years	Declined Approved	
Truseltyq	Cancer	< 2 Years > 2 Years	Declined Approved	
Tucatinib	Cancer	< 2 Years > 2 Years	Declined Approved	
Tukysa	Cancer	< 2 Years > 2 Years	Declined Approved	
Tykerb	Cancer	< 2 Years > 2 Years	Declined Approved	
Udenyca	Cancer	< 2 Years > 2 Years	Declined Approved	
Ukoniq	Cancer	< 2 Years > 2 Years	Declined Approved	
Umbralisib	Cancer	< 2 Years > 2 Years	Declined Approved	
Unituxin	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Uromitexan	Cancer	< 2 Years > 2 Years	Declined Approved	
Uvadex	Cancer	< 2 Years > 2 Years	Declined Approved	
Valchlor	Cancer	< 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	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Vandetanib	Cancer	< 2 Years > 2 Years	Declined Approved	
Vantas	Cancer	< 2 Years > 2 Years	Declined Approved	
Varubi	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Velban	Cancer	< 2 Years > 2 Years	Declined Approved	
Velcade	Cancer	< 2 Years > 2 Years	Declined Approved	
Vemurafenib	Cancer	< 2 Years > 2 Years	Declined Approved	
Venclexta	Cancer	< 2 Years > 2 Years	Declined Approved	
Venetoclax	Cancer	< 2 Years > 2 Years	Declined Approved	
Venoglobulin-S	Cancer	< 2 Years > 2 Years	Declined Approved	
Vepesid	Cancer	< 2 Years > 2 Years	Declined Approved	
Vericiguat	Congestive Heart Failure (CHF)	< 2 Years > 2 Years	Declined Approved	

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Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Verquvo	Congestive Heart Failure (CHF)	< 2 Years > 2 Years	Declined Approved	
Verzenio	Cancer	< 2 Years > 2 Years	Declined Approved	
Vesanoid	Cancer	< 2 Years > 2 Years	Declined Approved	
Viadur	Cancer	< 2 Years > 2 Years	Declined Approved	
Vidaza	Cancer	< 2 Years > 2 Years	Declined Approved	
Vinblastine Sulfate	Cancer	< 2 Years > 2 Years	Declined Approved	
Vincasar PFS	Cancer	< 2 Years > 2 Years	Declined Approved	
Vincristine Sulfate	Cancer	< 2 Years > 2 Years	Declined Approved	
Vinorelbine Tartrate	Cancer	< 2 Years > 2 Years	Declined Approved	
Vistogard	Cancer	< 2 Years > 2 Years	Declined Approved	
Vitrakvi	Cancer	< 2 Years > 2 Years	Declined Approved	
Vizimpro	Cancer	< 2 Years > 2 Years	Declined Approved	
Vorinostat	Cancer	< 2 Years > 2 Years	Declined Approved	
Votrient	Cancer	< 2 Years > 2 Years	Declined Approved	
Vumon	Cancer	< 2 Years > 2 Years	Declined Approved	
Vyndamax	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Vyndaqel	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Vyxeos	Cancer	< 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
Xalkori	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Xermelo	Cancer	< 2 Years > 2 Years	Declined Approved	
Xgeva	Cancer	< 2 Years > 2 Years	Declined Approved	
Xofigo	Cancer	< 2 Years > 2 Years	Declined Approved	
Xospata	Cancer	< 2 Years > 2 Years	Declined Approved	
Xpovio	Cancer	< 2 Years > 2 Years	Declined Approved	
Xtandi	Cancer	< 2 Years > 2 Years	Declined Approved	
Yervoy	Cancer	< 2 Years > 2 Years	Declined Approved	
Yescarta	Cancer	< 2 Years > 2 Years	Declined Approved	

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Medication	Indication	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Yondelis	Cancer	< 2 Years > 2 Years	Declined Approved	
Yosprala	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Zaltrap	Cancer	< 2 Years > 2 Years	Declined Approved	
Zanosar	Cancer	< 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
Zebeta	Heart Attack (Myocardial Infarction), Heart Surgery, Cardiomyopathy, Congestive Heart Failure (CHF), Stroke	< 2 Years > 2 Years	Declined Approved	
Zelboraf	Cancer	< 2 Years > 2 Years	Declined Approved	
Zenapax	Organ Transplant	< 2 Years > 2 Years	Declined Approved	
Zepzelca	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Ziextenzo	Cancer	< 2 Years > 2 Years	Declined Approved	
Zinecard	Cancer	< 2 Years > 2 Years	Declined Approved	
Zirabev	Cancer	< 2 Years > 2 Years	Declined Approved	
Ziv-Aflibercept	Cancer	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Zometa	Cancer	< 2 Years > 2 Years	Declined Approved	
Zortress	Organ Transplant	< 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	Cancer	< 2 Years > 2 Years	Declined Approved	
Zykadia	Cancer	< 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	Rx Fill Within	Benefit Eligibility - SBLI/SUSA	Comments
Zynlonta	Cancer	< 2 Years > 2 Years	Declined Approved	
Zytiga	Cancer	< 2 Years > 2 Years	Declined Approved	

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SBLI USA Life Insurance Company, Inc.

100 W. 33rd Street Suite 1007
New York, NY 10001-2914
1-877-SBLI-USA (1-877-725-4872)
sbliusa.com

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