

ALPHABETICAL DRUG LIST

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage has been indicated.

The "Rx Fill Within" column means the drug was prescribed within the time period noted.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Abilify	Bi-Polar / Schizophrenia	N/A	No Coverage
Accupril	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Accuretic	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Acebutolol HCL	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Aceon	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Actoplus	Diabetes	N/A	See "#" Below
Actos	Diabetes	N/A	See "#" Below
Advair	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Aggrenox	Blood Clot	3 years	Return of Premium
	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Albuterol	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Aldactazide	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Allopurinol	Gout	N/A	Immediate
Altace	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Amantadine HCL	Parkinson's	N/A	Return of Premium
Amaryl	Diabetes	N/A	See "#" Below
Ambisome	AIDS	N/A	No Coverage
Amiloride HCL	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Amlodipine Besylate/Benaz	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Amyl Nitrate	Angina / CHF	N/A	No Coverage
Antabuse	Alcohol / Drugs	2 years	No Coverage
Apokyn	Parkinson's	N/A	Return of Premium

* High Blood Pressure - If diagnosed, treated or taken medication for prior to age 30 or if taking 3 or more medications for the condition, client should apply for the Return of Premium Plan. Otherwise client should apply for the Immediate Death Benefit Plan.

Diabetes - If diagnosed, treated or taken medication for prior to age 39, client should apply for the Return of Premium Plan. If diagnosed, treated or taken medication for prior to age 21, or currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Apresoline	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Aptivus	AIDS	N/A	No Coverage
Aranesp	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency/Failure	N/A	No Coverage
	Diabetic Nephropathy	N/A	No Coverage
Arimidex	Cancer	5 years > 5 years	No Coverage Immediate
Atacand	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Atamet	Parkinson's	N/A	Return of Premium
Atenolol	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Atgam	Organ / Tissue Transplant	N/A	No Coverage
Atripla	AIDS	N/A	No Coverage
Atrovent/Atrovent HFA Atrovent (Nasal)	Allergies	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Avalide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Avandia	Diabetes	N/A	See "#" Below
Avapro	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Avonex	Multiple Sclerosis	N/A	Return of Premium
Azasan	Organ / Tissue Transplant	N/A	No Coverage
	Rheumatoid Arthritis	N/A	Return of Premium
	Systemic Lupus (SLE)	N/A	No Coverage
Azathioprine	Organ / Tissue Transplant	N/A	No Coverage
	Rheumatoid Arthritis	N/A	Return of Premium
	Systemic Lupus (SLE)	N/A	No Coverage
Azilect	Parkinson's	N/A	Return of Premium
Azmacort	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Azor	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Baclofen	Multiple Sclerosis	N/A	Return of Premium
Baraclude	Liver Disorder / Hepatitis	N/A	Return of Premium
	Liver Failure	N/A	No Coverage
Benazepril HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Benicar	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Benlysta	Systemic Lupus (SLE)	N/A	No Coverage
Benzotropine Mesylate	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Betapace	Irregular Heart Beat CHF	3 years N/A	Return of Premium No Coverage
Betaseron	Multiple Sclerosis	N/A	Return of Premium
Betaxolol HCL	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
BiDil	CHF	N/A	No Coverage
Bisoprolol Fumarate	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Bromocriptine Mesylate	Parkinson's	N/A	Return of Premium
Bumetadine	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Bumex	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Buprenex	Alcohol / Drugs	2 years	No Coverage
Bystolic	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Calan	High Blood Pressure (HTN)	N/A	See "*" Below
Calcium Acetate	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Campath	Cancer	5 years > 5 years	No Coverage Immediate
Campral	Alcohol / Drugs	2 years	No Coverage
Capoten	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Capozide	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Captopril	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Carbamazepine	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Carbatrol	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Carbidopa	Parkinson's	N/A	Return of Premium
Cardizem	High Blood Pressure (HTN)	N/A	See "*" Below
Cardura	High Blood Pressure (HTN)	N/A	See "*" Below
Cartia	High Blood Pressure (HTN)	N/A	See "*" Below
Carvedilol	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Casodex	Cancer	5 years > 5 years	No Coverage Immediate
Catapress	High Blood Pressure (HTN)	N/A	See "*" Below
Cellcept	Organ / Tissue Transplant	N/A	No Coverage
Chlorpromazine	Schizophrenia	N/A	No Coverage
Clopidogrel	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Cogentin	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Combivent	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Combivir	AIDS	N/A	No Coverage
Complera	AIDS	N/A	No Coverage
Copaxone	Multiple Sclerosis	N/A	Return of Premium
Copegus	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Cordarone	Irregular Heart Beat	3 years	Return of Premium
Coreg	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Corgard	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Corzide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Coumadin	Blood Clot	3 years	Return of Premium
	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Cozaar	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Creon	Chronic Pancreatitis	N/A	Return of Premium
Cyclosporine	Organ / Tissue Transplant	N/A	No Coverage
Cyclosporine Modified	Organ / Tissue Transplant	N/A	No Coverage
Cytoxan	Cancer	5 years > 5 years	No Coverage Immediate
Daliresp	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Demadex	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Depacon	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Depade	Alcohol / Drugs	2 years	No Coverage
Depakene	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Depakote	Seizures	3 years	Return of Premium

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Diabeta	Diabetes	N/A	See "#" Below
Diabinese	Diabetes	N/A	See "#" Below
Digitek	Irregular Heart Beat CHF	3 years N/A	Return of Premium No Coverage
Digoxin	Irregular Heart Beat CHF	3 years N/A	Return of Premium No Coverage
Dilacor	High Blood Pressure (HTN)	N/A	See "*" Below
Dilantin	Seizures	3 years	Return of Premium
Dilatrate SR	Angina / CHF	N/A	No Coverage
Dilor	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Diovan	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Disulfiram	Alcohol / Drugs	2 years	No Coverage
Dolophine	Opioid Dependence	2 years	No Coverage
Duoneb	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Dyazide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Dynacirc	High Blood Pressure (HTN)	N/A	See "*" Below
Dyrenium	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Edecrin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Edurant	AIDS	N/A	No Coverage
Eldepryl	Parkinson's	N/A	Return of Premium
Emtriva	AIDS	N/A	No Coverage
Enalapril Maleate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Enalaprilat	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Epitol	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Epivir	AIDS	N/A	No Coverage
Eplerenone	CHF	N/A	No Coverage
Eskalith	Bi-Polar / Schizophrenia	N/A	No Coverage
Esmolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Exforge	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Felodipine	High Blood Pressure (HTN)	N/A	See "*" Below

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Femara	Cancer	5 years > 5 years	No Coverage Immediate
Foscavir	AIDS	N/A	No Coverage
Fosinopril Sodium	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Fosrenol	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Furosemide	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Gabapentin	Seizures Diabetic Neuropathy Restless Leg Syndrome	3 years N/A N/A	Return of Premium No Coverage Immediate
Gleevec	Cancer	5 years > 5 years	No Coverage Immediate
Glipizide	Diabetes	N/A	See "#" Below
Glucophage	Diabetes	N/A	See "#" Below
Glucotrol	Diabetes	N/A	See "#" Below
Glyburide	Diabetes	N/A	See "#" Below
Glynase	Diabetes	N/A	See "#" Below
Haldol	Schizophrenia	N/A	No Coverage
Haloperidol	Schizophrenia	N/A	No Coverage
HCTZ/Triamterene	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Hectoral	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Heparin	Blood Clot	3 years	Return of Premium
Hepsera	Liver Disorder / Hepatitis	N/A	Return of Premium
Humalog (Insulin)	Diabetes	N/A	No Coverage
Humulin (Insulin)	Diabetes	N/A	No Coverage
Hydralazine HCL	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Hydroxyurea	Cancer	5 years > 5 years	No Coverage Immediate
Hydroxychloroquine	Systemic Lupus (SLE) Rheumatoid Arthritis	N/A N/A	No Coverage Return of Premium
Hytrin	High Blood Pressure (HTN)	N/A	See "*" Below
Hyzaar	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Imdur	Angina / CHF	N/A	No Coverage
Imuran	Organ / Tissue Transplant Rheumatoid Arthritis Systemic Lupus (SLE)	N/A N/A N/A	No Coverage Return of Premium No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Inamrinone	CHF	N/A	No Coverage
Inderide	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Inspra	CHF	N/A	No Coverage
Insulin	Diabetes	N/A	No Coverage
Intron-A	Cancer	5 years > 5 years	No Coverage Immediate
	Hepatitis C	N/A	Return of Premium
Invirase	AIDS	N/A	No Coverage
Ipratropium Bromide	Allergies	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Isoptin	High Blood Pressure (HTN)	N/A	See "*" Below
Isordil	Angina / CHF	N/A	No Coverage
Isosorbide Dinitrate/ Mononitrate	Angina / CHF	N/A	No Coverage
Janumet	Diabetes	N/A	See "#" Below
Januvia	Diabetes	N/A	See "#" Below
Kaletra	AIDS	N/A	No Coverage
Kemadrin	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Kerlone	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Labetalol	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Lamictal	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Lamtroline	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Lanoxicaps	Irregular Heart Beat CHF	3 years N/A	Return of Premium No Coverage
Lanoxin	Irregular Heart Beat CHF	3 years N/A	Return of Premium No Coverage
Lantus (Insulin)	Diabetes	N/A	No Coverage
Larodopa	Parkinson's	N/A	Return of Premium
Lasix	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Leukeran	Cancer	5 years > 5 years	No Coverage Immediate
Levatol	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Levemir (Insulin)	Diabetes	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Levocarnitine	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Levodopa	Parkinson's	N/A	Return of Premium
Lexiva	AIDS	N/A	No Coverage
Lipitor	Cholesterol	N/A	Immediate
Lisinopril	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Lithium	Bi-Polar / Schizophrenia	N/A	No Coverage
Lodosyn	Parkinson's	N/A	Return of Premium
Lopressor	High Blood Pressure (HTN)	N/A	See "*" Below
Losartan	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Lotensin	CHF	N/A	No Coverage
Loxapine	Schizophrenia	N/A	No Coverage
Lotensin	High Blood Pressure (HTN)	N/A	See "*" Below
Loxitane	Schizophrenia	N/A	No Coverage
Lozol	High Blood Pressure (HTN)	N/A	See "*" Below
Lupron	Cancer	5 years > 5 years	No Coverage Immediate
Lyrica	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Mavik	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Maxzide	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Mellaril	Schizophrenia	N/A	No Coverage
Metformin	Diabetes	N/A	See "#" Below
Methadone	Opioid Dependence	2 years	No Coverage
Methadose	Opioid Dependence	2 years	No Coverage
Methotrexate	Cancer	5 years > 5 years	No Coverage Immediate
	Rheumatoid Arthritis	N/A	Return of Premium
Metoprolol HCTZ	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Micardis	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Micronase	Diabetes	N/A	See "#" Below
Milrinone	CHF / Cardiomyopathy	N/A	No Coverage
Minipress	High Blood Pressure (HTN)	N/A	See "*" Below

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Minitran	Angina / CHF	N/A	No Coverage
Mirapex	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Moban	Schizophrenia	N/A	No Coverage
Moduretic	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Moexipril HCL	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Monoket	Angina / CHF	N/A	No Coverage
Monopril	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Mysoline	Seizures	3 years	Return of Premium
Nadolol	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Naloxone	Alcohol / Drugs	2 years	No Coverage
Naltrexone	Alcohol / Drugs	2 years	No Coverage
Narcan	Alcohol / Drugs	2 years	No Coverage
Natrecor	CHF	N/A	No Coverage
Navane	Schizophrenia	N/A	No Coverage
Neurontin	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Nifedipine	High Blood Pressure (HTN)	N/A	See "*" Below
Nimodipine	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Nimotop	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Nitrek	Angina / CHF	N/A	No Coverage
Nitro-bid	Angina / CHF	N/A	No Coverage
Nitro-dur	Angina / CHF	N/A	No Coverage
Nitroglycerine/Nitrostat/ Nitroquick	Angina / CHF	N/A	No Coverage
Nitrol	Angina / CHF	N/A	No Coverage
Normodyne	High Blood Pressure (HTN)	N/A	See "*" Below
Norpace	Irregular Heart Beat	3 years	Return of Premium
Norvir	AIDS	N/A	No Coverage
Novolin (Insulin)	Diabetes	N/A	No Coverage
Novolog (Insulin)	Diabetes	N/A	No Coverage
Pacerone	Irregular Heart Beat	3 years	Return of Premium
Pancrease	Chronic Pancreatitis	N/A	Return of Premium
Parcopa	Parkinson's	N/A	Return of Premium
Parlodel	Parkinson's	N/A	Return of Premium

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Pegasys	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Peg-Intron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Pentam 300	AIDS	N/A	No Coverage
Pentamidine Isethionate	AIDS	N/A	No Coverage
Pergolide Mesylate	Parkinson's	N/A	Return of Premium
Permax	Parkinson's	N/A	Return of Premium
Phenobarbital	Seizures	3 years	Return of Premium
Phoslo	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Plaquenil	Systemic Lupus (SLE) Malaria Rheumatoid Arthritis	N/A N/A N/A	No Coverage Immediate Return of Premium
Plavix	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Plendil	High Blood Pressure (HTN)	N/A	See "*" Below
Prandin	Diabetes	N/A	See "#" Below
Prazosin	High Blood Pressure (HTN)	N/A	See "*" Below
Primacor	CHF/Cardiomyopathy	N/A	No Coverage
Prinivil	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Prinzide	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Procardia	High Blood Pressure (HTN)	N/A	See "*" Below
Prograf	Organ / Tissue Transplant	N/A	No Coverage
Proleukin	Cancer	5 years > 5 years	No Coverage Immediate
Prolixin	Schizophrenia	N/A	No Coverage
Propranolol HCL	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Proventil	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Prozac	Depressive Disorder	N/A	Immediate
Quinapril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Quinaretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Ramipril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Ranexa	Angina / CHF	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Rapamune	Organ / Tissue Transplant	N/A	No Coverage
Rebetol	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Rebetron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Rebif	Multiple Sclerosis	N/A	Return of Premium
Renagel	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Renvela	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Requip	Parkinson's Restless Leg Syndrome	N/A N/A	Return of Premium Immediate
Ribavirin	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Rilutek	ALS / Motor Neuron Disease	N/A	No Coverage
Risperdal	Bi-Polar / Schizophrenia	N/A	No Coverage
Risperidone	Bi-Polar / Schizophrenia	N/A	No Coverage
Rituxan	Cancer	5 years > 5 years	No Coverage Immediate
	Rheumatoid Arthritis	N/A	Return of Premium
Ropinirole	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Rythmol	Irregular Heart Beat	3 years	Return of Premium
Serevent	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Seroquel	Bi-Polar / Schizophrenia	N/A	No Coverage
Sinemet/Sinemet CR	Parkinson's	N/A	Return of Premium
Sodium Edecrin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Sotalol Hydrochloride	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Sotalol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Spiriva	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Spironolactone	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Sprycel	Cancer	5 years > 5 years	No Coverage Immediate
Stalevo	Parkinson's	N/A	Return of Premium
Starlix	Diabetes	N/A	See "#" Below

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Suboxone	Alcohol / Drugs	2 years	No Coverage
Subutex	Alcohol / Drugs	2 years	No Coverage
Sustiva	AIDS	N/A	No Coverage
Symbicort	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Symmetrel	Parkinson's	N/A	Return of Premium
Tambocor	Irregular Heart Beat	3 years	Return of Premium
Tamoxifen	Cancer	5 years > 5 years	No Coverage Immediate
Tarka	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Tasmar	Parkinson's	N/A	Return of Premium
Tegretol	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Tenex	High Blood Pressure (HTN)	N/A	See "*" Below
Tenoretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Tenormin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Theodur	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Theophylline	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Thioridazine	Schizophrenia	N/A	No Coverage
Thiothixene	Schizophrenia	N/A	No Coverage
Thorazine	Schizophrenia	N/A	No Coverage
Tiazac	High Blood Pressure (HTN)	N/A	See "*" Below
Tolazamide	Diabetes	N/A	See "#" Below
Tolbutamide	Diabetes	N/A	See "#" Below
Tolinase	Diabetes	N/A	See "#" Below
Toprol XL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Torsemide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Trandate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Trimterene	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Tribenzor	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Trihexyphenidyl HCL	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Truvada	AIDS	N/A	No Coverage
Tyzeka	Liver Disorder / Chronic Hepatitis	N/A	Return of Premium
Uniretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Univasc	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Valcyte	AIDS	N/A	No Coverage
Valproic Acid	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Valstar	Cancer	5 years > 5 years	No Coverage Immediate
Valturna	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Vascor	Angina	N/A	No Coverage
Vaseretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Vasotec	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Ventolin	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Verapamil	High Blood Pressure (HTN)	N/A	See "*" Below
Viaspan	Organ / Tissue Transplant	N/A	No Coverage
Viracept	AIDS	N/A	No Coverage
Viramune	AIDS	N/A	No Coverage
Viread	AIDS	N/A	No Coverage
Visken	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Vivitrol	Alcohol / Drugs	2 years	No Coverage
Warfarin	Blood Clot	3 years	Return of Premium
	Stroke / Heart or Circulatory Disease or Disorder / Heart Valve Disease	N/A	No Coverage
Xeloda	Cancer	5 years > 5 years	No Coverage Immediate
Xopenex	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Zelapar	Parkinson's	N/A	Return of Premium

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Zemplar	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Zestoretic	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Zestril	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Ziac	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Zyprexa	Bi-Polar / Schizophrenia	N/A	No Coverage

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