

# > Life Express Products

## PRESCRIPTION DRUG EXCLUSIONS – BROKERAGE

### TERM LIFE EXPRESS (TLE), GUARANTEED UNIVERSAL LIFE EXPRESS (GULE)

Proposed insureds currently taking any of the following medications are not eligible for TLE or GULE coverage. This is not an all-inclusive drug list. Additional medications or combinations of medications may be added to this list at the discretion of United of Omaha at any time.

Abacavir	Combivir	Geodon	Nabi-Hb	Spiriva
Abilify	Copaxone	Haldol	Naloxone Hcl	Stalevo
Adcirca	Crixivan	Haloperidol	Naltrexone Hcl	Stribild
Aggrenox	Cyclosporine	Hepsera	Namenda	Suboxone
Alkeran	Cytoxan	Humira	Neupogen	Sustiva
Amiodarone	Digitek	Hydrea	Panretin	Symbyax
Ampyra	Digoxin	Hydroxyurea	Pegasys	Tamoxifen
Antabuse	Dobutamine Hcl	Infergen	Peg-Intron	Targretin
Aricept	Donepezil	Invega	Perphenazine	Teslac
Arimidex	Droxia	Invirase	Pradaxa	Truvada
Atripla	Eligard	Kalydeco	Prograf	Tysabri
Avonex	Eliquis	Lanoxin	Ranexa	Viracept
Azilect	Eminase	Latuda	Razadyne	Viramune
Baraclude	Enbrel	Leucovorin Calcium	Rebif	Viread
Betaseron	Epivir Hbv	Lexiva	Retrovir	Xarelto
Calcium Acetate	Ergoloid Mesylates	Limbitrol	Revia	Xeljanz
Campath	Exelon	Lithium	Revlimid	Zenapax
Campral	Femara	Megestrol Acetate	Ribavirin	Zerit
Caprelsa	Floxuridine	(Megace)	Risperdal	Ziagen
Carbidopa/Levodopa	Fluorouracil	Methadone	Rituxan	Zidovudine
Casodex	Galantamine	Methotrexate	Sandimmune	Zoladex
Cellcept	Hydrobromide	Mitomycin	Saphris	Zyprexa
Chlorpromazine Hcl	Gammagard	Morphine Sulfate	Seroquel	
Clozapine	Gamunex	Mycophenolate Mofetil	Serzone	
Cognex	Gengraf	Myfortic	Sinemet	

### ADDITIONAL INFORMATION REQUIRED

**If the proposed insured currently takes any of the following medications listed below, please include the reason(s) for the medication(s) on the application.** If this information is not included with the application, it will be obtained during the underwriting process in a pharmaceutical report, MIB reporting or, if needed, phone interview to help determine eligibility for coverage.

Carvedilol	Coreg	Enoxaparin Sodium	Plavix
Clopidogrel	Coumadin	Lovenox	Warfarin

## LIVING PROMISE

Proposed insureds currently taking any of the following medications are not eligible for Living Promise coverage. This is not an all-inclusive drug list. Additional medications or combinations of medications may be added to this list at the discretion of United of Omaha at any time.

**Note: Proposed insureds taking medications marked with an asterisk ( \*) may qualify for the Graded benefit product.**

Abacavir	Combivir	Hydrea	Peg-Intron*	Sustiva
Abilify*	Copaxone*	Hydroxyurea	Perphenazine*	Symbyax*
Alkeran	Crixivan	Infergen*	Pradaxa*	Targetin
Amiodarone*	Cyclosporine	Invega*	Prograf	Teslac
Ampyra*	Cytoxan	Invirase	Ranexa*	Truvada
Antabuse*	Donepezil	Latuda*	Razadyne	Viracept
Aricept	Droxia	Leucovorin Calcium	Rebif*	Viramune
Atripla	Eligard	Lexiva	Retrovir	Viread
Avonex*	Eminase*	Limbitrol*	Revvia*	Zenapax
Azilect*	Epivir Hbv	Lithium*	Revlimid	Zerit
Baraclude*	Ergoloid Mesylates	Megace	Ribavirin*	Ziagen
Betaseron*	Exelon	Megestrol Acetate	Risperdal*	Zidovudine
Calcium Acetate*	Floxuridine	(Megace)	Rituxan	Zoladex
Campath	Fluorouracil	Mitomycin	Sandimmune	Zyprexa*
Campral*	Galantamine	Mycophenolate Mofetil	Saphris*	
Caprelsa	Hydrobromide	Myfortic	Seroquel*	
Carbidopa/Levodopa*	Gammagard	Naloxone Hcl*	Serzone*	
Casodex	Gamunex	Naltrexone Hcl*	Sinemet*	
Cellcept	Gengraf	Namenda	Spiriva*	
Chlorpromazine Hcl*	Geodon*	Neupogen	Stalevo*	
Clozapine*	Haldol*	Panretin	Stribild	
Cognex	Haloperidol*	Pegasys*	Suboxone*	

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Aggrenox	Coreg	Eliquis	Lovenox	Xarelto
Arimidex	Coumadin	Enoxaparin Sodium	Plavix	
Carvedilol	Digitek	Femara	Tamoxifen	
Clopidogrel	Digoxin	Lanoxin	Warfarin	