

Express Life Products

Prescription Drug Exclusions

Term Life Express (TLE) and Indexed Universal Life Express (IUL Express)

Proposed insureds currently taking any of the following medications are not eligible for TLE or IUL Express 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	Copaxone	Haloperidol	Naltrexone Hcl	Symbyax
Adcirca	Crixivan	Hepsera	Namenda	Tamoxifen
Aggrenox	Cyclosporine	Humira	Neupogen	Targretin
Alkeran	Cytoxan	Hydrea	Opdivo	Teslac
Amiodarone	Daliresp	Hydroxyurea	Panretin	Tudorza
Ampyra	Digitek	Infergen	Pegasys	Tysabri
Anoro Ellipta	Digoxin	Invega	Peg-Intron	Viracept
Antabuse	Dobutamine Hcl	Invirase	Perphenazine	Viramune
Aricept	Donepezil	Isentress	Prograf	Viread
Arimidex	Droxia	Kalydeco	Ranexa	Xarelto
Atripla	Eligard	Keytruda	Razadyne	Xeljanz
Avonex	Eliquis	Lanoxin	Rebif	Zenapax
Azilect	Enbrel	Latuda	Retrovir	Zerit
Baraclude	Epivir Hbv	Leucovorin Calcium	Revia	Ziagen
Betaseron	Ergoloid Mesylates	Lexiva	Revlimid	Zidovudine
Calcium Acetate	Exelon	Lithium	Ribavirin	Zoladex
Campath	Femara	Megestrol Acetate	Risperdal	Zyprexa
Campral	Floxuridine	(Megace)	Rituxan	
Caprelsa	Fluorouracil	Methadone	Sandimmune	
Carbidopa/Levodopa	Galantamine	Methotrexate	Saphris	
Casodex	Hydrobromide	Mitomycin	Sinemet	
Cellcept	Gammagard	Morphine Sulfate	Spiriva	
Chlorpromazine Hcl	Gamunex	Mycophenolate Mofetil	Stalevo	
Clozapine	Gengraf	Myfortic	Stribild	
Cognex	Geodon	Nabi-Hb	Suboxone	
Combivir	Haldol	Naloxone Hcl	Sustiva	

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.

Abilify	Coreg	Lovenox	Seroquel
Carvedilol	Coumadin	Plavix	Truvada
Clopidogrel	Enoxaparin Sodium	Pradaxa	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	Crixivan	Invirase	Razadyne	Zenapax
Alkeran	Cyclosporine	Isentress	Rebif*	Zerit
Amiodarone*	Cytosan	Keytruda	Retrovir	Ziagen
Ampyra*	Daliresp*	Latuda*	Revia*	Zidovudine
Anoro Ellipta*	Donepezil	Leucovorin Calcium	Revlimid	Zoladex
Antabuse*	Droxia	Lexiva	Ribavirin*	Zyprexa*
Aricept	Eligard	Lithium*	Risperdal*	
Atripla	Epivir Hbv	Megace	Rituxan	
Avonex*	Ergoloid Mesylates	Megestrol Acetate	Sandimmune	
Azilect*	Exelon	(Megace)	Saphris*	
Betaseron*	Floxuridine	Mitomycin	Sinemet*	
Calcium Acetate*	Fluorouracil	Mycophenolate	Spiriva*	
Campath	Galantamine	Mofetil	Stalevo*	
Campral*	Hydrobromide	Myfortic	Stribild	
Caprelsa	Gammagard	Naloxone Hcl*	Suboxone*	
Carbidopa/Levodopa*	Gamunex	Naltrexone Hcl*	Sustiva	
Casodex	Gengraf	Namenda	Symbyax*	
Cellcept	Geodon*	Neupogen	Targetin	
Chlorpromazine Hcl*	Haldol*	Opdivo	Teslac	
Clozapine*	Haloperidol*	Panretin	Tudorza*	
Cognex	Hydrea	Perphenazine*	Viracept	
Combivir	Hydroxyurea	Prograf	Viramune	
Copaxone*	Invega*	Ranexa*	Viread	

Additional Information Required

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Abilify	Coumadin	Lanoxin	Tamoxifen
Aggrenox	Digitek	Lovenox	Truvada
Arimidex	Digoxin	Pegasys	Warfarin
Baraclude	Eliquis	Peg-Intron	Xarelto
Carvedilol	Enoxaparin Sodium	Plavix	
Clopidogrel	Femara	Pradaxa	
Coreg	Infergen	Seroquel	