

> Life Express Products

PRESCRIPTION DRUG EXCLUSIONS – BROKERAGE

TERM LIFE EXPRESS (TLE), GUARANTEED UNIVERSAL LIFE EXPRESS (GULE) AND INDEXED UNIVERSAL LIFE EXPRESS (IULE)

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

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

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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	