



Medicare Supplement Underwriting Guidelines

Qualification for Coverage/Underwriting

Table of Contents

Introduction	Page 4
Contact Information	Page 4
• Mailing Addresses	
• Fax Numbers	
• Phone Numbers	
Policy Issue Guidelines	Page 5
• Open Enrollment	
• Guaranteed Issue Rules	
• Underwritten Business	
• Underwriting Requirements	
• Declinable Conditions/Possible Declinable Conditions/Medications	
Application Instructions	Page 7
• Completing the Application	
• Personal Data	
• General Health/Medical Questions	
• Rating – Preferred vs Standard	
• Build Chart	
• Duplication of Coverage	
• Existing Coverage	
• Household Discount	
• Issue Dates	
• Premiums	
• Closed Out/Declined Cases	
Required Forms	Page 11
Guaranteed Issue Chart	Page 12
Medications List	Page 14
• Declinable/Possible Declinable Medications	
• Common Medications	

Introduction

The purpose of this guide is to assist you in determining eligibility for your clients for a Medicare Supplement policy.

It provides information needed for completing the application and all related forms with accuracy, which will help with expediting the underwriting process.

Contact Information

- **Mailing Address for New Business**

Medico Corp Life Insurance Company
PO Box 10482
Des Moines, IA 50306-0482

Medico Insurance Company
PO Box 10386
Des Moines, IA 50306-0386

- **Overnight Address (TO BE USED ON OVERNIGHT MAIL ONLY)**

Medico Corp Life Insurance Company / Medico Insurance Company
4255 NW 109th St
Urbandale, IA 50322

- **Phone Numbers**

Sales Support – 800-547-2401
Prescreen - 800-626-2068 extension 4443 or option 2
Commissions - 800-547-2401 extension 4474

Policy Issue Guidelines

An applicant can qualify for Medicare Supplement Insurance coverage in one of three ways:

- The applicant qualifies under Federal and State open enrollment regulations.
- The applicant qualifies under Federal and State guaranteed issue regulations.
- The applicant is underwritten and meets all coverage requirements.

Open Enrollment (OE)

Open enrollment is the period of time when an applicant may not be denied coverage and is guaranteed that coverage will be issued regardless of health history. The six-month open enrollment period begins the first day of the month when the applicant turns 65 and enrolled in Medicare Part B. There are three situations under which an applicant can qualify for open enrollment:

- applicant is age 65 or older and is first becoming enrolled in Medicare Part B;
- applicant is already enrolled in Medicare Part B (usually due to disability) and is turning age 65. (Open enrollment regulations may vary by state.) During this time, an insurance company cannot deny coverage, make applicants wait for coverage to start, or charge more for policies because of health problems.
- Some States allow Medicare-eligible individuals under the age of 65 to apply for Medicare Supplement coverage. Contact the Agency Services Department for further information.

Guaranteed Issue (GI)

Federal law provides that certain individuals applying for Medicare Supplement coverage who are outside their normal open enrollment period and who may not otherwise medically qualify for coverage may, under certain situations, be eligible for guaranteed issue coverage without pre-existing limitations.

To qualify for Guaranteed Issue, documentation of the reason for eligibility is required. This would consist of a copy of the official notification of loss of coverage or evidence of a move out of service area from the previous carrier or employer. The applicant must fall into one of categories listed in the chart on pages 11 and 12 of this guide.

If the applicant meets any one of the criteria, he/she must apply for our coverage within a limited time period as spelled out in the chart in order to be eligible for guaranteed issue.

Applications completed more than 63 days after the termination of existing coverage will be subject to normal underwriting. Additional guaranteed issue opportunities may exist when an individual loses Medigap, employer or Medicare Advantage.

Underwriting

If an applicant applies after open enrollment has ended and they are not eligible for guaranteed issue, the application will be underwritten. The applicant must answer all medical questions on the application.

Underwriting Requirements

If an application for coverage is underwritten, the following is used by the underwriter to make their decision.

- **Application for insurance**
The underwriter will first review the answers the client provided on the application to determine what additional information is needed to make their final decision.
- **Telephone Interview**
The underwriter will contact the client(s) and obtain additional information concerning their health history and/or clarification of the answers provided on their application. Agent should instruct applicants not considered OE or GI, to have their medication list available for the interview.
- **Claims History**
Any claim history the client has with American Enterprise will be reviewed by the underwriter. If clarification is needed, the underwriter will contact the client.
- **Prescription History**
The underwriter will review the applicants past prescription history. In order to obtain this information, a completed HIPAA Authorization is needed. The applicant's prescription history will be compared with the medication listed on the application. Any information obtained will be used to determine eligibility for coverage.
- **Medical Records**
Medical records are not ordered by the underwriters. If coverage is declined, and the client wants the decision to be reviewed, they may provide medical records at their expense.

Declinable Conditions

Below are conditions for which coverage would be declined. **Note: Answering “No” to all of the medical questions on the application does not guarantee acceptance. The underwriter reviews the clients entire medical history when making their decision.**

Declinable Conditions

- Diabetes - requiring injections (insulin or non-insulin); requiring three or more diabetes medications; in combination with heart conditions (to include but not limited to history of heart attack, bypass surgery, angioplasty, stents) - excluding high blood pressure; in combination with circulatory conditions (to include but not limited to stroke, TIA); with kidney disease, neuropathy or retinopathy
- Treated for or advised to have a bone marrow or organ transplant
- Diagnosed or treated for AIDS
- Treated for or diagnosed as having internal cancer, melanoma, leukemia, Hodgkin's disease, or lymphoma
- Treated or diagnosed as having congestive heart failure
- Alzheimer's disease, Organic Brain Syndrome, or Senile Dementia
- Treated for or diagnosed as having Amyotrophic Lateral Sclerosis (ALS), Parkinson's disease or Multiple Sclerosis
- Cirrhosis of the liver, chronic renal failure, kidney failure or have had dialysis
- Diagnosed as having Hepatitis C, Lupus or Crohn's disease
- Diagnosed with COPD and/or Emphysema
- Requiring any injectable medications for treatments (except vitamin B-12)
- Uses or has oxygen tank for lung disease
- Hospitalizations within the past 60 days or three or more within the past two years
- Requiring assistance for dressing, bathing, toileting, walking or is bed-ridden
- Any surgeries that have been recommended and have not yet been performed
- Radiation or chemotherapy treatments within the past two years.
- Diagnosed with Bipolar or Schizophrenia
- Diagnosed with Myasthenia Gravis
- Peripheral Vascular Disease
- Neuropathy (diabetic)
- Contemplating Surgery
- Not yet released from a Dr after surgery
- Ulcerative Colitis
- Psoriatic Arthritis

Possible Declinable Conditions

- History of stroke, TIA (Transient Ischemic Attack), heart attack, heart surgery (including bypass or balloon), stent placement of any vessel or angioplasty
- Requiring the use of a nebulizer machine
- Medications for treatment of multiple conditions such as high blood pressure, high cholesterol, diabetes or heart conditions
- Requiring frequent chiropractic treatments
- Seizure disorder
- Blood clots
- Pacemakers and Defibrillators
- Currently under doctor's care or requiring physical therapy
- Macular Degeneration requiring ongoing injections
- Meniere's Disease
- Multiple Basal Cell Carcinomas
- Angina
- Rheumatoid Arthritis
- Gastric Bypass/Bariatric Surgery (within 2 yrs or with complications)
- Polymyalgia Rheumatica
- Neuropathy (non-diabetic)
- Aneurysm (Cerebral or Aortic)
- Current use of a pain management clinic and/or doctor

Medications

Beginning on page 13 you will find our medication chart. This chart identifies declinable, possible declinable and commonly used medications.

Applications should not be submitted if:

- applicant is covered by a state Medicaid program or receiving public assistance. **(See Duplication of Coverage section for exceptions.)**
- applicant is not currently enrolled in Medicare Parts A and B and does not plan to enroll within the next six months. (Applicant must be enrolled in Medicare Part B before effective date.)
- applicant is covered under any policy titled “Medicare Supplement” which they are not replacing, whether such policy supplements both Part A and B of Medicare or only Part A or Part B.

Note: We recognize that some policies stated as “Medicare Supplement Policies” may not be properly titled. However, no agent may make any value judgment and the above rules stated under the application section will apply in all cases.

- applicant is retaining any type of health plan that duplicates benefits provided by Medicare. **(See Duplication of Coverage section for exceptions.)**
- any question in the General Health Section of the application is answered “Yes,” unless the applicant is an open enrollee or eligible for guaranteed issue.
- applicant’s weight is below the minimum or exceeds the maximum limit for their height, unless the applicant is an open enrollee or eligible for guaranteed issue. **(See Adult Build Table for further information)**

Completing the Application

If both applicant and spouse are applying for coverage a separate application will need to be completed for each of them. Please be certain you complete the correct state version of the application for the state written since state versions do exist. The application and initial premium check should be mailed or faxed within 24 hours of the application date.

When completing the application

- all questions should be asked of and answered by the applicant.
- every question on the application must be answered. OE and GI applicants do not need to answer the medical questions on the application (may vary by state.)
- all answers must be legibly written or printed in ink.

- each applicant must sign his or her own name.

Application – Complete Personal Data

- each applicant’s full first name and middle initial, rather than initials only. If an applicant has an initial for a first name, please note this on the application. Correct spellings of names are essential.
- each applicant’s Social Security number.
- each applicant’s Medicare Claim Number. Ask to see the applicant’s Medicare identification card, since you will need to indicate the effective date of Medicare Part B and the Medicare Claim Number on the application. This number may differ from their Social Security number.
- accurate mailing address for applicant.
- applicant’s telephone number for telephone interview.

Application – General Health

If any questions under this section are answered “Yes” and the applicant does not qualify for open enrollment or eligible for guaranteed issue, the applicant will not be eligible for coverage.

If a condition should arise after the application is written but before the coverage is issued, the applicant should be told to notify the Company either by phone or in writing of the new condition.

We reserve the right to deny coverage where health history indicates a combination of significant conditions, even when the applicant has answered “No” to all health questions under this section.

Application – Medical Health Information

A “Yes” answer to questions under “Medical Health Information” will be reviewed by the Underwriter to determine eligibility.

Application – Additional Information for Preferred Rating

Preferred Rating (varies by state, refer to specific State application and sales material for availability)

If your client has not used tobacco in any form within the past two years, they are eligible for preferred rates.

(Note: This includes nicotine and/or tobacco products in any form, including electronic cigarettes.)

Duplication of Coverage

Federal law, for the most part, prohibits the sale of Medicare supplement policies to Medicaid recipients. However, sales are not prohibited to Specified Low-Income Medicare Beneficiaries (SLMB) for whom Medicaid pays only the Medicare Part B premium. If applicant is a Qualified Medicare Beneficiary (QMB) or has other Medicaid medical benefits, they are not eligible for coverage.

Federal law will allow the sale of Medicare supplement policies in addition to some Retirement health plans. Please contact the Home Office before submitting an application for someone with a retirement health plan he/she is not planning to replace. After discussing the retirement health plan benefits, a Home Office underwriter will be able to tell you whether or not an application can be written. If an application can be written, a copy of the retirement health plan must be submitted with the application.

Federal law prohibits the sale of a Medicare supplement policy to someone with (a) existing Medicare supplement coverage, unless the new policy will replace the existing policy; (b) a Medicare Advantage plan, unless the Medicare Advantage plan will end before the effective date of the new policy.

Coverage Replacements of Internal or External Companies

All replacements, whether internal or external require a completed application and all Federal and State required forms. Replacement applications will typically follow the normal underwriting process. The Comparison and Replacement forms must be accurately completed and signed by the applicant and agent (where applicable).

When completing the replacement form, be sure the appropriate reason for the replacement is indicated. The underwriter will review this form for accuracy. Any omission or inaccurate information will be reviewed with the agent, and delays in the application process may occur.

Application – Existing Coverage

If an applicant is currently insured with any other insurance company, indicate the policyholder's Identification Number or Policy Number and a brief description of the coverage. The Standards of Marketing Section of the NAIC Model makes it very clear with regards to replacement of other coverage that certain procedures must be followed in order to avoid severe penalties. Completion of the Existing Coverage Section ensures that excessive insurance is not being sold or issued and that every reasonable effort is being made to identify whether a prospective applicant already has accident and sickness insurance and the types and amounts of such insurance. For replacement situations, we require completion of two additional forms which are used in virtually all states. They are titled "A Notice to Applicant Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage" and "Medicare Supplement Comparison Statement".

To ensure that excessive insurance is not sold, confirm with the applicant that the proposed effective date of the new coverage corresponds with the date of cancellation or disenrollment for any coverage to be replaced.

This section of the Medicare Supplement application will also help you determine if an otherwise ineligible applicant qualifies for guaranteed issue. Applicants qualifying for guaranteed issue will need to provide a copy of the Notice of Termination of Coverage.

Adult Build Table

The Adult Build Table is designed to assist you in determining if an applicant is eligible for Medicare supplement coverage. Individuals whose weight is below the minimum or greater than the maximum limit for their height will not qualify for coverage.

Height	Minimum Weight in Pounds	Maximum Weight in Pounds
4'2"	58	186
4'3"	61	190
4'4"	64	194
4'5"	67	198
4'6"	70	202
4'7"	73	206
4'8"	76	210
4'9"	79	214
4'10"	82	218
4'11"	85	222
5'	88	226
5'1"	91	230
5'2"	94	234
5'3"	97	239
5'4"	100	244
5'5"	103	249
5'6"	106	254
5'7"	109	259
5'8"	112	264
5'9"	115	269

Height	Minimum Weight in Pounds	Maximum Weight in Pounds
5'10"	118	274
5'11"	122	279
6'	126	285
6'1"	130	291
6'2"	134	297
6'3"	138	303
6'4"	142	309
6'5"	146	315
6'6"	150	323
6'7"	154	331
6'8"	158	339
6'9"	162	347
6'10"	166	355
6'11"	170	363
7'	174	372
7'1"	178	380
7'2"	182	388
7'3"	186	396
7'4"	190	402

Additional Discounts – Household Discount

Household discounts may be available in some states.

The discount is applied if the applicant lives with another person over the age of 18. The other household member does not need to apply.

To qualify for this discount, review and complete the questions on the Application. Please be sure to provide the name of the person over 18 that resides with the applicant. The underwriter may call the client and/or the 'other person' to verify the information.

Date of Issue

In most states, an application for Medicare Supplement coverage can be written up to 6 months **(3 months in WI)** prior to the applicant's 65th birthday, providing the applicant will be eligible for Medicare Part A and is planning to enroll in Part B. The coverage will be issued effective on or after the applicant's Medicare eligibility date.

Unless a specific issue date is requested, coverage is issued to coincide with the date the application is approved by the underwriter. Coverage will be issued effective any day of the month except the 29th, 30th and 31st, for administrative purposes.

For underwritten applicants (replacements or non-replacements), a specific issue date may be requested up to 6 months from the written date.

The requested issue date should be at least 30 days after the written date to allow sufficient time to underwrite the case.

Each applicant who is replacing coverage should be told NOT to drop their present coverage until our coverage is issued and delivered to them.

RecoveryCare/Final Expense

6 months in advance (3 months for WI) if written in conjunction with a MS - OE and they are wanting both policies to start at the same time (3 months for WI).

120 day for all other situations, replacing coverage or not replacing coverage.

Premiums

With regard to premium payment:

- the Company only allows for premium payments to be made by the insured or an immediate family member. The Company does not allow premiums to be paid by employers or other third parties (ie: foundations, associations, etc.) except in the state of Georgia. (The state of GA regulates that third party checks ie: foundations/associations etc. are permitted. In the state of GA, you may accept these types of payments.)
- all premium checks should be made payable to the Company.
- the Company will not accept an agent's check, an agency check, or a post-dated check.
- Payment modes vary by state and product. Please refer to the Coverage Selection form for the credit card, bank draft and direct bill options available to you.

Draft payment method authorizes the Company to make withdrawals directly from the policyholder's bank account. If using the Bank Draft payment method, follow the steps listed below:

- Complete the Bank Authorization Form, which is part of the application folder.
- If separate applications are written for husband and wife, one Bank Draft form may be used. Please list names that are to be deducted from one checking account on the authorization form. It is important to keep the applications together when only one Bank Draft form is used.
- Draft date will be on the date the policy is effective and that same day of the month going forward. An alternate draft date may be chosen but can only be within the range of four days prior or five days after the effective date.

Note: Draft dates cannot be on the 29th, 30th or 31st of the month.

If paying by a direct bill method the applicant must submit the premium with the application.

The applicant should be asked to continue paying renewal premiums on existing coverage until notification is received that the coverage has been approved.

Credit Card for Initial & Subsequent Premium.

VISA or Mastercard are acceptable for payment of premium. When credit card mode is chosen, the credit card is not charged until the application is issued. If a credit card is being used for an initial payment only on a direct bill or bank draft mode the credit card will be charged on approval.

If your client chooses to use their credit card for premium, the following must be indicated on their credit card authorization form:

- credit card type
- credit card account number
- credit card expiration date
- authorized signature
- date authorization completed

If the client chooses the Monthly Bank Draft mode for their subsequent premiums, the automatic payment authorization must be completed.

Closed Out and Declined Cases

- Closed Out – An application is closed out when underwriting information or required forms cannot be obtained.
- Declined – An application is declined when the client does not medically meet the underwriting requirements.

Note: All premium refunds are made directly to the applicant.

Required Forms

Each sales kit includes all forms needed for each state. Failure to complete the necessary forms will result in delays and possible lost business and lost commissions. To expedite the underwriting process at the Home Office, it is essential that all state-required forms be completed and submitted.

Guaranteed Issue

Guaranteed Issue Situation	Options	Guaranteed Issue Period Guidelines
<p>You have Original Medicare and are enrolled in a health benefit plan provided by an employer that pays after Medicare and you retire and leave the plan or the plan terminates or ceases to provide all benefits.</p> <p>OR</p> <p>You have Original Medicare and are enrolled in a retiree health plan, union coverage or COBRA coverage provided by an employer that pays after Medicare and the plan terminates or ceases to provide all benefits.</p> <p>Note: Retirees who voluntarily disenroll do not have a guarantee issue right. (Medicare enrolled spouses of employees or retirees who are included on the plan have the same rights as the employee or retiree.)</p>	<p>Must be allowed to enroll in Medicare supplement plan A, B, C, F (including high deductible F), K or L.</p> <p>If you have COBRA coverage, you can either buy a Medigap policy right away or wait until the COBRA coverage ends.</p>	<p>No later than within 63 days of whichever is later:</p> <ol style="list-style-type: none"> 1. The date of receipt of the Notice of Termination of Coverage, 2. Notice that a claim has been denied due to the plan termination if a Notice to Plan Termination is not received, 3. The date that coverage terminates or ceases.
<p>Enrolled in a Medicare Advantage or Programs of All-inclusive Care for the Elderly (PACE) plan and the circumstances permit discontinuance of enrollment because of one of the following:</p> <ol style="list-style-type: none"> 1. Termination of the plan's certification, 2. Discontinuance of the plan for that area, 3. Insured is not eligible due to change in residence, 4. Substantial violation of a material provision of the contract by the organization or material misrepresentation by the organization (or agent or entity acting on the organization's behalf) in marketing the plan. 	<p>Must be allowed to enroll in Medicare supplement plan A, B, C, F (including high deductible F), K or L.</p>	<p>Beginning on the date of receipt of Notice of Termination of coverage and / or ending 63 days after the date of coverage termination.</p> <p>OR</p> <p>If voluntarily disenrolls, beginning 60 days before the effective date of disenrollment and ending 63 days after the effective date.</p>
<p>Enrollment in a Medicare Cost contract (HMO), Medicare Select plan or other health care prepayment plan and enrollment ceases because of one of the following:</p> <ol style="list-style-type: none"> 1. Termination of the plan's certification; 2. Discontinuance of the plan for that area; 3. Insured is not eligible due to change in residence; 4. Substantial violation of a material provision of the contract by the organization, or material misrepresentation by the organization (or agent or entity acting on the organizations behalf) in marketing the plan. 	<p>Must be allowed to enroll in Medicare supplement plan A, B, C, F (including high deductible F), K or L.</p>	<p>As early as 60 days before the date the Medicare Cost or Medicare Select plan coverage ends.</p> <p>OR</p> <p>Ending no later than 63 days after the date of Medicare Cost or Medicare Select coverage termination.</p>

Guaranteed Issue

Guaranteed Issue Situation	Options	Guaranteed Issue Period Guidelines
<p>Enrolled in Medicare supplement policy and coverage discontinues due to:</p> <ol style="list-style-type: none"> 1. Insolvency or bankruptcy of the organization. 2. Other involuntary termination of coverage under the policy. 3. Substantial violation of a material coverage provision. 4. Material representation of coverage provision by the issuer (or agent or entity acting on the organization's behalf) in marketing the plan. 	<p>Must be allowed to enroll in Medicare supplement plan A, B, C, F (including high deductible F), K or L.</p>	<p>Beginning with the earlier of the receipt of Notice of Termination of Coverage, a notice of the issuer's bankruptcy or insolvency, or such similar notice if any and the date that the coverage ends and ending 63 days after the date of coverage termination.</p> <p>OR</p> <p>If voluntarily disenrolls due to misrepresentation or substantial violation of a material provision, beginning 60 days before the effective date of disenrollment and ending 63 days after the effective date.</p>
<p>Enrolled in a Medicare supplement policy, insured subsequently terminates and enrolls for the first time in a Medicare Advantage, Medicare cost, Programs of All-inclusive Care for the Elderly (PACE) plan or Medicare Select plan and then terminates within the first 12 months of such enrollment.</p>	<p>Must be allowed to enroll in the Medicare supplement policy most recently enrolled in if available from the same insurer. If not available, the insured must be allowed to enroll in a Medicare supplement Plan A, B, C, F (including high deductible F), K or L with any insurer. If the most recent Medicare supplement policy contained an outpatient prescription drug benefit, then the individual must be given by the same insurer the most recent plan modified to remove the outpatient prescription drug coverage or at the election of the individual, Plan A, B, C, F (including high deductible F), K, or L with any insurer.</p>	<p>If voluntarily disenrolls: Beginning 60 days before the effective date of disenrollment and ending 63 days after the effective date.</p> <p>Note: Under certain circumstances, your rights may last for an extra 12 months</p>
<p>Upon first becoming eligible for benefits under Part A at age 65, enrolls in Medicare Advantage or Programs of All-inclusive Care for the Elderly (PACE) plan and disenrolls within 12 months.</p>	<p>Must be allowed to enroll in any plan offered by insurer.</p>	<p>If voluntarily disenrolls: Beginning 60 days before the effective date of disenrollment and ending 63 days after the effective date.</p> <p>Note: Under certain circumstances, your rights may last for an extra 12 months</p>
<p>Loss of Medicaid Benefits (KS, OR, TN, TX, UT, WI)</p> <p>These states allow for guarantee issue when Medicaid benefits are lost.</p>	<p>Please consult Home Office for guidelines.</p>	
<p>Colorado - Guaranteed Issue period requirement</p>	<p>Please contact Home Office for assistance.</p>	<p>In most instances, the guaranteed issue period will be 63 days for situations involving voluntary termination of coverage and 6 months for involuntary termination for reasons other than nonpayment of premium, fraud or abuse.</p>

Medications/Therapeutic Use Reference

This prescription/medication chart includes the following: declinable medications, possible declinable medications and common medications. Declinable medications are in **bold/italicized** lettering. If your client is taking one of these medications, they are not eligible for coverage. Under certain medications you will see a condition that has **bold/italicized** lettering. If your client is taking the medication for

the condition that is **bold & italicized** they are not eligible for coverage. The remaining medications are a list of prescription drugs and their common therapeutic use. These prescription drugs are not limited to the treatment of the conditions indicated. This list is by no means complete since it would be impossible to list every medication in an easy reference guide.

Medication	Condition
Abilify	Schizophrenia/Bipolar Disorder
Abatacept	RA Injctible
Abiraterone Acetate	Cancer
Accupril	High Blood Pressure
Aciphex	Acid Reflux/Ulcer
Actemra	RA (injection)
Actonel	Osteoporosis
Actos	Diabetes
Acyclovir	Viral Infection
Advair Diskus	Asthma
Advicor	Cholesterol
Aggrenox	Prevent Blood Clot/Stroke
Albiglutide	Diabetes (injection/non-insulin)
Albuterol	Asthma/ COPD
Aldoril	High Blood Pressure
Alirocumab	Cholesterol (Injection)
Alkeran	Cancer
Allegra	Allergies
Allopurinol	Gout
Alosetron	IBS-D
Alphagan	Glaucoma
Alprazolam	Anxiety
Altace	High Blood Pressure/ Congestive Heart Failure
Amaryl	Diabetes
Ambien	Insomnia
Amerge	Migraine
Amiodarone	Ventricular Arrhythmia
Amitiza	IBS-C
Amitriptyline	Depression
Amlodipine	High Blood Pressure

Medication	Condition
Anastrozole	Breast CA
Antabuse	Alcoholism
Apremilast	Plaque Psoriasis
Apriso	Ulcerative Colitis
Aranesp	Anemia in pts w/Chronic Renal Failure & CA Chemotherapy
Arava	RA
Aricept	Alzheimer's Disease/Memory Loss
Arimidex	Breast CA
Aripiprazole	Schizophrenia/Bipolar
Asacol	Ulcerative Colitis
Atacand	Heart Failure/High Blood Pressure
Atenolol	High Blood Pressure
Ativan	Anxiety
Atorvastatin	Cholesterol
Atrovent	COPD/Asthma
Auranofin	RA
Avalide	High Blood Pressure
Avandia	Diabetes
Avapro	High Blood Pressure
Avastin	Cancer
Avodart	Benign Prostatic Hyperplasia (BPH)
Avonex	MS
Axert	Migraine
Azathioprine	Prevent Kidney Transplant Rejection/RA
AZT	HIV/AIDS
Azulfidine	Ulcerative Colitis/RA
Balsalazide Disodium	Ulcerative Colitis/Crohn's
Beclomethasone	Mild/Moderate Asthma
Beconase AQ	Allergies
Benazepril	CHF/Renal Failure/High Blood Pressure

Medication	Condition
Benzotropine	Parkinson's Disease
Betamethasone	Steroidal Anti-Inflammatory
Bevacizumab	Cancer
Bextra	Arthritis/Pain
Bicalutamide	Prostate CA
Bisoprolol	High Blood Pressure
Boniva	Osteoporosis
Breo	COPD/Asthma
Budesonide (oral)	Crohn's Disease
Bumex	Fluid Retention/ CHF
Bupropion	Depression
Busulfan	Leukemia
Bydureon	Diabetes (injection/non-insulin)
Byetta	Diabetes (injection/non-insulin)
Caduet	High Blood Pressure & Cholesterol
Capozide	High Blood Pressure
Carbidopa	Parkinson's Disease
Cardizem	Angina/Arrhythmia/High Blood Pressure
Cardura	High Blood Pressure/Urinary Retention assoc w/BPH
Carisoprodol	Muscle Relaxer
Cartia	Angina/Arrhythmia/High Blood Pressure
Carvedilol	CHF/High Blood Pressure
Casodex	Prostate CA
Catapres	High Blood Pressure
Celebrex	Inflammation/Pain
Celexa	Depression
CellCept	Transplant Anti-Rejection/Lupus
Cevimeline	Dry Mouth - Sjogren's Syndrome
Chlorambucil	Leukemia
Chlordiazepoxide	Anxiety/ Alcoholism
Chlorpromazine	Schizophrenia
Ciclosporin	Dry Eyes/ Organ Transplant Rejection/RA/Psoriasis/Nephrotic Syndrome
Cilostazol	Intermittent Claudication/Peripheral Vascular Disease
Cinacalcet	Hyperparathyroidism in Pts with Chronic Kidney Disease
Citalopram	Depression
Clarinx	Allergies

Medication	Condition
Cloazal	Ulcerative Colitis/Crohn's
Clonazepam	Seizures/Panic Disorder
Clopidogrel	Prevent Blood Clot/Stroke
Clotrimazole	Fungal Infection
Clozapine	Schizophrenia
Clozaril	Schizophrenia
Codeine	Pain
Cogentin	Parkinson's Disease
Cognex	Alzheimer's Disease
Colestid	Cholesterol
Combivent	COPD
Comtan	Parkinson's Disease
Copaxone	MS (injection)
Cordarone	Ventricular Arrhythmia
Coreg	CHF/High Blood Pressure
Cortisone	Inflammation/Arthritis
Cosentyx	Plaque Psoriasis (injection)
Coumadin	Blood Thinner
Cozaar	High Blood Pressure
Crestor	Cholesterol
Cyclobenzaprine	Muscle Relaxer
Cyclophosphamide	Cancer
Cyclosporine	Dry Eyes/ Organ Transplant Rejection/RA/Psoriasis/Nephrotic Syndrome
Cymbalta	Depression/Fibromyalgia
Cytosan	Cancer
Daclatasvir	Hepatitis C
Daklinza	Hepatitis C
Dapagliflozin	Diabetes
Darbepoetin Alfa	Anemia in pts w/Chronic Renal Failure & CA Chemotherapy
Darifenacin	Urinary Disorder
Darunavir	HIV
Darvocet	Severe Pain
Delzicol	Ulcerative Colitis/Crohn's
Depakote	Seizures
Desoximetasone	Skin Conditions
Detrol LA	Urinary Disorder
Diazepam	Anxiety/ Alcohol Withdrawal/Muscle Spasms
Diclofenac	Non-Steroidal Anti-Inflammatory

Medication	Condition
Diflucan	Fungal Infection
Digitek	Arrhythmia/ Heart Failure
Digoxin	Arrhythmia/ Heart Failure
Dilantin	Seizures
Dilaudid	Severe Pain
Diltiazem	Angina/Arrhythmia/High Blood Pressure
Diovan	Heart Failure /High Blood Pressure
Ditropan XL	Urinary Disorder
Diuril	Fluid Retention/ CHF
Dofetilide	Atrial Fibrillation
Donepezil	Alzheimer's Disease/Memory Loss
Doxazosin	High Blood Pressure/Urinary Retention assoc w/BPH
Dulaglutide	Diabetes (injection/non-insulin)
Duloxetine	Depression/Fibromyalgia
Duragesic	Severe Pain
Effexor	Depression/Anxiety
Elavil	Depression
Elidel	Dermatitis
Eliquis	Prevent Blood Clot/Stroke in pts w/A Fib
Eluxadoline	IBS-D
Enablix	Urinary Disorder
Enalapril	CHF /High Blood Pressure
Enbrel	RA (injection)
Entacapone	Parkinson's Disease
Entresto	Chronic Heart Failure
Erlotinib	Cancer
Esidrix	High Blood Pressure/Fluid Retention
Estrace	Menopause
Estradiol	Menopause
Estratab	Menopause
Eulexin	Prostate CA
Evista	Osteoporosis
Evolocumab	Cholesterol (Injection)
Evoxac	Dry Mouth - Sjogren's Syndrome
Exalgo	Severe Pain
Exelon	Alzheimer's Disease
Exenatide	Diabetes (injection/non-insulin)
Extavia	MS

Medication	Condition
Farxiga	Diabetes
Femara	Breast CA
Fenofibrate	Cholesterol
Fentanyl	Severe Pain
Fesoterodine	Urinary Disorder
Finasteride	Benign Prostatic Hyperplasia (BPH)
Flexeril	Muscle Relaxer
Flomax	Prostate/Urinary Disorder
Flonase	Allergies
Flovent	Asthma
Fluconazole	Fungal Infection
Fluoxetine	Panic Disorder/Depression
Fluphenazine	Schizophrenia/Psychosis
Fluticasone	Allergies
Forteo	Osteoporosis (injection)
Fosamax	Osteoporosis
Fosinopril	Heart Failure /High Blood Pressure
Frova	Migraine
Furosemide	Edema/High Blood Pressure/CHF
Gabapentin	Nerve Pain/ Neuropathy
Galantamine	Alzheimer's Disease
Gelnique	Urinary Disorder
Gemfibrozil	Cholesterol
Gengraf	Prevent Organ Transplant Rejection
Geodon	Schizophrenia/Bipolar
Glazo	Ulcerative Colitis/Crohn's
Gleevec	Leukemia
Glipizide	Diabetes
Glucophage	Diabetes
Glucotrol	Diabetes
Glucovance	Diabetes
Glyburide	Diabetes
Haldol	Mood Disorders/Schizophrenia
Harvoni	Hepatitis C
Heparin	Prevent Blood Clots (injection)
Hexalen	Ovarian CA
Humalog	Diabetes (insulin)
Humira	Crohn's Disease/RA (injection)
Humulin	Diabetes (insulin)
Hydrea	Sickle Cell Anemia/Cancer/Blood Disorders

Medication	Condition
Hydrochlorothiazide/HCTZ	High Blood Pressure/Fluid Retention
Hydrocodone	Severe Pain
Hydrodiuril	High Blood Pressure/Fluid Retention
Hydromorphone	Severe Pain
Hydropres	High Blood Pressure
Hydroxychloroquine	RA/Lupus
Hydroxyurea	Sickle Cell Anemia/Cancers/Blood Disorders
Hydroxyzine	Allergies
Hygroton	Fluid Retention/ CHF
Hytrin	High Blood Pressure/Enlarged Prostate
Hyzaar	High Blood Pressure
Ibuprofen	Non-Steroidal Anti-Inflammatory
Imdur	Angina/Chest Pain
Imipramine	Depression
Imitrex	Migraine
Imuran	Prevent Kidney Transplant Rejection/RA
Indapamide	High Blood Pressure/CHF
Inderal	Angina/High Blood Pressure/Arrhythmia
Inderide	High Blood Pressure
Indocin	Non-Steroidal Anti-Inflammatory
Indomethacin	Gout
Infliximab	RA/Crohn's Disease
Interferon	MS/Hepatitis C
Invokana	Diabetes
Ipratropium	COPD/Asthma
Isosorbide Mononitrate	Angina/Chest Pain
Januvia	Diabetes
Keytruda	Lung Cancer
Klonopin	Panic Disorder/Seizures
Klor-Con	Potassium Deficiency
Lamictal	Seizures/ Bipolar Disorder
Lanoxin	Arrhythmia/ Heart Failure
Lantus	Diabetes (insulin)
Lasix	Edema/High Blood Pressure/ CHF
Latuda	Bipolar Disorder/Schizophrenia
Ledipasvir	Hepatitis C
Leflunomide	RA

Medication	Condition
Lescol	Cholesterol
Letrozole	Breast CA
Leukeran	Leukemia
Levaquin	Bacterial Infections
Levodopa	Parkinson's Disease
Levothroid	Thyroid
Levothyroxine	Thyroid
Levoxyl	Thyroid
Lexapro	Depression
Lialda	Ulcerative Colitis
Librium	Anxiety/ Alcoholism
Linaclotide	IBS-C
Linagliptin	Diabetes
Linzess	IBS-C
Lipitor	Cholesterol
Lisinopril	CHF/High Blood Pressure
Lithium	Manic Depressive Disorder/Bipolar Disorder
Lodosyn	Parkinson's Disease
Lopid	Cholesterol
Lopressor	High Blood Pressure
Lorazepam	Anxiety
Lotensin	High Blood Pressure/ CHF/Renal Failure
Lotrel	High Blood Pressure
Lotronex	IBS-D
Lovastatin	Cholesterol
Lovaza	Cholesterol
Loxitane	Schizophrenia
Lozol	High Blood Pressure/CHF
Lubiprostone	IBS-C
Lumigan	Glaucoma
Lunesta	Insomnia
Lupron	Prostate CA (injection)
Lurasidone	Bipolar Disorder/Schizophrenia
Lyrica	Fibromyalgia/Nerve Pain/Seizures/ Neuropathy
Maraviroc	HIV
Maxalt	Migraine
Maxzide	High Blood Pressure
Medical Marijuana	Various Medical Conditions
Megace	Tx of loss of appetite/wt loss d/t AIDS, advanced Breast CA, Endometrial CA

Medication	Condition
Mellaril	Schizophrenia
Meloxicam	Osteoarthritis/ RA
Memantine	Alzheimer's Disease
Mercaptopurine	Acute Lymphocytic Leukemia/ Ulcerative Colitis/Crohn's
Mesalamine	Ulcerative Colitis
Metformin	Diabetes
Methadone	Severe Pain
Methotrexate	Cancer/RA
Metoprolol	Angina/High Blood Pressure
Mevacor	Cholesterol
Miacalcin	Paget's Disease/Osteoporosis
Midamor	High Blood Pressure/ CHF
Mirapex	RLS/ Parkinson's Disease
Mirtazapine	Depression
Mobic	Osteoarthritis/ RA
Monoket	Angina/Chest Pain
Monopril	Heart Failure /High Blood Pressure
Morphine	Severe Pain
Mycophenolate	Transplant Anti-Rejection/Lupus
Myleran	Leukemia
Nadolol	Angina/High Blood Pressure
Naloxone Buprenorphine	Opioid Addiction
Namenda	Alzheimer's Disease
Naproxen	Non-Steroidal Anti-Inflammatory
Nasacort AQ	Allergies
Nasonex	Allergies
Nateglinide	Diabetes
Navane	Schizophrenia
Neoral	Prevent Organ Transplant Rejection
Neumega	Prevent a severe reduction of platelets (caused by some chemos)
Neurontin	Nerve Pain/Neuropathy
Nexium	GERD/Acid Reflux
Nexterone	Ventricular Arrhythmia
Niaspan	Cholesterol
Nifediac CC	High Blood Pressure
Nifedipine	Angina/High Blood Pressure
Nitro Patch	Angina/Chest Pain (OK if filled & carried as preventative)

Medication	Condition
Nitroglycerin	Angina/Chest Pain (OK if filled & carried as preventative)
Nitrolingual Spray	Angina/Chest Pain (OK if filled & carried as preventative)
Nitrostat	Angina/Chest Pain (OK if filled & carried as preventative)
Nortriptyline	Depression
Norvasc	Angina/High Blood Pressure
Novolin	Diabetes (insulin)
Novolog	Diabetes (insulin)
Olanzapine	Schizophrenia/Bipolar Disorder
Olysio	Hepatitis C
Omeprazole	GERD/Acid Reflux/Ulcer
Onglyza	Diabetes
Orencia	RA Injectible
Otezla	Plaque Psoriasis
Oxybutynin	Urinary Disorder
Oxycodone	Severe Pain
Oxycontin	Severe Pain
Pacerone	Ventricular Arrhythmia
Palladone	Severe Pain
Pamelor	Depression
Pantoprazole	Esophagitis/GERD
Paroxetine	Depression/Anxiety
Patanol	Eye Allergies
Paxil	Depression/Anxiety
Peg-Intron	Hepatitis C (injection)
Pembrolizumab	Lung Cancer
Pentoxifylline	Intermittent Claudication
Percocet	Severe Pain
Permax	Parkinson's Disease
Perphenazine	Schizophrenia
Phenobarbital	Seizures
Phenytoin	Seizures
Plaquenil	RA/Lupus
Plavix	Prevent Blood Clot/Stroke
Plendil	High Blood Pressure
Pletal	Intermittent Claudication/Peripheral Vascular Disease

Medication	Condition
Potassium Chloride	Potassium Deficiency
Praluent	Cholesterol (injection)
Pramipexole	RLS/ Parkinson's Disease
Pravachol	Triglycerides/Cholesterol
Prednisone	Allergies/ Ulcerative Colitis/Immune & Lung Disorders
Pregabalin	Fibromyalgia/Nerve Pain/Seizures/ Neuropathy
Premarin	Hormonal Supplement
Prempro	Hormonal Supplement
Prevacid	GERD/Acid Reflux
Prezista	HIV
Prilosec	GERD/Acid Reflux/Ulcer
Proair	Asthma/ COPD
Procardia	Angina/High Blood Pressure
Procrit	Anemia in pts w/Renal Failure, HIV, CA
Prograf	Prevent Organ Transplant Rejection
Prolixin	Schizophrenia/Psychosis
Promethazine	Allergies/Motion Sickness
Prometrium	Hormone Replacement/Menopause
Propoxyphene	Pain
Propranolol	Angina/High Blood Pressure/Arrhythmia
Proscar	Benign Prostatic Hyperplasia (BPH)
Protonix	Esophagitis/GERD
Proventil	Breathing Problems/Asthma
Prozac	Panic Disorder/Depression
Pulmicort	Asthma/ COPD
Purinethol	Acute Lymphocytic Leukemia/ Ulcerative Colitis/Crohn's
Questran	Cholesterol
Quetiapine	Bipolar Disorder/Schizophrenia
Qvar	Mild/Moderate Asthma
Ramipril	CHF /High Blood Pressure
Ranexa	Chronic Angina
Ranitidine	GERD/Acid Reflux/Ulcer
Ranolazine	Chronic Angina
Razadyne	Alzheimer's Disease
Rebif	MS
Relpax	Migraine
Remeron	Depression

Medication	Condition
Remicade	RA/Crohn's Disease (injection)
Reminyl	Alzheimer's Disease
Remodulin	Pulmonary HTN
Renagel	Lower blood phosphate in dialysis pts
Renvela	Lower blood phosphate in dialysis pts
Repatha	Cholesterol (injection)
Requip	RLS/ Parkinson's Disease
Restasis	Dry Eyes
Restoril	Insomnia
Rheumatrex	Cancer/RA
Rhinocort Aqua	Allergies
Ridaura	RA
Rifaximin	IBS-D
Rilutek	ALS
Riluzole	ALS
Risperdal	Schizophrenia/Bipolar Disorder
Risperidone	Schizophrenia/Bipolar Disorder
Rivaroxaben	Blood Thinner
Rivastigmine	Alzheimer's Disease
Ropinirole	RLS/ Parkinson's Disease
Roxicet	Severe Pain
Sacubitril/ Valsartan	Chronic Heart Failure
Sanctura	Urinary Disorder
Saxagliptin	Diabetes
Secukinumab	Plaque Psoriasis (injection)
Selegiline	Depression/Parkinson's Disease
Selzentry	HIV
Sensipar	Hyperparathyroidism in Pts with Chronic Kidney Disease
Seroquel	Schizophrenia/Bipolar Disorder/Major Depression
Sevelamer	Lower blood phosphate in dialysis pts
Simeprevir	Hepatitis C
Simvastatin	Cholesterol
Sinemet	Parkinson's Disease
Singulair	Asthma
Sitagliptin	Diabetes
Skelaxin	Muscle Relaxer
Sofosbuvir	Hepatitis C
Solifenacin	Urinary Disorder
Sonata	Insomnia

Medication	Condition
Sovaldi	Hepatitis C
Spironolactone	High Blood Pressure/ CHF /Edema
Starlix	Diabetes
Stelara	Plaque Psoriasis (injection)
Suboxone	Opioid Addiction
Sulfasalazine	Ulcerative Colitis/RA
Sulfazine	Ulcerative Colitis/RA
Synthroid	Thyroid
Tacrine	Alzheimer's Disease
Tacrolimus	Prevent Organ Transplant Rejection
Tagamet	GERD/Acid Reflux/Ulcer
Tamoxifen	Cancer
Tamsulosin	Prostate/Urinary Disorder
Tanzeum	Diabetes (injection/non-insulin)
Tarceva	Cancer
Tasmar	Parkinson's Disease
Tegretol	Seizures/ Bipolar Disorder
Temazepam	Insomnia
Tenoretic	High Blood Pressure
Terazosin	High Blood Pressure/Enlarged Prostate
Tetrabenazine	Huntington's Disease/Chorea
Thorazine	Schizophrenia
Thyrolar	Thyroid
Tikosyn	Atrial Fibrillation
Timolol	Angina/High Blood Pressure/Glaucoma
Timoptic	Angina/High Blood Pressure/Glaucoma
Tobradex	Eye Infection
Tocilizumab	RA (injection)
Tolcapone	Parkinson's Disease
Tolterodine	Urinary Disorder
Topamax	Seizures/Migraine
Toprol	Angina/High Blood Pressure
Toujeo	Diabetes (Insulin)
Toviaz	Urinary Disorder
Tradjenta	Diabetes
Tramadol	Severe Pain
Travatan	Glaucoma
Trazodone	Depression/Anxiety/Insomnia
Trental	Intermittent Claudication
Trexall	Cancer/RA
Triamterene/ HCTZ	High Blood Pressure

Medication	Condition
Tricor	Triglycerides/Cholesterol
Tropium	Urinary Disorder
Trulicity	Diabetes (injection/non-insulin)
Ultracet	Severe Pain
Ustekinumab	Plaque Psoriasis (injection)
Valacyclovir	Viral Infection
Valium	Anxiety/ Alcohol Withdraw /Muscle Spasm
Valtrex	Viral Infection
Vasotec	CHF /High Blood Pressure
Ventolin	Asthma
Verapamil	Angina/Arrhythmia/High Blood Pressure
Vesicare	Urinary Disorder
Viagra	Impotence
Viberzi	IBS-D
Vicodin	Severe Pain
Victoza	Diabetes (injection/non-insulin)
Vytorin	Cholesterol
Warfarin	Blood Thinner
Wellbutrin	Depression/Smoking Cessation
Xalatan	Glaucoma
Xanax	Anxiety
Xarelto	Blood Thinner
Xeloda	Colon/Breast CA
Xenazine	Huntington's Disease/Chorea
Xifaxan	IBS-D
Zantac	GERD/Acid Reflux/Ulcer
Zaroxolyn	Fluid Retention/ CHF
Zestril	CHF /High Blood Pressure
Zetia	Cholesterol
Ziprasidone	Schizophrenia/Bipolar Disorder
Zocor	Cholesterol
Zoloft	Panic Disorder/Depression/PTSD
Zolpidem	Insomnia
Zomig	Migraine
Zovirax	Viral Infection
Zyloprim	Gout
Zyprexa	Schizophrenia/Bipolar Disorder
Zyrtec	Allergies
Zytiga	Cancer