

Medications (TransAmerica)

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Prescription drugs that preclude coverage

Proposed insureds currently taking any of the medications below will not be eligible for coverage with *Transamerica FE Express SolutionSM* or *Transamerica Graded FE Express SolutionSM*. * Note: this list is not exhaustive and is subject to change at any time.

Abacavir	Epzicom	Paraplatin
Acamprosate	Erleada	Pifeltro
Adlarity	Etravirine	Pomalyst
Adrucil	Evotaz	Prezcobix
Alimta	Exelon	Prograf
Antabuse	Gengraf	Raltegravir
Aricept	Genvoya	Rapamune
Atazanavir	Gleevec	Revlimid
Atripla	Imbruvica	Reyataz
Azathioprine	Imnovid	Ritonavir
Belbuca	Imuran	Rivastigmine
Bicalutamide	Intelence	Rukobia
Biktarvy	Isentress	Sandimmune
Brixadi	Juluca	Sirolimus
Bunavail	Kaletra	Sublocade
Buprenorphine HCl	Keytruda	Suboxone
Buprenorphine HCl - Naloxone	Lexiva	Subutex
Cabanuva	Lupron	Symtuza
Campral	Lynparza	Tabrecta
Casodex	Memantine	Tacrolimus
Cellcept	Mycophenolate mofetil	Tasigna
Cyclosporine	Myfortic	Thalomid
Cytosan	Mytesi	Tivicay
Disulfiram	Naltrexone	Triumeq
Dolutegravir	Namenda	Vidaza
Donepezil	Neoral	Vivitrol
Dovato	Neosar	Xtandi
Eligard	Norvir	Ziagen
Eloxatin	Nubeqa	Zubsolv
Emtriva	Odefsey	Zytiga
Envarsus	Orgovyx	

* Subject to underwriting and change without notice.

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