

**Blue Cross Blue Shield of Michigan  
Blue Care Network of Michigan**

**OneBlue  
Field Underwriting Guidelines  
For Managing Agents and General Agents**

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# ***Blue Cross Blue Shield of Michigan Blue Care Network of Michigan***

## **Confidentiality Notice**

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## **Introduction**

We realize the important role you, our Managing Agent (MA) or General Agent (GA), have in the risk selection process. We have designed this guide as a tool to assist you in the process of submitting applications for Blue Care Network's OneBlue Individual HMO. It provides information which will help you and your clients to complete the application thoroughly and correctly, which will expedite the underwriting process.

The guide is intended to be a quick reference tool to assess applicants and answer common underwriting questions. We have included sections which provide a summary of health conditions and medications that are commonly encountered in the underwriting process. The medical conditions and medications contained in the guide are not all inclusive; there may be additional conditions and/or medications which would cause an application to be rejected for coverage.

In order to qualify for the OneBlue product, an applicant must have no health risk or minimal health risk. The Underwriter will consider the risk of the disease as well as the cost associated with the disease. Those whose weight falls outside of the minimum and maximum weights on the enclosed build charts (**see Section 7**) will be automatically rejected.

The underwriting risk criteria will assist you in estimating the underwriting outcome; however final determination will be made by the Medical Underwriter. The final decision will be based on eligibility requirements, health history and medical underwriting risk criteria. Part of the underwriting process will involve a telephone interview with the applicant and/or spouse conducted by the Underwriter.

## Section 1: Eligibility

To be eligible for OneBlue, an applicant must meet all of the following requirements:

- Be a permanent resident of Michigan and live in the state at least nine months of the year;
- Be under the age of 65;
- Not be eligible for Medicare;
- Not be eligible for employer-sponsored coverage through their employer or their spouse's employer.

Dependent children must be age 26 or younger to be eligible for coverage.

In addition to the above requirements, the applicant and spouse must provide their drivers license number or state ID number on the OneBlue application. There may be instances where they will be asked to provide a copy of their license or State ID.

If an employer pays any portion of the premium or reimburses the applicant for any portion of the premium, the applicant is not eligible for OneBlue coverage.

## Section 2: Medical Underwriting

Medical underwriting is the process of evaluating an applicant's medical history and current health status to determine if they can be accepted for the OneBlue plan. The Underwriter evaluates medical conditions and cost of treatment to anticipate future usage compared to monthly premiums paid and risk. These costs may include possible hospitalizations, surgeries, office visits, therapies, laboratory tests, prescription drugs, diagnostic tests and medical equipment and supplies.

**Application.** The applications are received at Blue Care Network (BCN) and a preliminary review is done to ensure the application has been completed in full. Complete applications are forwarded to Individual Underwriting at Blue Cross and Blue Shield of Michigan (BCBSM). The Medical Underwriter also reviews the application for completeness and begins the risk evaluation process. ***It is very important that the entire application is completed in full with no questions unanswered.***

Some applications may be rejected from the medical information contained in the application. Other applications are returned to BCN due to ineligibility (see questions in Part II of the application). In some cases, the Underwriter may request verification of eligibility from the applicant.

*Note:* If a termination date is noted on question 2 on the application (for group coverage), please give details of why the group coverage is ending and the date it will end.

Claim history and prescription medication history are reviewed (if available) for each application. Information contained in claim history and/or prescription drug history is compared to the medical history noted on the application. By signing the application for coverage, the applicant (and spouse if applicable) agrees to the Terms and Conditions which includes an authorization to obtain this history.

*Note:* Having prior coverage/claims available does not negate the responsibility of the applicant to provide medical information with details where requested on the application.

For any 'yes' answers in Section 1, details must be given in Section II. Questions to be explored in the interview are directly related to the information contained on the application and medication/claims history if available.

**Telephone Interview.** The applicant will be contacted by the Underwriter at the phone number listed on the application to conduct a telephone interview. All adults on the application must be spoken to directly due to HIPAA privacy guidelines (**see section 5 regarding HIPAA**). The Underwriter makes notes about the answers to the questions directed to the applicant and the conversation is recorded (the applicant is made aware of this at the beginning of the interview).

**Medical Review.** It is the responsibility of the Underwriter to analyze all the available information in totality. The Underwriter is looking for stability of any existing medical conditions as well as the cost to maintain the condition(s). Regular follow up is required for conditions such as high blood pressure and elevated cholesterol. Special note is made of compliance with treatment and medications prescribed. When multiple conditions are present, the impact on each other is considered. Patterns in the applicant's lifestyle are also explored. As all applications are different, this process varies with the information available on a particular applicant

**Determination of acceptance or rejection.** Once the interview has been completed, the Underwriter can, in most instances, make a determination to accept or reject the application for coverage. In some instances the Underwriter may determine there is not enough information to make a decision. In those instances, medical records may be requested. It is the responsibility of the applicant to obtain records from their provider(s) and pay any costs for the records that the provider(s) may charge.

If the application is approved, the Underwriter notifies BCN and the enrollment process is completed. An approval letter is sent to the applicant and to the MA or GA advising them of the approval, contract number and effective date of coverage.

If the application is rejected, a letter is sent (via e-mail) to the MA or GA notifying them of the rejection. A more detailed letter is mailed to the applicant which contains the specific reasons for the rejection.

*Note:* HIPAA privacy regulations prohibit us from revealing the reasons for the rejection directly to the MA or GA.

### **White washed application/clean application:**

On a "white washed" or "clean" application, all questions are answered no and there is no medical information provided.

Lack of medical history is not an automatic approval. A phone call may be made to the applicant to determine if there is medical information available. At the discretion of the Underwriter, **the application can be rejected due to a lack of medical history (see Section 3).**

## **Most frequently asked underwriting questions:**

### **1. How can the application be processed in the quickest possible way?**

The most important aspects of the underwriting process are the application and the telephone interview. All questions must be answered and details provided on each question answered 'yes'. The applicant should be notified that an Underwriter will be contacting them for a phone interview, and that we will need a valid phone number where the applicant can be contacted between 8:00 am and 5:00 pm.

### **2. If an applicant does not agree with the decision to reject the application, can they appeal?**

If an applicant does not agree with a rejection, they have the right to appeal our decision. The rejection letter we send to the applicant informs them of this right, and includes information about their appeal rights as well as an appeal filing form which must be completed by the applicant and mailed or faxed to Blue Care Network.

### **3. What effective dates are allowed?**

The requested effective date must be either the 1<sup>st</sup> or the 15<sup>th</sup> of the month, and may not be more than 60 days after the signature date on the application. The final effective date will be determined by Underwriting, and will be the first available date (1<sup>st</sup> or 15<sup>th</sup>) after underwriting approval.

### **4. If the applicant is rejected will the spouse and/or dependents be offered coverage?**

No, for OneBlue coverage the entire application is either accepted or rejected. However, in a case like this, the spouse would be able to re-apply on their own. Dependents would have to re-apply with a parent since OneBlue does not allow child only policies.

## Section 3: No current health history

Every applicant must have a reasonably recent physical examination based on the age of the applicant. Certain tests are required depending on the age and gender of the applicant.

A physical examination is a process by which a doctor evaluates an individual for signs of disease. These exams are preventative and usually performed on a regular schedule, whether annually or every few years. It includes a medical history, physical inspection, account of symptoms if present and labs/testing. Specifically, the doctor checks the patient's height, weight, blood pressure, visual acuity and usually reviews the individual's functional ability. Generally a "sick visit" or urgent care visit is not considered a physical examination for underwriting purposes.

**Note: If applicant has no current medical history, the application will be rejected and can be resubmitted after the applicant has had a physical *at their own expense* (excluding an employment physical):**

Generally, the physical exam should include:

- Height and weight
- Blood pressure
- Pulse, respirations
- Blood work (fasting CBC, SMAC, lipid panel and complete urinalysis)
- Females – gynecological exam, pelvic exam, pap, mammogram
- Males – PSA

Medical records from the physical should be submitted with a new application (if the signature date on the original application is over 60 days old). The Underwriter will review the information to determine acceptance of the application.

## Section 4 – Medical conditions

Following is a list of some common medical conditions and the information that is needed for each condition for the underwriting review. As every individual has a unique health history, this is intended to be used as a guide only.

The list is not all inclusive nor is it a guarantee of coverage if a condition is included. It provides general field underwriting direction. Completing as much of the information as possible on the application improves the Underwriter's ability to determine eligibility. When in doubt about what is needed for a condition to be considered, complete the information requested in Sections I, II and III of application as completely as possible.

### Individual Consideration Conditions

Certain conditions are evaluated on an individual basis in order to determine the risk associated with them. In order to obtain a speedy evaluation of these conditions, please provide the diagnosis date, dates and type of treatment, prognosis and medication(s).

Following are examples of conditions which are given individual consideration; these conditions may or may not be acceptable depending on each individual case:

1. Allergies
2. Asthma
3. Back/spinal disorders
4. Breast implants
5. Cesarean section
6. Depression
7. GERD (gastroesophageal reflux disorder)

The unacceptable medical conditions for OneBlue are usually uninsurable (**see Section 8 and Section 9 of this guide**). Some are noted below as "individual consideration" and are reviewed on a case-by-case basis.

**Abnormal pap (Individual consideration):**

CIN or actual grade if known, HPV positive  
Date of most recent pap  
Dates of follow-up negative paps  
Type of treatment: medication, colposcopy or cone biopsy, hysterectomy

**Abscess:**

Part of body where the abscess is located  
Date of diagnosis  
Present or treatment received  
Any remaining complications

**Acid Reflux (see GERD-gastroesophageal reflux disorder)**

**Acne (Individual consideration):**

Medications (e.g. topical ointment (desoximate), Accutane, antibiotic)

**ADD and ADHD (hyperactivity; attention deficit disorder):**

Medication(s),  
Note behavioral problems-school attendance/regular class  
Dates of therapy

**Adjustment reaction (stress reactions; chest pain, digestive problems, abnormal heart rate, insomnia):**

Incident which caused reaction  
Dates or emergency room visit or hospitalization  
Testing done and results  
Dates and types of treatments

**Alcohol abuse or alcoholism (see Unacceptable medical conditions):**

Years since recovery  
Treatment, therapy or medications

**Allergies (allergic rhinitis, hay fever, sinusitis) (Individual consideration):**

Medications  
Dates of any allergy testing and results  
Frequency of allergy injections

**Amenorrhea (see dysfunctional uterine bleeding)**

**Amputation:**

Part(s) of the body affected  
Cause of removal – if due to disease, exact diagnosis  
Date amputated  
Any complications

**Anorexia nervosa (Individual consideration after 7 years since diagnosis):**

Date of diagnosis  
Psychotherapy dates  
Date of last symptoms

**Anemia (Individual consideration – also see also blood disorders):**

Type of anemia

**Anxiety/depression (Individual consideration):**

Date of last diagnosis and last treatment  
Type of treatment  
Dates of any hospitalizations and duration  
Dates of any emergency room visits and type and results of tests

**Arthritis (Osteoarthritis – Individual consideration):**

Part(s) of the body affected  
Treatment/medication

**Asthma\* (Individual consideration):**

Treatment/medication – frequency of use  
Dates of hospitalization and treatment received  
Dates of emergency room visits and follow-up details

\*We can consider individuals from age 18-44 years of age

**Back/spine problems (Individual consideration):**

**\*\*\*Need exact diagnosis\*\*\***

Area of the spine affected  
Date of initial diagnosis  
Date of complete recovery  
Unoperated/Operated and details  
Number of chiropractic visits in the last year

**Bell's palsy:**

Date of diagnosis  
Any complications

**Benign tumors and cysts**

Location of tumor or cyst  
Date of diagnosis  
Type of treatment

**Blindness:**

Cause  
Indicate one or both eyes affected  
Type of treatment

**Blood disorders (Individual consideration):**

Exact diagnosis  
Date diagnosed  
Type of treatment  
Last blood work results  
Cause if known

**Breast disorders (fibrocystic breast disease, lumps and nodules):**

Testing done and results – dates noted  
Exact diagnosis: type of lump or nodule  
Any changes in size

**Breast implants (saline- Individual consideration)  
(silicone- see unacceptable medical conditions):**

Date of surgery  
Any complications or symptoms  
Removal recommended?  
Saline or silicone  
Reason surgery completed (e.g. breast cancer)

**Bronchitis/acute (see asthma)**

**Build (see build chart)**

**Bunions:**

Date of operation  
Any residuals

**Bursitis (tendonitis):**

How many attacks  
Date of last symptoms

**Cesarean section (Individual consideration):**

Date of last delivery and type

**Cancer, breast (Individual consideration):**

Exact diagnosis (e.g. ductal, carcinoma in situ, lobular)  
Date of diagnosis and surgery  
Type of treatment (Indicate if mastectomy, radiation or chemotherapy)  
Grade and stage  
Size in cm  
Last date of treatment

**Carpal tunnel syndrome:**

Date diagnosed  
Describe symptoms

**Cataracts:**

Date of operation  
Any remaining complications

**Cervical cancer (Individual consideration):**

Exact diagnosis  
Date of diagnosis and surgery  
Type of treatment (e.g. hysterectomy, radiation or chemotherapy)  
Last date of treatment

**Colitis (non-ulcerative):**

Date of last attack:  
Number of episodes if known  
Type of treatment/If surgery indicate type  
Date of last treatment

**Deafness:**

Cause/diagnosis which caused loss of hearing  
Date hearing loss first occurred  
Surgery/Provide complete details

**Deep vein thrombosis (see varicose veins)**

**Degenerative disc disease:**

Area(s) of spine affected  
Surgery(s); dates and remaining complications  
Date of last symptoms

**Depression (see anxiety)**

**Diabetes (see unacceptable medical conditions)**

**Diverticulitis:**

Date of last symptoms  
Number of attacks  
Type of treatment

**Dizziness (labyrinthitis, Meniere's disease, syncope):**

Date of last symptoms/episode(s)  
Cause if known

**Dysfunctional uterine bleeding (amenorrhea):**

Cause of condition  
Number of episodes  
Date of last episode  
Type of treatment received

**Ear infection (otitis media):**

Date of diagnosis and recovery  
How many episodes in the last year  
Type of treatment

**Eczema:**

Medications/treatment received

**Endometriosis:**

Type of treatment received (e.g. laser surgery, oophorectomy)  
Date of diagnosis

**Epilepsy/seizures (see unacceptable medical conditions):**

Type of epilepsy  
Date of last seizure

**Erectile dysfunction:**

Cause if known

**Fixation devices (screws, pins and plates):**

Reason for device  
Location and type of fixation device  
Date removed or still present

**Fibroid/fibroma of uterus:**

Date and type of surgery  
Still present/current symptoms

**Fibromyalgia:**

Date of diagnosis  
Medications prescribed/treatment received  
Current prognosis

**Fractures:**

Part of the body affected  
Any remaining complications  
Treatment received/date of last treatment  
Date of fracture  
Cause of fracture

**Gallbladder disease or disorder (cholecystitis, cholelithiasis, cholangitis):**

Surgery or treatment received and dates  
Any complications or ongoing problems

**Gastric bypass surgery (see unacceptable medical conditions):**

Date of surgery  
Current weight and height  
Any complications

**GERD (gastroesophageal reflux disorder):**

Hiatal hernia present  
Date of last attack  
Ongoing treatment/medications

**Glaucoma (Individual consideration):**

Date of diagnosis  
Type of treatment  
Any remaining complications

**Goiter/Graves disease (see hyperthyroidism/hypothyroidism)**

**Gout:**

Date of diagnosis  
Uric acid levels

**Guillian-Barre syndrome/Lyme disease:**

Date of diagnosis/date of recovery  
Residual symptoms/complications

**Hashimoto's disease (see hyperthyroidism/hypothyroidism)**

**Headache (migraine, vascular):**

Tests completed/results  
Date of onset  
Exact diagnosis of condition  
Type of treatment/medications

**Hepatitis (see unacceptable medical conditions):**

Type of hepatitis (e.g. A, B, C, D, E, G)  
Date diagnosed  
Recovered/Liver enzyme results

**Hernia:**

Type (e.g. hiatal, incisional, inguinal, scrotal, umbilical or ventral)  
Type and dates of treatment  
Operated/recovered

**Herniated disc (see back disorder)**

**Herpes:**

Date of initial diagnosis  
Treatment type and date of last treatment

**High blood pressure/hypertension (Individual consideration):**

Medication(s) prescribed  
Date of diagnosis  
3 most recent readings/dates are requested on the application

**High cholesterol:**

Total cholesterol level

**Hyperthyroidism/hypothyroidism:**

Goiter/nodule present

Hypothyroidism or hyperthyroidism

Treatment (e.g. radioactive iodine, surgery, medication)

**Hyperactivity (see ADD, ADHD)**

**Incontinence:**

Cause if known

Treatment (e.g. exercises, medication or surgery)

**Infertility (Individual consideration):**

Date(s) of treatment

Type of treatment (e.g. artificial insemination, embryo implants or in vitro procedures)

**Inflammatory bowel disorder (see colitis)**

**Irregular heartbeat (arrhythmia):**

Type of arrhythmia (e.g. bradycardia, tachycardia)

Location if known (e.g. atrial/supraventricular, ventricular)

**Irritable bowel syndrome:**

Date of diagnosis

Date of last attack and frequency of attacks

Treatment/medication

**Jaw Disorders (see TMJ)**

**Kidney stones (see unacceptable medical conditions):**

Number and date of attacks

**Knee disorders:**

Type of treatment  
Exact diagnosis  
Any remaining complications

**Macular degeneration:**

Type (dry or wet)

**Memory loss (individual consideration):**

Number/dates of episodes  
Testing/results  
Cause if known  
Date of complete recovery (if applicable)

**Meningitis:**

Date of diagnosis  
Type if known (e.g. bacterial, viral, mycotic, tuberculous, syphilitic)  
Any remaining complications

**Neuritis/neuralgia/neuropathy:**

Cause if known  
Dates and number of episodes

**Obesity: (see build chart)**

**Osteoporosis/osteopenia (individual consideration):**

T-score if known

**Pancreatitis:**

Cause if known  
Dates/number of attacks

**Phlebitis (see varicose veins)**

**Prostate disorders:**

Most recent PSA result  
Symptoms/amount of enlargement

**Psoriasis:**

Medications (including topical creams)  
Areas of the body affected

**Retinal detachment:**

Date of surgery/type of treatment

**Sleep apnea:**

Type if known  
Treatment

**Spinal manipulation/chiropractor/subluxation:**

Number or visits per year  
Diagnosis which led to visits

**Stomach pain:**

Cause if known  
Testing/results  
Type of treatment

**Syncope/fainting (individual consideration):**

Cause if known  
Number of episodes  
Date of last episode  
Tests and results

**Tendonitis (see bursitis)**

**TMJ/temporomandibular joint disease: (individual consideration)**

**Tobacco use:**

Use of tobacco includes but is not limited to: cigarettes, cigars, chewing tobacco, nicotine gum or nicotine products with the last year

**Tremor:**

Type (e.g. essential, familial, benign, physiologic, Holmes)

**Thyroid disorders (see hyperthyroidism/hypothyroidism)**

**Ulcers:**

Type of ulcer (e.g. gastric, peptic, duodenal)  
Date of last episode  
Number of episodes  
Treatment (e.g. surgery type)

**Urethral stricture:**

Any complications noted  
Cause if known

**Urinary tract infection:**

Dates and number of attacks  
Cause if known

**Varicose veins/venous insufficiency:**

Date of last symptoms  
Any remaining complications (e.g. swelling or ulcer)  
Type of treatment and date received

**Vascular disorders (individual consideration):**

Location of vascular disorder  
Treatment  
Date of last symptoms

**Vertigo/labyrinthitis/Meniere's disease:**

Date diagnosed  
Date of last symptoms  
Number of episodes  
Type of treatment

## Section 5: HIPAA, PHI and Pre-Existing Conditions

### **HIPAA (Health Insurance Portability and Accountability Act) and PHI (Personal Health Information)**

It is very important that the applicant sign and date the application due to HIPAA requirements. The Underwriters are held to the minimum necessary needed to accomplish the purpose requested in disclosure of an applicant's personal health information.

When an application is rejected, the MA or GA is sent a general rejection letter. The applicant is sent a separate letter with the reason for rejection. We are not able to disclose this information (PHI) to an MA or GA due to HIPAA privacy laws.

Individually Identifiable Health Information (IIHI) is a sub group of PHI. This is data that is collected from an individual, obtained from a provider which relates to the past, present or future physical/mental condition of an individual. Under HIPAA, wrongful disclosure is punishable by a fine of up to \$50,000 and up to one year in jail. If this information is shared under false pretenses, the fine is up to \$100,000 and up to five years in jail. And if disclosed with the intent to defraud, an individual can be charged up to \$250,000 in fines and up to 10 years in jail.

**PHI** includes but is not limited to: name, email address, member ID #, Social Security number, contract number, driver's license number, credit card number, names of relatives, address, name of employer, telephone or fax number, date of birth, type of injury, date and time of treatment and type of treatment.

### **Pre-Existing Conditions**

OneBlue does not cover pre-existing conditions for six months after the effective date of coverage. A pre-existing condition is one for which medical advice, diagnosis, care or treatment was recommended or received within six months before the effective date of coverage. The term "conditions" includes, but is not limited to, maternity obstetrical care, or termination of pregnancy.

The pre-existing conditions waiting period of six months cannot be waived for any reason on OneBlue.

## Section 6: Post Issue Changes

The majority of changes after issuance of the policy are handled by Blue Care Network; the member must complete a BCN Individual Change of Status form (available on MiBCN.com) and send it to:

Blue Care Network of Michigan  
P.O. Box 5043  
Southfield, MI 48086

Or fax it to: 1-877-218-1466

The only post issue change that is handled by BCBSM Underwriting is the addition of a spouse or dependent child. Infants can be added within 30 days of birth without medical underwriting.

In order to add a spouse or dependent child, a OneBlue application must be completed in full and on page 1 of the application, please indicate “add spouse/dependents to current contract # \_\_\_\_\_”.

## Section 7: Build Charts

Weights that fall below the minimum or above the maximum for the applicable height will result in a rejection.

### Adult Males

Height	Minimum Weight	Maximum Weight
4' 11"	97	163
5' 0"	99	168
5' 1"	101	171
5' 2"	103	176
5' 3"	105	183
5' 4"	107	190
5' 5"	109	197
5' 6"	113	204
5' 7"	116	211
5' 8"	119	218
5' 9"	123	224
5' 10"	127	230
5' 11"	131	236
6' 0"	134	243
6' 1"	137	250
6' 2"	141	257
6' 3"	145	264
6' 4"	149	271
6' 5"	153	278
6' 6"	157	286
6' 7"	161	292
6' 8"	165	299

### Adult Females

4' 10"	91	154
4' 11"	93	156
5' 0"	95	159
5' 1"	97	164
5' 2"	99	169
5' 3"	101	176
5' 4"	103	182
5' 5"	105	189
5' 6"	109	196
5' 7"	111	203
5' 8"	114	209
5' 9"	118	215
5' 10"	122	221
5' 11"	126	227
6' 0"	129	233
6' 1"	132	240
6' 2"	135	247

## Section 8: Unacceptable Medical Conditions (not all-inclusive)

Abnormal pap (unless there have been 2 subsequent normal ones)  
Addison's disease  
Adrenal gland disorders  
AIDS, ARC (AIDS related complex), HIV+  
Alcohol abuse or alcoholism (unless 12+ years since recovery)  
Amylotropic lateral sclerosis (ALS)  
Alzheimer's disease  
Aneurysm  
Angina pectoris  
Aplastic anemia  
Arteriosclerotic heart disease  
Atrial fibrillation or flutter  
Ascites  
Autism and Aspergers syndrome  
Autoimmune diseases  
Blood disorders (including hemophilia, Factor V Leiden, Protein C and Protein S deficiency, Von Willebrand disease, thalassemia)  
Bipolar disorder  
Brain tumor or surgery  
Breast implants (silicone)  
Bright's disease  
Cancer  
Cardiomyopathy  
Celiac disease  
Cerebral palsy  
CVA (stroke)  
Chronic fatigue syndrome (unless 4+ years since complete recovery)  
Cirrhosis of liver  
Collagen diseases  
Congestive heart failure  
Congenital disorders  
Connective tissue diseases (including systemic lupus, scleroderma, rheumatoid arthritis, polymyositis)  
Chronic obstructive pulmonary disease (COPD)  
Coronary artery disease (CAD)  
Coronary insufficiency  
Coronary occlusion  
Crohn's disease  
Cystic fibrosis  
Dementia  
Depression (major, severe, chronic)  
Dermatomyositis  
Diabetes  
Drug abuse or substance abuse  
Dwarfism

Emphysema  
Enteritis  
Encephalitis  
Epilepsy (unless seizure free for 5+ years)  
Esophageal varices  
Friedreich's disease  
Gastrectomy  
Gastric bypass, banding or stapling (unless 8+ years with no complications and stable weight)  
Glomerulonephritis  
Heart attack  
Heart murmurs  
Heart surgery  
Hemiplegia and hemiparesis  
Henoch-Schonlein purpura  
Hepatitis A or E (within the past 6 months)  
Hepatitis B (within the past year)  
Hepatitis C, D, G  
Hypertension (newly diagnosed, uncontrolled or combined with other conditions or overweight)  
Hodgkin's disease  
Huntington's disease  
Hydrocephalus  
Hydronephrosis (withing past 2 years)  
Intermittent claudication  
Joint replacement  
Kidney cyst  
Kidney dialysis  
Kidney failure  
Kidney stones (within past 5 years)  
Leukemia  
Liver abscess  
Lymphedema  
Lupus  
Manic depression  
Marfan syndrome  
Medullary sponge kidney  
Mental retardation  
Mitral valve disease or disorder  
Morbid obesity  
Motor or sensory aphasia  
Multiple sclerosis  
Muscular atrophy  
Muscular dystrophy  
Myasthenia gravis  
Myotonia  
Narcolepsy and cataplexy  
Nephrectomy (due to disease)  
Obsessive-compulsive disorder (OCD)  
Organ transplant recipient  
Osteogenesis imperfecta  
Osgood-Schlatters disease  
Pacemaker

Paget's disease  
Paralysis  
Paraplegia and quadriplegia  
Parkinson's disease  
Pericarditis  
Peripheral vascular disease  
Pernicious anemia  
Phlebitis (multiple episodes in past 5 years)  
Pituitary gland disorders  
Pneumothorax  
Polio  
Polycystic kidney disease  
Polycystic ovary disease  
Pregnancy (current, female or male expectant parent)  
Previous pregnancy complications  
Pulmonary fibrosis  
Pulmonary embolism  
Pulmonary hypertension  
Pyelonephritis  
Renal failure  
Rheumatoid arthritis  
Rickets (Osteomalacia)  
Sarcoidosis  
Schizophrenia  
Scleroderma  
Sickle cell anemia  
Spina bifida  
Still's disease (juvenile rheumatoid arthritis)  
Stroke  
Suicide attempt  
Syndrome X  
Thrombosis  
Tourette's syndrome  
Ulcerative colitis  
Undiagnosed conditions  
Vasculitis  
Ventricular arrhythmia  
Von Recklinghausen's disease  
Von Willebrand disease  
Wilson's disease

## Section 9: Unacceptable Medications (not all-inclusive)

Drug Name	Condition(s) for which medication is usually prescribed
Agrylin	Myeloproliferative disorder
Anadrol	Chronic anemia
Aptivus	AIDS
Arimidex	Breast cancer
Aromasin	Breast cancer
Avastin	Cancer, hepatitis, macular degeneration, retinopathy
Avonex	Multiple sclerosis
Baraclude	Hepatitis
Betaseron	Multiple sclerosis
Cellcept	Transplant rejection, lupus, glomerulonephritis
Ceredase	Gaucher's disease
Cerezyme	Gaucher's disease
Combivir	HIV infection
Comtan	Parkinson's disease
Copaxone	Multiple sclerosis
Copegus	Hepatitis C
Crixivan	HIV infection
Cyclosporine	Transplant rejection, rheumatoid arthritis, psoriasis
Enbrel	Rheumatoid arthritis, plaque psoriasis
Epivir	HIV+, AIDS
Epzicom	HIV+
Faslodex	Breast cancer
Femara	Breast cancer
Fertinex	Polycystic ovary disease, infertility
Follistim	Infertility
Forteo	Osteoporosis
Genotropin	Pituitary dwarfism
Glucagen Hypokit	Severe hypoglycemia
Gonal-F	Infertility
Hepsera	Hepatitis
Humatrope	Pituitary dwarfism
Humegon	Infertility
Humira	Rheumatoid arthritis
Infergen	Hepatitis C
Intron A	Malignant melanoma
Lamictal	Epilepsy, bipolar disorder
Leflunomide	Rheumatoid arthritis, psoriatic arthritis
Lupron Depot	Infertility, endometriosis
Neoral	Rheumatoid arthritis
Neupogen	Cancer

## Section 9: Unacceptable Medications (not all-inclusive)

Drug Name	Condition(s) for which medication is usually prescribed
Norditropin	Pituitary Dwarfism
Nutropin AQ	Growth disorders
Pegasys	Hepatitis C
Peg-Intron	Hepatitis
Procrit	Chronic renal failure
Prograf	Transplant rejection
Pulmozyme	Cystic fibrosis
Rebetol	Hepatitis C
Rebetron	Hepatitis C
Rebif	Multiple sclerosis
Remicade	Crohn's disease, rheumatoid arthritis
Ribasphere	Hepatitis C
Rilutek	ALS
Rythmol	Atrial fibrillation
Saizen	Growth disorders
Tasmar	Parkinson's disease
Thalamid	Multiple Myeloma
Truvada	HIV+, AIDS
Viracept	HIV+, AIDS
Xeloda	Cancer
Xolair	Asthma
Zavesca	Gaucher's disease
Zometa	Cancer