

Prescription Drugs that do not require a Deductible under the Premier HSA Medical Plan

According to IRS guidelines, certain prescription drugs that are used in the treatment of certain conditions can be covered under the Premier HSA Medical Plan, bypassing the deductible.

- The list below is **not all-inclusive**, does not guarantee coverage and is subject to change.
- Please contact Express Scripts at the number on your member ID card if you have any questions on your cost share or coverage under your Plan.

Eligible Drugs Covered at 100% - No Deductible

Drugs Manufactured or Marketed by the J&J Family of Companies	
CATEGORY	BRAND DRUG NAME (generic)
DIABETES	<ul style="list-style-type: none"> • INVOKAMET • INVOKAMET XR • INVOKANA • test strips and supplies
HEART DISEASE & STROKE	<ul style="list-style-type: none"> • XARELTO
Medications as Required by the Affordable Care Act	
CHOLESTEROL LOWERING MEDICINES* <small>*low and moderate dose generics</small>	<ul style="list-style-type: none"> • atorvastatin • fluvastatin • lovastatin • pravastatin • rosuvastatin • simvastatin
CERTAIN CONTRACEPTIVES	<ul style="list-style-type: none"> • generics • select devices
COLONOSCOPY PREPARATION	<ul style="list-style-type: none"> • generics
HEART DISEASE & STROKE	<ul style="list-style-type: none"> • aspirin, 81 mg or 325 mg

Johnson & Johnson HEALTH, BENEFITS
& COMPENSATION

SMOKING CESSATION	<ul style="list-style-type: none">• CHANTIX• NICODERM CQ (nicotine products)• NICOTROL (nicotine products)• ZYBAN (bupropion SR 150 mg)▪ nicotine gum, lozenges and patches
VITAMINS OR MINERALS	<ul style="list-style-type: none">• folic acid (0.4mg or 0.8mg)• pediatric multivitamins with fluoride

Eligible Drugs Covered at 80% (Retail); 85% (Home Delivery) - No Deductible

<p>ASTHMA/COPD</p>	<ul style="list-style-type: none"> • ACCOLATE (zafirlukast) • ADVAIR DISKUS ▪ ADVAIR HFA ▪ AEROSPAN ▪ AIRDUO RESPICLICK ▪ albuterol ▪ ANORO ELLIPTA ▪ ARMONAIR RESPLICLICK ▪ ARCAPTA NEOHALER • ARNUITY ELLIPTA ▪ ASMANEX HFA ▪ ASMANEX TWISTHALER ▪ ATROVENT HFA ▪ BEVESPI AEROSPHERE ▪ BREO ELLIPTA ▪ BROVANA ▪ CINQAIR ▪ COMBIVENT RESPIMAT • cromolyn oral inhalation ▪ DALIRESP ▪ DULERA ▪ FASENRA ▪ FLOVENT DISKUS ▪ FLOVENT HFA ▪ FLUTICASONE/SALMETROL ▪ INCRUSE ELLIPTA ▪ ipratropium/albuterol oral inhalation • LONHALA MAGNAIR 	<ul style="list-style-type: none"> • metaproterenol ▪ montelukast ▪ NUCALA ▪ PROAIR HFA ▪ PROAIR RESPICLICK • PULMICORT (budesonide) • QVAR • SEEBRI NEOHALER • SEREVENT DISKUS ▪ SPIRIVA ▪ STIOLTO RESPIMAT ▪ STRIVERDI RESPIMAT • SYMBICORT ▪ terbutaline ▪ THEO-24 (theophylline) ▪ TRELLEGY ELLIPTA ▪ TUDORZA PRESSAIR ▪ UTIBRON NEOHALER • VENTOLIN HFA • XOLAIR • zileuton ER <p><u>RESPIRATORY SUPPLIES:</u></p> <ul style="list-style-type: none"> • inhaler assistive devices • nebulizers
<p>BONE DISEASE AND FRACTURES</p>	<ul style="list-style-type: none"> • ACTONEL (risedronate) ▪ BINOSTO • BONIVA (ibandronate) ▪ DUAVEE • EVISTA (raloxifene) 	<ul style="list-style-type: none"> • FOSAMAX (alendronate) • FOSAMAX PLUS D (alendronate) • RECLAST (zoledronic acid)
<p>CAVITIES</p>	<ul style="list-style-type: none"> • CLINPRO (sodium fluoride paste and rinse) ▪ GEL-KAM • PHOS-FLUR (sodium fluoride paste and rinse) ▪ PREVIDENT ▪ Sodium fluoride rinse, gel, cream, paste, tabs and drops • stannous fluoride paste and rinse 	

Eligible Drugs Covered at 80% (Retail); 85% (Home Delivery) - No Deductible

<p>DIABETES</p>	<p><u>DIABETIC SUPPLIES*:</u></p> <ul style="list-style-type: none"> • needles • lancets • syringes • test trips <p style="text-align: center;">*bypasses deductible and covered at 100%</p> <p><u>INSULINS:</u></p> <ul style="list-style-type: none"> • AFREZZA ▪ BASAGLAR • HUMALOG • HUMULIN • LANTUS SOLOSTAR • LEVEMIR • TOUJEO SOLOSTAR ▪ TRESIBA <p style="text-align: center;">*bypasses deductible and covered at 100%</p> <p><u>INSULINS/GLP-1 RECEPTOR AGONIST COMBINATIONS:</u></p> <ul style="list-style-type: none"> • SOLIQUA • XULTOPHY <p><u>NON-INSULIN MEDICINES:</u></p> <ul style="list-style-type: none"> • ACTOS (pioglitazone) • ACTOPLUS MET (pioglitazone – metformin) • ACTOPLUS MET XR ▪ ALOGLIPTIN/PIOGLITAZONE ▪ AMARYL (glimepiride) • AVANDIA ▪ AVANDAMET • BYDUREON • BYETTA ▪ chlorpropamide ▪ CYCLOSET 	<p><u>NON-INSULIN MEDICINES</u> <u>Continued:</u></p> <ul style="list-style-type: none"> • DUETACT (pioglitazone / glimepiride) ▪ FARXIGA • FORTAMET (metformin) • GLUCOTROL XL (glipizide) • GLUCOVANCE (glyburide – metformin) ▪ GLYNASE (glyburide) • GLYSET (miglitol) • GLYXAMBI • JANUMET ▪ JANUMET XR • JANUVIA • JARDIANCE • JENTADUETO • JENTADUETO XR ▪ OSENI ▪ OZEMPIC ▪ PRECOSE (acarbose) ▪ PRANDIN (repaglinide) • QTERN ▪ SEGLUROMET ▪ STARLIX (nateglinide) ▪ STEGLATRO ▪ STEGLUJAN • SYMLINPEN ▪ SYNJARDY ▪ SYNJARDY XR • TRAJENTA • TRULICITY • XIGDUO XR
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<p>HEART DISEASE & STROKE</p>	<p><u>BLOOD THINNER MEDICATIONS:</u></p> <ul style="list-style-type: none"> • AGGRENOX (aspirin dipyridamole ER) <ul style="list-style-type: none"> ▪ BEVYXXA ▪ BRILINTA • COUMADIN (warfarin) <ul style="list-style-type: none"> ▪ DURLAZA ER • EFFIENT 	<p><u>BLOOD THINNER MEDICATIONS-Continued:</u></p> <ul style="list-style-type: none"> • ELIQUIS • PERSANTINE (dipyridamole) • PLAVIX (clopidogrel) • TICLID (ticlopidine) • XARELTO • ZONTIVITY
<p>CHOLESTEROL LOWERING MEDICINES</p>	<p><u>HMG-COA REDUCTASE INHIBITORS*:</u></p> <ul style="list-style-type: none"> • CRESTOR (rosuvastatin) <ul style="list-style-type: none"> ▪ LESCOL (fluvastatin) • LIPITOR (atorvastatin) <ul style="list-style-type: none"> ▪ LIVALO • MEVACOR (lovastatin) • PRAVACHOL (pravastatin) • ZOCOR (simvastatin) <ul style="list-style-type: none"> *Brand and high dose generics <p><u>OTHER AGENTS:</u></p> <ul style="list-style-type: none"> • ADVICOR • ANTARA (fenofibrate) • COLESTID (cholestipol) 	<p><u>OTHER AGENTS-Continued:</u></p> <ul style="list-style-type: none"> • ezetimibe <ul style="list-style-type: none"> ▪ LOFIBRA, LIPOFEN (fenofibrate) • LOPID (gemfibrozil) <ul style="list-style-type: none"> ▪ NIASPAN (niacin) ▪ PRALUENT • QUESTRAN (cholestyramine) • TRIGLIDE • TRILIPIX, FIBRICOR (fenofibric acid) • WELCHOL • ZETIA (ezetimibe)

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<p>HIGH BLOOD PRESSURE</p>	<p><u>ACE INHIBITORS:</u></p> <ul style="list-style-type: none"> • ACCUPRIL (quinapril) ▪ ACEON (perindopril) ▪ ALTACE (ramipril) ▪ captopril ▪ fosinopril • LOTENSIN (benazepril) ▪ MAVIK (trandolapril) ▪ moexipril • PRINIVIL (lisinopril) • VASOTEC (enlapril) • ZESTRIL (lisinopril) <p><u>ACE INHIBITOR/DIURETIC COMBINATIONS:</u></p> <ul style="list-style-type: none"> • ACCURETIC (quinapril/hctz) • captopril / HCTZ ▪ fosinopril / HCTZ ▪ LOTENSIN HCT (benazepril/hctz) ▪ moexipril / HCTZ • VASERETIC (enlapril/hctz) • ZESTORETIC (lisinopril/hctz) <p><u>BETA BLOCKERS:</u></p> <ul style="list-style-type: none"> • acebutolol ▪ betaxolol ▪ BYSTOLIC ▪ CORGARD (nadolol) • INNOPRAN (propranolol) • TENORMIN (atenolol) ▪ timolol • TOPROL XL (metoprolol) <p><u>BETA BLOCKERS/DIURETIC COMBINATIONS:</u></p> <ul style="list-style-type: none"> • CORZIDE (nadolol/bendroflumethiazide) • LOPRESSOR HCT (metoprolol/hctz) • propranolol/ HCTZ • TENORETIC (atenolol/chlorthalidone) • ZIAC (bisoprolol/hctz) 	<p>ANGIOTENSIN II RECEPTOR ANTAGONISTS:</p> <ul style="list-style-type: none"> • ATACAND (candesartan) • AVAPRO (irbesartan) • COZAAR (losartan) • DIOVAN (valsartan) ▪ ENDARBI ▪ olmesartan ▪ telemesartan <p>ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS:</p> <ul style="list-style-type: none"> • ATACAND HCT (candesartan/hctz) • AVALIDE (irbesartan/hctz) • DIOVAN HCT (valsartan/hctz) ▪ EDARBYCLOR • HYZAAR (losartan/hctz) ▪ olmesartan / HCTZ ▪ telemesartan / HCTZ <p>OTHER HIGH BLOOD PRESSURE MEDICINE COMBINATIONS:</p> <ul style="list-style-type: none"> • amlodipine/olmesartan • amlodipine/olmesartan/HCTZ ▪ amlodipine/valsartan • CADUET (amlodipine/atorvastatin) • EXFORGE HCT (amlodipine/valsartan/hctz) • LOTREL (amlodipine/benazepril) • PRESTALIA • TARKA (trandolapril/verapamil) • TWYNSTA (amlodipine/telmisartan)
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<p>HIGH BLOOD PRESSURE - Continued</p>	<p><u>CALCIUM CHANNEL BLOCKERS:</u></p> <ul style="list-style-type: none"> • ADALAT CC (nifedipine) <ul style="list-style-type: none"> ▪ amlodipine • CALAN (verapamil) • CARDIZEM LA (diltiazem) <ul style="list-style-type: none"> ▪ felodipine ER ▪ isradipine ▪ nicardipine • NORVASC (amlodipine) • PROCARDIA XL (nifedipine) • SULAR ER (nisoldipine) • TIAZAC ER (diltiazem) • VERELAN (verapamil) 	<p><u>DIURETICS:</u></p> <ul style="list-style-type: none"> • chlorothiazide ▪ chlorthalidone • hydrochlorothiazide • indapamide • metolazone
<p>MALARIA</p>	<ul style="list-style-type: none"> • chloroquine • MALARONE (atovaquone/proguanil) • mefloquine • PRIMAQUINE 	
<p>MIGRAINE PREVENTION</p>	<ul style="list-style-type: none"> ▪ AIMOVIG 	
<p>MISC ANTIVIRALS</p>	<ul style="list-style-type: none"> • PREVYMIS ▪ SYNAGIS ▪ TRUVADA 200mg/300mg 	
<p>OBESITY</p>	<ul style="list-style-type: none"> • ADIPEX-P (phentermine) • BELVIQ • BELVIQ XR • CONTRAVE • diethylpropion ▪ LOMAIRA ▪ Phendimetrazine ▪ REGIMEX (benzphetamine) • SAXENDA • XENICAL 	
<p>VITAMINS OR MINERALS</p>	<ul style="list-style-type: none"> • folic acid (1mg) • prenatal vitamins 	

Express Scripts manages your prescription plan. For specific questions on cost and drug coverage, please call the phone number on back of your member ID card or visit the Web site at express-scripts.com/jnj to price a medication.

Please note: Brand names are shown in capital letters in each category. If a generic is available, it is listed in lower-case letters next to the brand name or alone, if applicable. All rights in the product names of all third-party products appearing here, whether or not appearing with the trademark symbol, belong exclusively to their respective owners.

Premier HSA Medical Plan Prescription Drug Q & A

1. What will I pay for prescription drugs on this list?

For prescription drugs manufactured or marketed by the Johnson & Johnson Family of Companies, you will pay \$0 and the drugs will not be subject to the annual deductible. For drugs such as smoking cessation products, bowel preps, folic acid and Vitamin D, you will also pay \$0 and the annual deductible does not apply. Other drugs on this list will not be subject to the annual deductible. You will pay the normal plan coinsurance of 20% with a \$10 minimum/\$125 maximum at a participating pharmacy and 15% with a \$20 minimum/\$125 maximum through Home Delivery. To ask any question related to your prescription plan or to price a medication, please contact Member Services at 1-866-713-7779.

2. What will I pay for prescription drugs NOT on this list?

Prescription drugs not on this list, including those manufactured and/or marketed by the Johnson & Johnson Family of Companies, will be subject to the annual deductible and you will pay 100% of the cost of the medication until the deductible is satisfied. After that, you will pay the plan coinsurance of 20% with a \$10 minimum/\$125 maximum at a participating pharmacy, 15% with a \$20 minimum/\$125 maximum through Home Delivery and \$0 for prescription drugs manufactured and/or marketed by the Johnson & Johnson Family of Companies.

3. Why is the prescription drug I'm taking not on this list? / Why isn't a certain J&J drug that I'm taking on this list but I see other J&J drugs?

This list is made up of medications whose primary use is for prevention of a disease that has NOT already become an illness or the prevention of further disease development if a patient has risk factors. Therefore, not all drugs manufactured by Johnson & Johnson are on this list. For specific drug questions, please call the phone number on the back of your member ID card to speak to a representative.

4. How can the prescription drug that I am taking (or that my doctor recommends I take) be added to this list?

You can request a review by contacting Express Scripts at the number on the back of your member ID card.

5. Who created this list?

Express Scripts' clinical specialists, in conjunction with the U.S. Preventive Services Task Force (USPSTF), an independent, volunteer panel of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations

about clinical preventive services such as screenings, counseling services, and preventive medications. All recommendations are published on the Task Force's Web site and/or in a peer-reviewed journal.

6. Does this printed list include ALL of the medications that do not apply to the annual deductible?

No. If you have a question about a medication you are taking, please call the phone number on the back of your member ID card to speak to a representative.

7. Why is a drug listed that treats a certain condition, but a different drug that treats the same condition is not on this list?

This list is made up of medications whose primary use is for prevention of a disease that has NOT already become an illness or the prevention of further disease development if a patient has risk factors. For specific drug questions, please call the phone number on the back of your member ID card to speak to a representative.

8. Do I need to show this list to the pharmacy to get past the deductible?

No, just be sure to present your member ID card to the pharmacy when filling the medication.

9. Who can I call with additional questions?

You can call Express Scripts at 1-866-713-7779.

10. How often is this list updated?

There is not a predetermined date when the list gets updated. Drugs are added as they are approved throughout the year and the list is adjusted for any deletions/obsolete medications that may have occurred throughout the year.

11. Where can I view this list?

In addition to this document, you can also view the list on the Express Scripts Web site at express-scripts.com/jnj once you are registered and on the For Your Benefit (FYB) website at digital.alight.com/jnjbsc