

## Prescription Drugs that do not require a Deductible under the HDHSA Plan

- According to IRS guidelines, certain prescription drugs that are used in the treatment of certain conditions can be covered under the High Deductible HSA 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

<b>Drugs Manufactured or Marketed by the J&amp;J Family of Companies</b>	
<b>CATEGORY</b>	<b>BRAND DRUG NAME (generic)</b>
<b>DIABETES</b>	<ul style="list-style-type: none"> <li>• INVOKAMET</li> <li>• INVOKAMET XR</li> <li>• INVOKANA</li> <li>• test strips and supplies; i.e., ONE TOUCH</li> </ul>
<b>HEART DISEASE &amp; STROKE</b>	<ul style="list-style-type: none"> <li>• XARELTO</li> </ul>
<b>Medications as Required by the Affordable Care Act</b>	
<b>CHOLESTEROL LOWERING MEDICINES*</b>  <small>*low and moderate dose generics</small>	<ul style="list-style-type: none"> <li>• atorvastatin</li> <li>• fluvastatin</li> <li>• lovastatin</li> <li>• pravastatin</li> <li>• rosuvastatin</li> <li>• simvastatin</li> </ul>
<b>CERTAIN CONTRACEPTIVES</b>	<ul style="list-style-type: none"> <li>• generics</li> <li>• select devices</li> </ul>
<b>COLONOSCOPY PREPARATION</b>	<ul style="list-style-type: none"> <li>• generics</li> </ul>
<b>HEART DISEASE &amp; STROKE</b>	<ul style="list-style-type: none"> <li>• aspirin, 81 mg or 325 mg</li> </ul>
<b>SMOKING CESSATION</b>	<ul style="list-style-type: none"> <li>• CHANTIX</li> <li>• NICODERM CQ (nicotine products)</li> <li>• NICOTROL (nicotine products)</li> <li>• ZYBAN (bupropion SR 150 mg)</li> </ul>
<b>VITAMINS OR MINERALS</b>	<ul style="list-style-type: none"> <li>• folic acid (0.4mg or 0.8mg)</li> <li>• pediatric multivitamins with fluoride</li> </ul>

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

<p><b>ASTHMA/COPD</b></p>	<ul style="list-style-type: none"> <li>• ACCOLATE (zafirlukast)</li> <li>• ANORO ELLIPTA</li> <li>• ARNUITY ELLIPTA</li> <li>• GASTROCROM (cromolyn sodium)</li> <li>• INCRUSE ELLIPTA</li> <li>• PROAIR HFA</li> <li>• PULMICORT (budesonide)</li> <li>• QVAR</li> <li>• SEREVENT DISKUS</li> <li>• SINGULAIR (montelukast)</li> <li>• VENTOLIN HFA</li> </ul>	<ul style="list-style-type: none"> <li>• ASMANEX HFA</li> <li>• BREO ELLIPTA</li> <li>• COMBIVENT RESPIMAT</li> <li>• DULERA</li> <li>• SPIRIVA</li> <li>• STRIVERDI RESPIMAT</li> <li>• SYMBICORT</li> <li>• ZYFLO CR</li> </ul> <p><b><u>RESPIRATORY SUPPLIES:</u></b></p> <ul style="list-style-type: none"> <li>• inhaler assistive devices</li> <li>• nebulizers</li> </ul>
<p><b>BONE DISEASE AND FRACTURES</b></p>	<ul style="list-style-type: none"> <li>• ACTONEL (risedronate)</li> <li>• BONIVA (ibandronate)</li> <li>• EVISTA (raloxifene)</li> </ul>	<ul style="list-style-type: none"> <li>• FOSAMAX (alendronate)</li> <li>• FOSAMAX PLUS D (alendronate)</li> <li>• RECLAST (zoledronic acid)</li> </ul>
<p><b>CAVITIES</b></p>	<ul style="list-style-type: none"> <li>• CLINPRO (sodium fluoride paste and rinse)</li> <li>• PHOS-FLUR (sodium fluoride paste and rinse)</li> <li>• stannous fluoride paste and rinse</li> </ul>	
<p><b>DIABETES</b></p>	<p><b><u>DIABETIC SUPPLIES*:</u></b></p> <ul style="list-style-type: none"> <li>• needles</li> <li>• lancets</li> <li>• syringes</li> <li>• test trips</li> </ul> <p>*bypasses deductible and covered at 100%</p> <p><b><u>INSULINS:</u></b></p> <ul style="list-style-type: none"> <li>• AFREZZA</li> <li>• HUMALOG</li> <li>• HUMULIN</li> <li>• LANTUS SOLOSTAR</li> <li>• LEVEMIR</li> <li>• TOUJEO SOLOSTAR</li> </ul> <p>*bypasses deductible and covered at 100%</p> <p><b><u>INSULINS/GLP-1 RECEPTOR AGONIST COMBINATIONS:</u></b></p> <ul style="list-style-type: none"> <li>• SOLIQUA</li> <li>• XULTOPHY</li> </ul> <p><b><u>NON-INSULIN MEDICINES:</u></b></p> <ul style="list-style-type: none"> <li>• ACTOS (pioglitazone)</li> <li>• ACTOPLUS MET (pioglitazone – metformin)</li> <li>• AMARYL (glimepiride)</li> <li>• AVANDAMET</li> <li>• AVANDARYL</li> </ul>	<p><b><u>NON-INSULIN MEDICINES</u></b></p> <p><b><u>Continued:</u></b></p> <ul style="list-style-type: none"> <li>• AVANDIA</li> <li>• BYDUREON</li> <li>• BYETTA</li> <li>• DIABETA (glyburide)</li> <li>• DUETACT (pioglitazone HCl - glimepiride)</li> <li>• FORTAMET (metformin)</li> <li>• GLUCOPHAGE (metformin)</li> <li>• GLUCOTROL (glipizide)</li> <li>• GLUCOVANCE (glyburide – metformin)</li> <li>• GLYNASE (glyburide)</li> <li>• GLYXAMBI</li> <li>• JANUMET</li> <li>• JANUVIA</li> <li>• JARDIANCE</li> <li>• JENTADUETO</li> <li>• PRANDIN (repaglinide)</li> <li>• STARLIX (nateglinide)</li> <li>• SYMLINPEN</li> <li>• TRADJENTA</li> <li>• TRULICITY</li> <li>• XIGDUO XR</li> </ul>

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

<p><b>HEART DISEASE &amp; STROKE</b></p>	<p><b><u>BLOOD THINNER MEDICATIONS:</u></b></p> <ul style="list-style-type: none"> <li>• AGGRENOX (aspirin dipyridamole ER)</li> <li>• BRILINTA</li> <li>• COUMADIN (warfarin)</li> <li>• EFFIENT</li> <li>• ELIQUIS</li> <li>• PERSANTINE (dipyridamole)</li> </ul>	<p><b><u>BLOOD THINNER MEDICATIONS-Continued:</u></b></p> <ul style="list-style-type: none"> <li>• PLAVIX (clopidogrel)</li> <li>• PRADAXA</li> <li>• SAVAYSA</li> <li>• TICLID (ticlopidine)</li> <li>• ZONTIVITY</li> </ul>
<p><b>CHOLESTEROL LOWERING MEDICINES</b></p>	<p><b><u>HMG-COA REDUCTASE INHIBITORS*:</u></b></p> <ul style="list-style-type: none"> <li>• CRESTOR (rosuvastatin)</li> <li>• LIPITOR (atorvastatin)</li> <li>• MEVACOR (lovastatin)</li> <li>• PRAVACHOL (pravastatin)</li> <li>• ZOCOR (simvastatin)</li> </ul> <p>*Brand and high dose generics</p> <p><b><u>OTHER AGENTS:</u></b></p> <ul style="list-style-type: none"> <li>• ADVICOR</li> <li>• ANTARA (fenofibrate)</li> <li>• COLESTID (cholestipol)</li> <li>• LOPID (gemfibrozil)</li> </ul>	<p><b><u>OTHER AGENTS-Continued:</u></b></p> <ul style="list-style-type: none"> <li>• PREVALITE (cholestyramine)</li> <li>• QUESTRAN (cholestyramine)</li> <li>• SIMCOR (fenofibrate)</li> <li>• TRICOR (fenofibrate)</li> <li>• TRILIPIX DR (fenofibric acid)</li> <li>• VYTORIN (exetimibe/simvastatin)</li> <li>• WELCHOL</li> <li>• ZETIA (ezetimibe)</li> </ul>
<p><b>HIGH BLOOD PRESSURE</b></p>	<p><b><u>ACE INHIBITORS:</u></b></p> <ul style="list-style-type: none"> <li>• ACCUPRIL (quinapril)</li> <li>• LOTENSIN (benazepril)</li> <li>• PRINIVIL (lisinopril)</li> <li>• VASOTEC (enlapril)</li> <li>• ZESTRIL (lisinopril)</li> </ul> <p><b><u>ACE INHIBITOR/DIURETIC COMBINATIONS:</u></b></p> <ul style="list-style-type: none"> <li>• ACCURETIC (quinapril/hctz)</li> <li>• LOTENSIN HCT (benazepril/hctz)</li> <li>• VASERETIC (enlapril/hctz)</li> <li>• ZESTORETIC (lisinopril/hctz)</li> </ul> <p><b><u>BETA BLOCKERS:</u></b></p> <ul style="list-style-type: none"> <li>• BYSTOLIC</li> <li>• INDERAL LA (propranolol)</li> <li>• INNOPRAN XL (propranolol)</li> <li>• TENORMIN (atenolol)</li> <li>• TOPROL XL (metoprolol)</li> <li>• ZEBETA (bisoprolol)</li> </ul> <p><b><u>BETA BLOCKERS/DIURETIC COMBINATIONS:</u></b></p> <ul style="list-style-type: none"> <li>• CORZIDE (nadolol/bendroflumethiazide)</li> <li>• LOPRESSOR HCT (metoprolol/hctz)</li> <li>• propranolol/hctz</li> <li>• TENORETIC (atenolol/chlorthalidone)</li> <li>• ZIAC (bisoprolol/hctz)</li> </ul>	<p><b><u>ANGIOTENSIN II RECEPTOR ANTAGONISTS:</u></b></p> <ul style="list-style-type: none"> <li>• ATACAND (candesartan)</li> <li>• AVAPRO (irbesartan)</li> <li>• COZAAR (losartan)</li> <li>• DIOVAN (valsartan)</li> </ul> <p><b><u>ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS:</u></b></p> <ul style="list-style-type: none"> <li>• ATACAND HCT (candesartan/hctz)</li> <li>• AVALIDE (irbesartan/hctz)</li> <li>• DIOVAN HCT (valsartan/hctz)</li> <li>• HYZAAR (losartan/hctz)</li> </ul> <p><b><u>OTHER HIGH BLOOD PRESSURE MEDICINE COMBINATIONS:</u></b></p> <ul style="list-style-type: none"> <li>• AZOR</li> <li>• CADUET (amlodipine/atorvastatin)</li> <li>• EXFORGE HCT (amlodipine/valsartan/hctz)</li> <li>• LOTREL (amlodipine/benazepril)</li> <li>• TARKA (trandolapril/verapamil)</li> <li>• TRIBENZOR</li> <li>• TWYNSTA (amlodipine/telmisartan)</li> </ul>

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<p><b>HIGH BLOOD PRESSURE - Continued</b></p>	<p><b><u>CALCIUM CHANNEL BLOCKERS:</u></b></p> <ul style="list-style-type: none"> <li>• ADALAT CC (nifedipine)</li> <li>• CALAN (verapamil)</li> <li>• CARDIZEM LA (diltiazem)</li> <li>• NORVASC (amlodipine)</li> <li>• PROCARDIA XL (nifedipine)</li> <li>• SULAR ER (nisoldipine)</li> <li>• TIAZAC ER (diltiazem)</li> <li>• VERELAN (verapamil)</li> </ul>	<p><b><u>DIURETICS:</u></b></p> <ul style="list-style-type: none"> <li>• chlorthalidone</li> <li>• hydrochlorothiazide</li> <li>• indapamide</li> <li>• metolazone</li> </ul>
<p><b>RESPIRATORY SYNCYTIAL VIRUS</b></p>	<ul style="list-style-type: none"> <li>• SYNAGIS</li> </ul>	
<p><b>MALARIA</b></p>	<ul style="list-style-type: none"> <li>• chloroquine</li> <li>• MALARONE (atovaquone/proguanil)</li> <li>• mefloquine</li> <li>• primaquine</li> </ul>	
<p><b>OBESITY</b></p>	<ul style="list-style-type: none"> <li>• ADIPEX-P (phentermine)</li> <li>• BELVIQ</li> <li>• BONTRIL PDM (phendimetrazine)</li> <li>• CONTRAVE</li> <li>• diethylpropion</li> <li>• SAXENDA</li> <li>• XENICAL</li> </ul>	
<p><b>VITAMINS OR MINERALS</b></p>	<ul style="list-style-type: none"> <li>• folic acid (1mg)</li> <li>• prenatal vitamins</li> </ul>	

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](http://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.

FAQs – Prescription Drugs that do not require a Deductible under the HDHSA

**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](http://express-scripts.com/jnj) once you are registered and on the For Your Benefit (FYB) website at [resources.hewitt.com/jnjbsc](http://resources.hewitt.com/jnjbsc).