

Zero Deductible Prescription Drugs 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 Johnson & Johnson	
CATEGORY	BRAND Drug Name (generic)
DIABETES	<ul style="list-style-type: none"> • INVOKAMET • INVOKAMET XR • INVOKANA
HEART DISEASE & STROKE	<ul style="list-style-type: none"> • XARELTO
Medications as Required by the Affordable Care Act	
CHOLESTEROL-LOWERING MEDICINES* *low and moderate-dose generics	<ul style="list-style-type: none"> • atorvastatin • fluvastatin • lovastatin • pravastatin • rosuvastatin • simvastatin
CERTAIN CONTRACEPTIVES	<ul style="list-style-type: none"> • generics • select devices
COLONOSCOPY PREP	<ul style="list-style-type: none"> • generics
HEART DISEASE & STROKE	<ul style="list-style-type: none"> • aspirin, 81 mg or 325 mg
SMOKING CESSATION	<ul style="list-style-type: none"> • bupropion SR 150mg • CHANTIX (varenicline) • NICODERM CQ (nicotine products) • NICOTROL (nicotine products) • NICORETTE (nicotine gum and lozenges) • 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

ASTHMA/COPD	<ul style="list-style-type: none"> • ACCOLATE (zafirlukast) • ADVAIR DISKUS (wixela inhub, fluticasone/salmeterol) • ADVAIR HFA • AIRDUO DIGIHALER • AIRDUO RESPICLICK • albuterol HFA • albuterol nebulizer solution • albuterol oral • ANORO ELLIPTA • ARNUITY ELLIPTA • ASMANEX HFA • ASMANEX TWISTHALER • ATROVENT HFA • BEVESPI AEROSPHERE • BREO ELLIPTA • BREZTRI AEROSPHERE • BROVANA (arformoterol) • budesonide oral inhalation • COMBIVENT RESPIMAT • cromolyn nebulizer solution • DULERA • FASENRA • Formoterol • <i>Inhaler and nebulizer assistive devices</i> • ipratropium/albuterol nebulizer solution • LONHALA MAGNAIR 	<ul style="list-style-type: none"> • metaproterenol • montelukast • NUCALA • PROAIR DIGIHALER) • PERFOROMIST (formoterol) • QVAR REDIHALER • roflumilast • SEREVENT DISKUS • <i>Spirometers</i> • SPIRIVA HANDIHALER • SPIRIVA RESPIMAT • STIOLTO RESPIMAT • SYMBICORT • terbutaline oral • TEZSPIRE • THEO-24 (theophylline) • TRELEGY ELLIPTA • TUDORZA PRESSAIR • XOLAIR • XOPENEX nebulizer solution • YUPELRI • zileuton ER • ZYFLO
BONE DISEASE AND FRACTURES	<ul style="list-style-type: none"> • ACTONEL (risedronate) • ATELVIA DR (risedronate DR) • BINOSTO • BONIVA oral (ibandronate) • DUAVEE • EVISTA (raloxifene) 	<ul style="list-style-type: none"> • FOSAMAX (alendronate) • FOSAMAX PLUS D (alendronate) • RECLAST (zoledronic acid)
CAVITIES	<ul style="list-style-type: none"> • CLINPRO • GEL-KAM • periomed • PREVIDENT • Sodium fluoride rinse, gel, cream, paste, tabs and drops 	

COLONOSCOPY PREPARATION	<ul style="list-style-type: none"> • gavilyte-n • gavilyte-c • GOLYTELY solution (polyethylene glycol, gavilyte-g) 	<ul style="list-style-type: none"> • polyethylene glycol • sodium, potassium and magnesium sulfates • SUFLAVE
DEPRESSION	<p><u>SSRIs (Selective Serotonin Reuptake Inhibitors)</u></p> <ul style="list-style-type: none"> • citalopram • escitalopram • fluoxetine • fluoxetine DR • fluvoxamine • fluvoxamine ER 	<ul style="list-style-type: none"> • PAXIL (paroxetine) • PAXIL CR (paroxetine CR) • sertraline
DIABETES	<p><u>DIABETIC SUPPLIES*:</u></p> <ul style="list-style-type: none"> •control solution •glucometers •insulin pumps •needles •lancets •sensors •syringes •transmitters •test strips <p>*bypasses deductible and covered at 100%</p> <p><u>INSULINS*:</u></p> <ul style="list-style-type: none"> •BASAGLAR •HUMALOG •HUMULIN •LEVEMIR •LEVEMIR FLEX •LYUMJEV •REZVOGLAR •SEMGLEE •TOUJEO MAX SOLOSTAR •TOUJEO SOLOSTAR •TRESIBA •TRESIBA FLEXTOUCH <p>*bypasses deductible and covered at 100%</p> <p><u>INSULIN/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) •AMARYL (glimepiride) •BYDUREON •BYETTA •CYCLOSET 	<p><u>NON-INSULIN MEDICINES Continued:</u></p> <ul style="list-style-type: none"> •DUETACT (pioglitazone / glimepiride) •FARXIGA •glipizide •glipizide/metformin •GLUCOTROL XL (glipizide ER) •glyburide •glyburide/metformin •GLYNASE (glyburide micronized) •GLYXAMBI •JANUMET •JANUMET XR •JANUVIA •JARDIANCE •metformin •metformin ER •miglitol •MOUNJARO •nateglinide •OSEN •OZEMPIC •PRECOSE (acarbose) •repaglinide •repaglinide/metformin •RIOMET (metformin solution) •RIOMET ER suspension •RYBELSUS •SEGLUROMET •STEGLATRO •STEGLUJAN •SYMLINPEN •SYNJARDY •SYNJARDY XR •TRIJARDY XR •TRULICITY •XIGDUO XR

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

HEART DISEASE & STROKE	<u>BLOOD THINNER MEDICATIONS:</u> <ul style="list-style-type: none"> • aspirin/dipyridamole ER • BRILINTA • clopidogrel • dabigatran • dipyridamole • DURLAZA ER • EFFIENT (prasugrel) 	<u>BLOOD THINNER MEDICATIONS-Continued:</u> <ul style="list-style-type: none"> • ELIQUIS • jantoven • warfarin • ZONTIVITY
CHOLESTEROL-LOWERING MEDICINES	<u>HMG-COA REDUCTASE INHIBITORS*:</u> <ul style="list-style-type: none"> • ATORVALIQ • FLOLIPID suspension • LESCOL XL (fluvastatin ER) • LIVALO • ZYPITAMAG <p>*Brand and high dose generics</p> <u>OTHER AGENTS:</u> <ul style="list-style-type: none"> • CADUET (amlodipine/atorvastatin) • colesevelam • COLESTID (cholestipol) 	<u>OTHER AGENTS-Continued:</u> <ul style="list-style-type: none"> • ezetimibe • ezetimibe/simvastatin • FENOGLIDE (fenofibrate) • FIBRICOR (fenofibric acid) • LIPOFEN • LOPID (gemfibrozil) • NEXLETOL • NEXLIZET • NIACOR • Niacin • NIASPAN (niacin ER) • QUESTRAN (cholestyramine) • QUESTRAN LIGHT (cholestyramine light, prevalite) • REPATHA • ROSZET • TRILIPIX(fenofibric acid DR) • VASCEPA (icosapentethyl)

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<p>HIGH BLOOD PRESSURE</p>	<p><u>ACE INHIBITORS:</u></p> <ul style="list-style-type: none"> • ACCUPRIL (quinapril) • ALTACE (ramipril) • captopril • fosinopril • LOTENSIN (benazepril) • moexipril • perindoprel • trandolapril • VASOTEC (enalapril) • 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) • VASERETIC (enalapril/hctz) • ZESTORETIC (lisinopril/hctz) <p><u>BETA-BLOCKERS:</u></p> <ul style="list-style-type: none"> • acebutolol • betaxolol • bisoprolol • CORGARD (nadolol) • LOPRESSOR (metoprolol tartrate) • metoprolol succinate ER • nebivolol • pindolol • propranolol • propranolol ER • TENORMIN (atenolol) • timolol <p><u>BETA-BLOCKERS/DIURETIC COMBINATIONS:</u></p> <ul style="list-style-type: none"> • metoprolol/hctz • propranolol/ HCTZ • TENORETIC (atenolol/chlorthalidone) • ZIAC (bisoprolol/hctz) 	<p><u>ANGIOTENSIN II RECEPTOR ANTAGONISTS:</u></p> <ul style="list-style-type: none"> • candesartan • eprosartan • irbesartan • losartan • olmesartan • telemesartan • valsartan <p><u>ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS:</u></p> <ul style="list-style-type: none"> • candesartan/ hctz • irbesartan/hctz • losartan/hctz • olmesartan / HCTZ • telemesartan / HCTZ • valsartan/hctz <p><u>OTHER HIGH BLOOD PRESSURE MEDICINE COMBINATIONS:</u></p> <ul style="list-style-type: none"> • amlodipine/benazepril • amlodipine/olmesartan • amlodipine/olmesartan/HCTZ • amlodipine/telmisartan • amlodipine/valsartan • amlodipine/valsartan/HCTZ • CADUET (amlodipine/atorvastatin) • PRESTALIA • trandolapril/verapamil ER
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<p>HIGH BLOOD PRESSURE - Continued</p>	<p><u>CALCIUM CHANNEL BLOCKERS:</u></p> <ul style="list-style-type: none"> • amlodipine • CALAN SR (verapamil SR) • CARDIZEM (diltiazem) • CARDIZEM CD (cartia XT, diltiazem CD) • CARDIZEM LA (diltiazem ER, matzim LA) • felodipine ER • isradipine • nicardipine • nifedipine • PROCARDIA XL (nifedipine) • SULAR ER (nisoldipine) • TIAZAC ER (diltiazem ER, tiadylt ER, taztia XT) • verapamil • verapamil ER • VARELAN PM (verapamil PM) 	<p><u>DIURETICS:</u></p> <ul style="list-style-type: none"> • chlorthalidone • DIURIL suspension • hydrochlorothiazide • indapamide • metolazone
<p>MALARIA</p>	<ul style="list-style-type: none"> • ARAKODA • chloroquine • MALARONE (atovaquone/proguanil) • mefloquine • primaquine 	
<p>MIGRAINE PREVENTION</p>	<ul style="list-style-type: none"> • AIMOVIG • AJOVY • EMGALITY 120mg • QULIPTA 	
<p>MISC ANTIVIRALS</p>	<ul style="list-style-type: none"> • APRETUDE • DESCOVY • PREVYMIS • SYNAGIS 	

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OBESITY	<ul style="list-style-type: none"> • ADIPEX-P (phentermine) • benzphetamine • CONTRAVE • diethylpropion • diethylpropion ER • IMCIVREE • LOMAIRA • PLENITY • phendimetrazine • phendimetrazine er • QSYMIA • SAXENDA • WEGOVY • XENICAL
PREEXPOSURE (PrEP) MISC. ANTIVIRAL**	<ul style="list-style-type: none"> • emtricitabine/tenofovir disoproxil fumarate 200mg/300mg
VACCINATION	<ul style="list-style-type: none"> • Anthrax, BCG, Cholera, COVID-19, Diphtheria, Haemophilus Influenza, Japanese Encephalitis, Measles, Meningococcal, Monkey/smallpox, Mumps, Pertussis, Pneumococcal, Poliovirus, Rabies, Respiratory syncytial virus, Rotavirus, Rubella, Shingles, Tetanus, Tick-borne encephalitis, Typhoid, Varicella, Yellow Fever, Zoster
VITAMINS OR MINERALS	<ul style="list-style-type: none"> • Folic acid • prenatal vitamins • pediatric multivitamins with fluoride

**\$0 co-pay applied for members without prescription claims for other drugs used for HIV treatment.

Express Scripts manages your prescription plan. For specific questions on cost and drug coverage, please call the phone number on the 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 Johnson & Johnson, you will pay \$0 and the drugs will not be subject to the annual deductible. For drugs such as smoking cessation products, bowel preps, and folic acid, 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 Johnson & Johnson, 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 for prescription drugs manufactured and/or marketed by Johnson & Johnson.

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 the 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 the 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 no 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/inj once you are registered and on the For Your Benefit (FYB) website at digital.alight.com/injbsc.