Optum Rx®

GE Aerospace Prescription Benefit Plan

$0 HCR preventives (Updated as of January 2025)

Not all drug formulations are covered. Please check with Optum Rx at **1-800-509-9891**.

A
- ABRYSVO
- ACTHIB
- ADACEL
- AFLURIA 2024-2025
- ALOPHEN
- APRETUDE*
- AREXVY
- ASPIRIN
- ASPIRIN LOW DOSE
- ATORVASTATIN

B
- BEXSERO
- BEYFORTUS
- BISACODYL
- BISACODYL EC
- BOOSTRIX
- BUPROPION HCL SR

C
- CAPVAXIVE
- CARTERS LITTLE PILLS
- CHEWABLE ASPIRIN LOW DOSE
- CHILDRENS ASPIRIN
- CITROMA
- CLEARLAX
- COMIRNATY
- COMMIT
- CORRECT
- CORRECTOL

D
- DAPTACEL
- DESCOVY*
- DUCODYL
- DULCOLAX BALANCE

E
- ECOTRIN
- ECOTRIN LOW STRENGTH
- ECPIRIN
- EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE*
- EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE*
- ENGERIX-B
- EX-LAX ULTRA

F
- FER-IRON
- FEROSUL
- FERROUS DROPS
- FERROUS SULFATE
- FLUAD 2024-2025
- FLUARIX 2024-2025
- FLUBLOK 2024-2025
- FLUCELVAX 2024-2025
- FLULAVAL 2024-2025
- FLUMIST NASAL VACCINE 2024-2025
- FLUORABON
- FLUOR-A-DAY
- FLUORIDE
- FLUORITAB
- FLUVASTATIN
- FLURA-DROPS
- FLUZONE 2024-2025
- FLUZONE HIGH-DOSE 2024-2025
- FOLIC ACID
- FRESKARO MAGNESIUM CITRATE

G
- GARDASIL 9
- GAVILAX
- GAVILYTE-C
- GAVILYTE-G
- GENTLE LAXATIVE
- GENTLE LAXATIVE OVERNIGHT RELIEF
- GENTLELAX
- GLYCOLAX

H
- HEPLISAV B
- HIBERIX

I
- INFANRIX
- INFLUENZA VACCINE FOR SAFEWAY DEPENDANTS
- IPOL INACTIVATED IPV
- IRON SUPPLEMENT CHILDRENS

K
- KINRIX

L
- LAXATIVE
- LOVASTATIN
- LUDENT

M
- MAGNESIUM CITRATE
- MEDICAL PROVIDER SINGLE USE EZ FLU QUAD
- MENVEO
- M-M-R II
- MRESVIA

N
- NAFRINSE DROPS
- NICODERM CQ
- NICORELIEF
- NICORETTE
- NICORETTE STARTER KIT
- NICOTINE
- NICOTINE GUM
- NICOTINE GUM STARTER
- NICOTINE MINI LOZENGE
- NICOTINE POLACRILEX
- NICOTINE POLACRILEX STARTER KIT
- NICOTINE STEP TWO
- NICOTINE TRANSDERMAL SYSTEM

- NICOTINE TRANSDERMAL SYSTEM STEP 1
- NICOTINE TRANSDERMAL SYSTEM STEP 2
- NICOTINE TRANSDERMAL SYSTEM STEP 3
- NICOTROL INHALER
- NICOTROL NS
- NOVAVAX

P

- PEDIA IRON
- PEDIARIX
- PEDVAX HIB
- PEG 3350
- PEG 3350/ELECTROLYTES
- PEG-3350/NACL/NA BICARBONATE/ KCL
- PEGYLAX
- PENTACEL
- PFIZER 5-11
- PFIZER 6M - 4Y
- PNEUMOVAX 23
- POWDERLAX
- PRAVASTATIN
- PREHEVBRIO
- PROQUAD
- PURELAX

Q

- QUADRACEL

R

- RALOXIFENE HYDROCHLORIDE
- RECOMBIVAX HB
- ROSUVASTATIN
- ROTARIX
- ROTATEQ

S

- SHINGRIX
- SIMVASTATIN
- SMOOTH LAX
- SODIUM FLUORIDE
- SPIKEVAX
- STIMULANT LAXATIVE
- STOP SMOKING AID
- SUBTAB**

T

- TAMOXIFEN CITRATE
- TENIVAC
- TENOFOVIR DISOPROXIL FUMARATE*
- TETANUS/DIPHTHERIA TOXOID-ADSORBED PUROGENATED ADULT
- TETANUS/DIPHTHERIA TOXOIDS-ADSORBED
- TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT
- THRIVE
- TRUMENBA
- TRUVADA*
- TWINRIX

V

- VAQTA
- VARENICLINE
- VARIVAX
- VAXELIS
- VOCABRIA*

W

- WEE CARE
- WOMANS LAXATIVE

Z

- ZOSTAVAX
- ZYBAN

*Your doctor must submit a Health Care Reform Copay Waiver Review Form to request $0 cost share for primary prevention, if you meet the coverage criteria. If you qualify, you can receive these drugs at $0 cost share.

Coverage pending a clinical review by the Optum Rx Pharmacy & Therapeutics Committee. For more information regarding coverage, call Optum Rx at **1-800-509-9891.

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