

GE Aerospace Prescription Benefit Plan

\$0 HCR preventives (Updated as of January 2026)

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

| | | |
|---------------------------|---------------------------------|--------------------------------|
| A | ECPIRIN | H |
| ABRYSVO | EMTRICITABINE-TENOFOVIR | HEPLISAV B |
| ACTHIB | ALAFENAMIDE FUMARATE* | HIBERIX |
| ADACEL | EMTRICITABINE-TENOFOVIR | I |
| AFLURIA 2024-2025 | DISOPROXIL FUMARATE* | INFANRIX |
| ALOPHEN | ENGERIX-B | INFLUENZA VACCINE FOR SAFEWAY |
| APRETUDE* | EX-LAX ULTRA | DEPENDANTS |
| AREXVY | F | INSTALAX |
| ASPIRIN | FER-IRON | IPOL INACTIVATED IPV |
| ASPIRIN LOW DOSE | FEROSUL | IRON SUPPLEMENT CHILDRENS |
| ATORVASTATIN | FERROUS DROPS | K |
| B | FERROUS SULFATE | KINRIX |
| BEXSERO | FLUAD 2024-2025 | L |
| BEYFORTUS | FLUARIX 2024-2025 | LAXATIVE |
| BISACODYL | FLUBLOK 2024-2025 | LOVASTATIN |
| BISACODYL EC | FLUCELVAX 2024-2025 | LUDENT |
| BOOSTRIX | FLULAVAL 2024-2025 | M |
| BUPROPION HCL SR | FLUMIST NASAL VACCINE 2024-2025 | MAGNESIUM CITRATE |
| C | FLUORABON | MEDICAL PROVIDER SINGLE USE EZ |
| CAPVAXIVE | FLUOR-A-DAY | FLU QUAD |
| CARTERS LITTLE PILLS | FLUORIDE | MENVEO |
| CHEWABLE ASPIRIN LOW DOSE | FLUORITAB | M-M-R II |
| CHILDRENS ASPIRIN | FLUVASTATIN | MRESVIA |
| CITROMA | FLURA-DROPS | N |
| CLEARLAX | FLUZONE 2024-2025 | NAFRINSE DROPS |
| COMIRNATY | FLUZONE HIGH-DOSE 2024-2025 | NICODERM CQ |
| COMMIT | FOLIC ACID | NICORELIEF |
| CORRECT | FRESKARO MAGNESIUM CITRATE | NICORETTE |
| CORRECTOL | G | NICORETTE STARTER KIT |
| D | GARDASIL 9 | NICOTINE |
| DAPTACEL | GAVILAX | NICOTINE GUM |
| DESCOVY* | GAVILYTE-C | NICOTINE GUM STARTER |
| DUCODYL | GAVILYTE-G | NICOTINE MINI LOZENGE |
| DULCOLAX BALANCE | GENTLE LAXATIVE | NICOTINE POLACRILEX |
| E | GENTLE LAXATIVE OVERNIGHT | NICOTINE POLACRILEX |
| ECOTRIN | RELIEF | STARTER KIT |
| ECOTRIN LOW STRENGTH | GENTLELAX | NICOTINE STEP TWO |
| | GLYCOLAX | NICOTINE TRANSDERMAL SYSTEM |

GE Aerospace Prescription Benefit Plan – \$0 HCR Preventives

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|------------------------------------|--------------------------|-----------------------------------|
| NICOTINE TRANSDERMAL SYSTEM STEP 1 | PREHEVBRIO | TENOFOVIR DISOPROXIL FUMARATE* |
| NICOTINE TRANSDERMAL SYSTEM STEP 2 | PROQUAD | TETANUS/DIPHThERIA |
| NICOTINE TRANSDERMAL SYSTEM STEP 3 | PURELAX | TOXOID-ADSORBED PUROGENATED ADULT |
| NICOTROL INHALER | Q | TETANUS/DIPHThERIA |
| NICOTROL NS | QUADRACEL | TOXIDS-ADSORBED |
| NOVAVAX | R | TETANUS/DIPHThERIA |
| P | RALOXIFENE HYDROCHLORIDE | TOXIDS-ADSORBED ADULT |
| PEDIA IRON | RECOMBIVAX HB | THRIVE |
| PEDIARIX | ROSUVASTATIN | TRUMENBA |
| PEDVAX HIB | ROTARIX | TRUVADA* |
| PEG 3350 | ROTATEQ | TWINRIX |
| PEG 3350/ELECTROLYTES | S | V |
| PEG-3350/NACL/NA BICARBONATE/ KCL | SHEWISE | VAQTA |
| PEGYLAX | SHINGRIX | VARENICLINE |
| PENBRAYA | SIMVASTATIN | VARIVAX |
| PENTACEL | SMOOTH LAX | VAXELIS |
| PFIZER 5-11 | SODIUM FLUORIDE | VOCABRIA* |
| PFIZER 6M - 4Y | SPIKEVAX | W |
| PNEUMOVAX 23 | STIMULANT LAXATIVE | WEE CARE |
| POWDERLAX | STOP SMOKING AID | WOMANS LAXATIVE |
| PRAVASTATIN | SUBTAB** | Z |
| | T | ZOSTAVAX |
| | TAMOXIFEN CITRATE | ZYBAN |
| | TENIVAC | |

*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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