

A _____

acyclovir
 allopurinol (tab)
 amiloride/hctz
 amlodipine
 anastrozole
 atenolol
 atenolol/chlorthalidone
 atorvastatin (tab)

B _____

baclofen
 benazepril
 benzotropine
 bisoprolol
 bisoprolol/hctz

C _____

carvedilol (tablet)
 cilostazol (tab)
 citalopram
 clonidine (tab)
 clopidogrel (tab)
 cyclobenzaprine

D _____

dicyclomine
 donepezil (tab)
 doxazosin

E _____

enalapril
 enalapril/hctz
 escitalopram (tab)
 estradiol (tab)

F _____

famotidine
 finasteride
 fluoride oral supplements
 (chewables, drops)
 fluoxetine (capsule)
 folic acid
 furosemide

G _____

gabapentin
 gemfibrozil
 glimepiride
 glipizide
 glipizide-xl
 glyburide
 glyburide micronized

H _____

hydralazine
 hydrochlorothiazide

I _____

ibuprofen (tab)
 indapamide
 isosorbide mononitrate

L _____

lactulose (syrup)
 latanoprost ophth.
 levothyroxine (tablet)
 lisinopril
 lisinopril/hctz
 lithium carbonate
 losartan
 losartan/hctz

lovastatin

M _____

medroxyprogesterone
 (injectable (90-d), tab(30-d))
 megestrol (tab)
 meloxicam
 metformin
 methyldopa
 metoclopramide (syr, tab)
 metoprolol
 metoprolol-xl
 montelukast (chew, tab)

N _____

naproxen
 nortriptyline

P _____

pantoprazole
 paroxetine
 potassium chloride
 potassium chloride-er
 pravastatin
 prednisone (tab)
 prenatal plus vitamins
 prochlorperazine

R _____

ramipril
 ranitidine
 rosuvastatin

S _____

sertraline
 simvastatin
 sodium citrate/citric acid (liq)

sotalol

spironolactone

T _____

tamoxifen
 tamsulosin
 terazosin
 terbinafine (tab)
 timolol (sol)
 trazodone
 triamterene/hctz
 trihexyphenidyl

W _____

warfarin

The NYHTC & HANYC Drug Formulary is a list of preferred drugs, which are covered under your prescription drug plan. The Formulary is subject to change without prior notice. The latest version of the Formulary is available online at hotelfunds.org. You are encouraged to ask your doctor to treat your medical condition(s) with a drug listed on our Formulary.

DRUG FORMULARY KEY:

- CAPITAL LETTERS = Brand-name drugs. (the brand-name drug is no longer covered when its generic equal becomes available.)
- lowercase letters = FDA-approved generic drugs. (Generic drugs contain the same exact active ingredient as their brand-name equal, although the shape, smell or color may differ. They are FDA-approved with the same strict standards as brand-name drugs.)
- [PA]= medication requiring prior authorization by the Medical Director. Coverage is not guaranteed.
- **bold letters** = 90-day supply program.