

A _____	fluoxetine (capsule)	metoclopramide (syr, tab)	warfarin
acyclovir	folic acid	metoprolol	
allopurinol (tab)	furosemide	N _____	
amiloride/hctz	G _____	naproxen	
amlodipine	gabapentin	nortriptyline	
atenolol	glimepiride	P _____	
atenolol/chlorthalidone	glipizide-xl	pantoprazole	
atorvastatin (tab)	glyburide	paroxetine	
	glyburide micronized	potassium chloride	
B _____	H _____	potassium chloride-er	
baclofen	hydralazine	pravastatin	
benazepril	hydrochlorothiazide	prednisone (tab)	
benztropine	I _____	prenatal plus vitamins	
bisoprolol/hctz	ibuprofen (tab)	prochlorperazine	
C _____	indapamide	R _____	
carvedilol (tablet)	L _____	ranitidine	
citalopram	lactulose (syrup)	S _____	
clonidine (tab)	latanoprost ophth.	sertraline	
clopidogrel (tab)	levothyroxine (tablet)	simvastatin	
cyclobenzaprine	lisinopril	sodium citrate/citric acid (liq)	
D _____	lisinopril/hctz	sotalol	
dicyclomine	lithium carbonate	spironolactone	
doxazosin	losartan	T _____	
E _____	losartan/hctz	tamoxifen	
enalapril	lovastatin	tamsulosin	
enalapril/hctz	M _____	terbinafine (tab)	
estradiol (tab)	medroxyprogesterone	timolol (sol)	
F _____	(injectable (90-d), tab(30-d))	trazodone	
famotidine	megestrol (tab)	triamterene/hctz	
finasteride	meloxicam	trihexyphenidyl	
fluoride oral supplements	metformin	W _____	
(chewables, drops)	methyldopa		

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.