	January, 2024 v.1
	labetolol
	lactulose (syrup)
	lamotrigine (IR tabs) (Limit: Not ODT)
	latanoprost ophth.
	letrozole
	levetiracetam (tabs, ER tabs
_	Liq)
	levothyroxine (tablet)
	lisinopril
	lisinopril/hctz
	lithium carbonate
	loryna (tabs)
	losartan
	losartan/hctz
	lovastatin
	low-ogestrel 0.3/0.03mg
	M

naproxen

davsee (tabs) acarbose glipizide acvclovir dicyclomine glipizide-xl alendronate digoxin (tab) glyburide alfuzosin (tabs) diltiazem (tab) glyburide micronized allopurinol (tab) diltiazem-cd H amiloride/hctz dimethyl fumarate (caps) amlodipine donepezil (tab) hydralazine anastrozole doxazosin hydrochlorothiazide duloxetine apri (tabs) atenolol dutasteride (caps) atenolol/chlorthalidone ibandronate (tabs) atorvastatin (tab) ibuprofen (tab) **ELIQUIS (tab)** indapamide enalapril irbesartan (tabs) baclofen enalapril/hctz irbesartan w/hctz (tabs) benazepril enpresse-28 isosorbide mononitrate benztropine **ENTRESTO (tab)** medroxyprogesterone bisoprolol escitalopram (tab) (injectable (90-d), tab(30-d)) bisoprolol/hctz estradiol (tab) jaimiess (tabs) megestrol (tab) ezetimibe **JANUMET** meloxicam JANUMET-XR memantine (tab) calcitriol (caps) **JANUVIA** metformin (tabs, ER tabs) camila 0.35mg famotidine JARDIANCE (tabs) methimazole carbidopa/levodopa FARXIGA (tabs) jolivette 0.35mg metoclopramide (syr, tab) carbidopa/levodopa odt (OD fenofibrate (tab) junel 1/0.02mg or 1.5/.03mg metoprolol tabs) finasteride (tab) junel-fe 1/0.02mg or metoprolol-xl carbidopa/levodopa-sr 1.5/0.03mg fluoride oral supplements mvi microgestin 1/0.02mg or carvedilol (tablet) junel-fe 24 (tabs) (chewables, drops) 1.5/0.03mg chlorthalidone fluoxetine (capsule) microgestin-fe 1/0.02mg or folic acid cilostazol (tab) 1.5/0.03mg furosemide kariva citalopram montelukast (chew, tab) kelnor 1/0.035mg clonidine (tab) clopidogrel (tab)

gemfibrozil glimepiride

NYHTC & HANYC EMPLOYEE BENEFIT FUNDS 90-DAY SUPPLY DRUG FORMULARY

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:

cyclobenzaprine

- CAPITAL LETTERS = Brand-name drugs. (the brand-name drug is no longer covered when its generic equal or interchangeable biosimilar 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.

gabapentin

• bold letters = 90-day supply program.

nifedipine	simvastatin
nikki (tabs)	sodium citrate/citric acid (liq)
norethindrone (tabs)	solifenacin (tab)
nortriptyline	sotalol
	spironolactone (tab)
0	sprintec 0.25/0.035mg
ocella 3-0.03mg	SYNTHROID
olmesartan (tabs)	
olmesartan w/htcz (tab)	Т
oxybutynin	tamoxifen
oxybutynin-xl	tamsulosin
	tenofovir (tab)
P	terazosin
pantoprazole	terbinafine (tab)
paroxetine	teriflunomide (tabs)
phenytoin	timolol (sol)
pioglitazone (tab)	torsemide
portia-28 0.15/0.03mg	trazodone
potassium chloride	triamterene/hctz
potassium chloride-er	trihexyphenidyl
pravastatin	tri-lo-sprintec
prednisone (tab)	tri-sprintec
prenatal plus vitamins	
prochlorperazine	V
propranolol	valsartan
	valsartan/hctz (tab)
R	verapamil
raloxifene (tabs)	verapamil-er
ramipril	
repaglinide (tab)	W
risedronate (tab)	warfarin
ropinirole	
rosuvastatin	X
	XARELTO (tabs)
S	
sertraline	

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