

A		B	
abiraterone (tabs)	amiloride	bacitracin (ophth.)	(MDI)
acarbose	amiloride/hctz	bacitracin/neomycin	bumetanide
acebutolol	amiodarone 200mg (tabs)	/polymyxin/hc ophth.	buprenorphine w/naloxone (film)
acetaminophen/butalbital/cafeine	amitriptyline	baclofen	bupropion
acetaminophen/codeine	amlodipine	balsalazide disodium	bupropion-sr
acetaminophen/hydrocodone	amlodipine w olmesartan various (tabs)	balziva 0.04/0.035mg	bupropion-xl
acetaminophen/oxycodone	amlodipine w/benazepril (cap)	BAQSIMI 3mg (Nasal Spray) (Limit: 2 units)	buspirone
acetazolamide	amoxicillin/clavunate (All dosage forms except XR)	benazepril	C
acetic acid/hc otic	amphetamine salts	benzonatate	cabergoline
acyclovir (susp.)	amphetamine salts combo-xr (cap)	benzoyl peroxide (gel, liq)	calcipotriene (crm, ointm, soln)
acyclovir 200mg caps, 400mg	ampicillin	benzoyl peroxide w/ erythromycin (gel)	calcitonin spray
acyclovir 800mg	anagrelide (caps)	benztropine	calcitriol (caps)
acyclovir oint 5% (Limit: 15gm)	anastrozole	betamethasone (crm, oint)	calcium acetate
adapalene w/benzoyl peroxide 0.1% or 0.3% w 2.5% (gel)	ANORO (inhalation powder)	betamethasone (lotion)	camila 0.35mg
ADVAIR (Diskus, HFA)	apraclonidine ophth.	betamethasone (augmented) (crm, oint)	capecitabine (tab)
AEROCHAMBER OR EQUIVALENT (spacer)	apri (tabs)	betamethasone/clotrimazole (crm, oint)	captopril
albendazole 200mg (tab) (Limit: 4 tabs)	ARANESP (Injectable)	bethanechol	captopril/hctz
albuterol (nebul. Sol, syrup, tablet)	aripiprazole (tab)	BETIMOL	carbamazepine
albuterol (inhaler, inhalation solution)	ARNUITY	bicalutamide (tabs)	carbamazepine-sr
alendronate	ASMANEX	bimatoprost ophth soln 0.03% (drops)	carbidopa/levodopa
alfuzosin (tabs)	atenolol	bisoprolol	carbidopa/levodopa odt (OD tabs)
allopurinol (tab)	atenolol/chlorthalidone	bisoprolol/hctz	carbidopa/levodopa-sr
alogliptin various (tabs)	atomoxetine (caps)	BLEPHAMIDE	carisoprodol
alogliptin w/ pioglitazone (tabs)	atorvastatin (tab)	BREO	carisoprodol/aspirin
alogliptin w/metformin (tabs)	atovaquone 750mg/5ml (Suspension)	BRILINTA (tab)	carteolol ophthalmic
ALPHAGAN-P [PA]	atovaquone / proguanil 250mg/100mg (tabs)	brimonidine (Ophth Only)	carvedilol (tablet)
alprazolam	atropine ophth.	brimonidine/timolol ophth soln 0.2/0.5% (Drops)	cefaclor
alprazolam er (tabs)	ATROVENT HFA	bromfed dm (liq)	cefadroxil
ALREX	azathioprine (tab)	bromocriptine	cefdinir
amantadine	azelaic acid gel (gel (only))	budesonide (nebul sol)	cefpodoxime
	azithromycin (powder, susp, tab)	budesonide/fumoterol inhaler	cefuroxime
	AZOPT		celecoxib
			cephalexin
			CHANTIX
			chlorhexidine gluconate

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 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.
- bold letters = 90-day supply program.

chloroquine	cromolyn (nebul soln)	disopyramide	entacapone (tab)
chlorpromazine	cyclobenzaprine	divalproex sodium	entecavir (tabs)
chlorthalidone	cyclopentolate ophth.	divalproex-er	ENTRESTO (tab)
cholestyramine	cyclosporine (cap)	dofetilide (cap)	epinephrine auto-injector
cholestyramine lite	cyclosporine ophth emulsion	donepezil (tab)	epinephrine auto-injector jr.
ciclopirox (crm, gel, lotion, shampoo)	0.05% (drops) (Limit: restricted to ophthalmology/Optometry)	dorzolamide	eplerenone (tabs)
cilostazol (tab)	cyproheptadine	dorzolamide/timolol	erythromycin (topical gel, ophth oint, oral susp) (Limit: no tabs/caps)
cinacalcet (tabs)	D _____	doxazosin	escitalopram (tab)
ciproflox/dexameth otic susp. (Drops)	danazol	doxepin (caps & liquid)	estradiol (tab)
ciprofloxacin	dapsone gel (Limit: failed erythro & clinda)	doxycycline hyclate & monohydr 50mg + 100mg (tab and cap)	estradiol (crm, patch)
citalopram 20, 40mg	daysee (tabs)	doxylamine w/ pyridoxine 10mg/10mg (tab)	estrogen/methyltestosterone
clarithromycin (susp, tab)	dermotic ear (drops)	dronabinol (caps) (Limit: require diag code)	estropipate 0.75, 1.5mg (tab)
CLEOCIN 100mg (vaginal suppos.)	desipramine	DULERA	ethambutol
clindamycin (cap, cream, gel, lotion, solution)	desmopressin	duloxetine 20-30-60mg	ethosuximide
clobazam (tabs and liquid)	desonide	dutasteride 0.5mg (caps)	etodolac
clobetasol (crm, gel, oint, topical soln, E, foam, shampoo)	desoximetasone	E _____	etonogestrel/ethinyl estradiol
clomiphene	dexamethasone	econazole 1% (cream)	everolimus (tab)
clomipramine	dexmethylphenidate various (tabs, caps)	eletriptan 20mg and 40mg (pk of 6) (tabs)	exemestane 25mg (tabs)
clonazepam various (ODT tabs)	diazepam (tab, gel)	ELIGARD (injectable)	ezetimibe
clonazepam various (tabs, ODT)	diclofenac (tab)	ELIQUIS (tab)	F _____
clonidine (tab)	diclofenac gel 3%	ELLA 30mg (tab) (Limit: 1 tablet)	famciclovir
clonidine (patch)	dicloxacillin	EMGALITY (injectable)	famotidine 40mg
clopidogrel 75mg (tab)	dicyclomine 10, 20mg	emtricitabine w/tenofovir dp fum various (tab) (Limit: must confirm labs every 90 days)	FARXIGA (tabs)
clotrimazole	diflorasone	enalapril	febuxostat (tabs)
colchicine (30 tabs) 0.6mg (tab)	diflunisal	enalapril/hctz	fenofibrate (tab)
colestipol	difluprednate 0.05% (Ophth Emulsion)	ENBREL PFS/MINI/SURECLICK (injectable)	fentanyl
COMBIPATCH 0.05, 0.14	digoxin (tab)	enoxaparin (injectable) (Limit: up to 30 days w/o PA)	finasteride 5mg only (tab)
COMBIVENT	diltiazem 30, 60, 90, 120mg (tab)	enpresse-28	flecainide
CREON	diltiazem-cd		FLOVENT (Diskus, HFA)
CRINONE (gel)	dimethyl fumarate 240mg (caps)		fluconazole (oral suspension, tab)
cromolyn 4% (Ophth drops)	dipyridamole		fludrocortisone
			fluocinolone otic 0.01%
			fluocinonide 0.05%
			fluocinonide 0.05% (crm, ointm, soln)

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 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.
- bold letters = 90-day supply program.

fluoride oral supplements	haloperidol (tab)	ipratropium (neb. sol)	LAGEVRIO (caps)
fluoride oral supplements mvi (chewables, drops)	heparin	ipratropium w/ albuterol (nebulizer solution)	lamotrigine (ER tabs) (Limit: Not ODT)
fluorometholone (ophth. ointm & susp.)	homatropine	irbesartan (tabs)	lamotrigine (IR tabs) (Limit: Not ODT)
fluorouracil (crm, top. soln)	homatropine/hydrocodone (syr)	irbesartan w/hctz (tabs)	lansoprazole (cap) (Limit: 6 months/rx)
fluoxetine (capsule)	hydralazine	isoniazid	LANTUS INSULIN 100u/ml MDV Only (injectable)
fluphenazine	hydrochlorothiazide	isosorbide dinitrate	latanoprost ophth.
flurbiprofen	hydrocortisone (tab, suppository)	isosorbide mononitrate 30mg, 60mg, 120mg	leena
fluticasone (inhaler, cream, ointment)	hydrocortisone 2.5% (lotion)	isotretinoin (caps) (Limit: Dermatologist only)	leflunomide (tab)
fluvoxamine	hydrocortisone/iodoquinol 1%-1% (cream)	ivermectin 1% (Cream)	lenalidomide various (caps)
folic acid 1mg	hydrocortisone/pramoxine	J	letrozole
fosfomycin 3gm (packet) (Limit: 1 packet)	hydromorphone	jaimiess (tabs)	leucovorin ca (tabs)
furosemide	hydroquinone (crm)	JANUMET	leuprolide injection
G	hydroxychloroquine	JANUMET-XR	levabuterol hfa & solution (inhalation)
gabapentin	hydroxyurea (cap)	JANUVIA	levetiracetam (tabs, ER tabs, Liq)
ganciclovir	hydroxyzine	JARDIANCE (tabs)	levobunolol ophth.
gemfibrozil	hyoscyamine (tabs and sl tabs)	jinteli 1/0.005mg	levofloxacin
GEMTESA 75mg (tabs)	hyoscyamine-er	jolivette 0.35mg	levothyroxine (tablet)
gentamicin (crm, ophth, oint, soln)	I	junel 1/0.02mg or 1.5/.03mg	LEVOXYL
glimepiride	ibandronate 150mg (tabs)	junel-fe 1/0.02mg or 1.5/0.03mg	lidocaine (crm, gel, ointm, viscous liq)
glipizide	ibuprofen 400mg, 600mg, 800mg (tab)	junel-fe 24 (tabs)	lidocaine 5% patch (patch)
glipizide-xl	icosapent ethyl 1 gram (caps)	K	lidocaine/prilocaine (top.)
glucagon kit	imatinib (tabs) (Limit: 30 only on first fill)	kariva	lindane
glyburide	imipramine	kelnor 1/0.035mg	linezolid (tabs)
glyburide micronized	imiquimod (Limit: 12 packets/30 days)	KERALYT 6% (gel, shampoo, kit)	liothyronine
griseofulvin v (susp, tab)	INCRUSE ELLIPTA (inhalation powder)	ketoconazole (shampoo)	lisinopril
guaifenesin/codeine	indapamide	ketoconazole 2% (cream)	lisinopril/hctz
guanfacine (tab)	indomethacin, indomethacin-er 25mg, 50mg, 75mg	ketoprofen	lithium carbonate
guanfacine er (tabs)	insulin degludec (Flextouch pen)	ketorolac	LOKELMA (pckt)
H	insulin lispro (injectable)	L	LO-LOESTRIN FE (tabs)
[h.pylori 14-day triple therapy amox/clarithromycin/lansoprazole]		labetolol	lorazepam
HADLIMA various (injectable)		lacosamide various (tabs, liquid)	loryna (tabs)
		lactulose (syrup)	

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 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.
- **bold letters** = 90-day supply program.

losartan	metronidazole 250mg, 500mg	nebivolol (tabs)	months/rx)
losartan/hctz	0.75% (tabs , vag gel, topical)	neomycin	omeprazole 2mg/ml (susp)
LOTEMAX	metronidazole oral susp	neomycin/polymixin/dexameth	ondansetron various (tabs, liq)
lovastatin	500mg/5ml	0.1% (Ophth drops)	OPZELURA 1.5% (CREAM)
low-ogestrel 0.3/0.03mg	mexiletine	neomycin/polymixin/dexameth	(Limit: max refills - 2)
loxapine	microchamber	0.1% (Ophth Oint)	orphenadrine
lubiprostone (gelcap)	microgestin 1/0.02mg or	neomycin/polymyxin/ hc.	orphenadrine compound
lurasidone (tab) (Limit:	1.5/0.03mg	(crm, ointm, ophth and otic)	oxcarbazepine (tab)
Psychiatric Providers)	microgestin-fe 1/0.02mg or	neomycin/polymyxin/gramicidi	oxcarbazepine oral susp
M _____	1.5/0.03mg	n ophth or otic	300mg/5ml (liq)
medroxyprogesterone	midodrine (tabs)	NEXLETOL (tab)	oxybutynin
(injectable (90-d), tab(30-d))	minocycline	nicotine (gum, lozenges,	oxybutynin-xl
mefloquine	minoxidil	patches)	oxycodone
megestrol (tab)	mirtazapine (tab)	nifedipine	oxycodone/acetaminophen
meloxicam	misoprostol	nikki (tabs)	oxycodone-er
memantine (tab)	modafinil (tabs)	nitrofurantoin	OZEMPIC (Diag: T2D Only)
mercaptopurine 50mg (tab)	mometasone (crm, lotion,	nitroglycerin (ointm, patch, SL,	P _____
mesalamine	ointment)	spray)	PANCREAZE
metformin various (tabs, ER	montelukast (chew, tab)	nivestym (PFS)	pantoprazole
tabs)	morphine (IR or ER Tabs only)	norethindrone 5mg (tabs)	paroxetine
methazolamide	MOUNJARO (Diag: T2D Only)	norethindrone 0.35mg (tabs)	PAXLOVID (tabs)
methenemine hippurate 1 GM	moxifloxacin opht drops 0.5%	nortriptyline	penicillin vk
(Tabs)	(drops)	NOVOLIN 70/30	pentoxifylline-er
methergine 0.2mg (tabs)	MULTAQ (TAB) (Limit:	NOVOLIN N	permethrin
(Limit: 12 tabs)	Cardiologist Only)	NOVOLIN R	perphenazine
methimazole	mupirocin (ointment only)	NOVOLOG	perphenazine/amitriptyline
methocarbamol	MYCOBUTIN	NURTEC ODT 75mg (tab)	phenazopyridine
methotrexate (tab)	mycophenolate mofetil	nystatin (crm, ointm, powd,	phenobarbital
methoxsalen 10mg (cap)	MYRBETRIQ (tabs) (Limit:	susp)	phenytoin
methylphenidate (IR tabs only)	Failed anti-cholinergics or	nystatin/triamcinolone	phytonadione 5mg (tabs)
methylphenidate er	Beers Protocol)	O _____	(Limit: 30 tabs)
methylprednisolone	N _____	ocella 3-0.03mg	pilocarpine (ophth.)
metoclopramide (syr, tab)	nabumetone	ofloxacin (ophth, otic)	pimecrolimus 1% (Cream)
metolazone	nadolol	olanzapine (tabs)	(Limit: Restricted to Derms)
metoprolol	naltrexone	olmesartan (tabs)	pioglitazone (tab)
metoprolol/hctz	naproxen	olmesartan w/hctz (tab)	piroxicam
metoprolol-xl	naproxen-ec [PA]	omega-3 fatty acids (cap)	podofilox
metronidazole 1% (Gel)	naratriptan 9 tabs per 30 days	omeprazole (cap) (Limit: 6	polymyxin-b & trimethoprim

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 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.
- **bold letters** = 90-day supply program.

portia-28 0.15/0.03mg	PULMICORT FLEXHALER	ropinirole	month)
posaconazole (tabs only)	PULMOZYME	rosuvastatin	SYMBICORT 80 or 160 (inh)
(Limit: PA required for 90 days)	pyrazinamide	S _____	SYNTHROID
potassium chloride	pyridostigmine	SANTYL	T _____
potassium chloride-er	Q _____	selegiline	tacrolimus (cap & ointment)
potassium citrate (tabs)	quetiapine fumarate (tabs) (Limit: restricted to psychiatrist)	selenium sulfide (lotion)	TAMIFLU
pramipexole tabs (Limit: Not ER)	quetiapine fumarate	sertraline	tamoxifen
pravastatin	quinidine sulfate	sevelamer carbonate 800mg tabs 800mg (tab)	tamsulosin
prazosin	quinidine sulfate-er	silver sulfadiazine	tavaborole 5% (soln)
prednicarbate	QULIPTA (tabs)	simvastatin	tazarotene (Gel or Cream only) (Limit: limit up to 60gm)
prednisolone (oral liquid, ophth. Drop)	QVAR	sitagliptin (tabs)	temazepam
prednisone (tab)	R _____	sodium chloride for irrigation 0.9% (liq)	temozolomide (caps)
pregabalin (caps)	raloxifene 60mg (tabs)	sodium citrate/citric acid (liq)	tenofovir 300mg (tab)
PREMARIN (tab, vag crm)	ramipril	sodium polystyrene sulfonate	teracozazole vaginal
PREMPHASE	ranolazine (tab)	solifenacin (tab)	terazosin
PREMPRO	REGRANEX	SOLU-CORTEF	terbinafine (tab)
prenatal plus vitamins	RENAGEL	sotalol 80mg	teriflunomide 7mg & 14mg (tabs)
prenatal vits w dha (tab)	repaglinide (tab)	spironolactone 25mg. 50mg, 100mg (tab)	testosterone depot
primidone	REPATHA SURECLICK AUTO-INJECTOR 140mg/ml (inj)	spironolactone/hctz	testosterone gel packets 1% (gel packets)
probenecid	RETACRIT (injectable)	sprintec 0.25/0.035mg	testosterone gel pump 1.62% (gel pump)
procainamide	rezvoglar kwikpen 100u/ml (pen injectable)	sucalfate	testosterone gel pump 1.62% (gel pump)
prochlorperazine	ribavirin (caps, tabs)	sulfacetamide sodium 10% ophth.	tetracycline
PROCTOZONE-HC 2.5% (crm)	rifabutin 150mg (caps)	sulfacetamide/prednisolone	theophylline
progesterone 50mg/ml (injection)	rifampin	sulfacetamide/sulfur 10%/5% (topical cleanser)	timolol (sol)
progesterone 100mg or 200mg (caps)	riluzole (tab)	sulfamethoxazole-trimethoprim	timolol-xe (ophth.)
PROLIA 60mg/ml (syringe)	ripseridone consta (Injectable) (Limit: filled by specialty pharmacy)	sulfasalazine	tinidazole 250mg or 500mg (tabs) (Limit: 20 tabs)
promethazine (syr, tab)	risedronate 150mg (tabs)	sulfasalazine-ec	tobramycin ophth.
promethazine/codeine	risedronate 35mg (tab)	sulindac	tobramycin/dexamethasone ophth. 0.3-0.1%
promethazine-dm	risperidone (tab)	sumatriptan 9 tabs per 30 days (tabs)	TOBREX (ophth. ointment)
propranolol	rizatRIPTAN 9 tabs per 30 days	sumatriptan succ 6mg/0.5ml (injectable) (Limit: 2 syr per	tolterodine
propranolol-er	ROCKLATAN OPTH DROPS (drops) (Limit: restricted to Ophthalmology and optometry)		topiramate
propranolol-la			topiramate er 25mg, 50mg 100mg (caps) (Limit: restricted
propylthiouracil			
PROVENTIL HFA			

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 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.
- **bold letters** = 90-day supply program.

to neurologists)

torsemide

tramadol

tranexamic acid (tabs) (Limit: 30 tabs)

TRANSDERM-SCOP

travoprost ophth soln 0.04% (drops)

trazodone

TRELEGY ELLIPTA (Inhaler)

tretinoin 0.1%, 0.05%, 0.01% & 0.025% (cream or gel 15-20 gm max) (Limit: acne vulgaris)

triamcinolone (ointm)

triamcinolone (crm)

triamcinolone/orabase

triamterene/hctz

trifluoperazine

trifluridine ophth.

trihexyphenidyl

tri-lo-sprintec

trimethobenzamide

trimethoprim/polymyxin

tri-sprintec

TRULICITY (inj)

U _____

UBRELVIY 50mg & 100mg (tab)

urea 40% (crm, gel)

ursodiol

V _____

valacyclovir

valganciclovir (tab)

valproic acid

valsartan

valsartan/hctz (tab)

vancomycin 125mg or 250mg (caps) (Limit: 50 caps)

VANOXIDE-HC

VELTASSA (pckt)

venlafaxine (cap)

venlafaxine-er (cap)

VENTOLIN HFA

verapamil

verapamil-er

VTAMA 1% (Cream)

VYVANSE

W _____

warfarin

X _____

XARELTO (tabs)

xulane (patch)

Y _____

YUSIMRY various (injectable)

Z _____

zafirlukast

ZENPEP

ziprasidone (caps)

zolpidem

zonisamide

ZORYVE various (Cream, foam)

Colonoscopy Preps

GOLYTELY (powder)

NULYTELY (powder)

peg 3350/electrolytes

SUPREP (liq)

Diabetes Care Supplies

ASCENSIA CONTOUR NEXT EZ

ASCENSIA CONTOUR NEXT ONE

FREESTYLE LIBRE 2

FREESTYLE LIBRE 3

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 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.
- **bold letters = 90-day supply program.**