

A _____	enalapril	junel 1/0.02mg or 1.5/.03mg	montelukast (chew, tab)
acarbose	enalapril/hctz	junel-fe 1/0.02mg or 1.5/0.03mg	N _____
acyclovir	enpresse-28		naproxen
alendronate	escitalopram (tab)	K _____	nifedipine
allopurinol (tab)	estradiol (tab)	kariva	norethindrone (tabs) (Limit: Not 5 mg)
amiloride/hctz	ezetimibe	kelnor 1/0.035mg	nortriptyline
amlodipine	F _____		O _____
anastrozole	famotidine	L _____	ocella 3-0.03mg
apri (tabs)	finasteride (tab)	labetolol	olmesartan (tabs)
atenolol	fluoride oral supplements mvi (chewables, drops)	lactulose (syrup)	olmesartan w/hctz (tab)
atenolol/chlorthalidone	fluoxetine (capsule)	latanoprost ophth.	oxybutynin
atorvastatin (tab)	folic acid	letrozole	oxybutynin-xl
B _____	furosemide	levothyroxine (tablet)	P _____
baclofen	G _____	lisinopril	pantoprazole
benazepril	gabapentin	lisinopril/hctz	paroxetine
benztropine	gemfibrozil	lithium carbonate	pioglitazone (tab)
bisoprolol	glimepiride	losartan	portia-28 0.15/0.03mg
bisoprolol/hctz	glipizide	losartan/hctz	potassium chloride
C _____	glipizide-xl	lovastatin	potassium chloride-er
camila 0.35mg	glyburide	low-ogestrel 0.3/0.03mg	pravastatin
carvedilol (tablet)	glyburide micronized	M _____	prednisone (tab)
chlorthalidone	H _____	medroxyprogesterone (injectable (90-d), tab(30-d))	prenatal plus vitamins
cilostazol (tab)	hydralazine	megestrol (tab)	prochlorperazine
citalopram	hydrochlorothiazide	meloxicam	R _____
clonidine (tab)	I _____	metformin (tabs, ER tabs)	raloxifene (tabs)
clopidogrel (tab)	ibandronate (tabs)	methimazole	ramipril
cyclobenzaprine	ibuprofen (tab)	methyldopa	ranitidine
D _____	indapamide	metoclopramide (syr, tab)	repaglinide (tab)
dicyclomine	isosorbide mononitrate	metoprolol	rosuvastatin
donepezil (tab)	J _____	metoprolol-xl	
doxazosin	jolivette 0.35mg	metoprolol-xl	S _____
E _____		microgestin 1/0.02mg or 1.5/0.03mg	sertraline
		microgestin-fe 1/0.02mg or 1.5/0.03mg	

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.

simvastatin
sodium citrate/citric acid (liq)
sotalol
spironolactone (tab)
sprintec 0.25/0.035mg

T _____

tamoxifen
tamsulosin
terazosin
terbinafine (tab)
timolol (sol)
trazodone
triamterene/hctz
trihexyphenidyl
tri-lo-sprintec
tri-sprintec

W _____

warfarin

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