	enalapril	junel 1/0.02mg or 1.5/.03mg	
A	enalapril/hctz	junel-fe 1/0.02mg or	N
acarbose	enpresse-28	1.5/0.03mg	naproxen
acyclovir	escitalopram (tab)		nifedipine
alendronate	estradiol (tab)	K	norethindrone (tabs) (Limit
allopurinol (tab)	ezetimibe	kariva	Not 5 mg)
amiloride/hctz		kelnor 1/0.035mg	nortriptyline
amlodipine	F		
anastrozole	famotidine	L	0
apri (tabs)	finasteride (tab)	labetolol	ocella 3-0.03mg
atenolol	fluoride oral supplements mvi	lactulose (syrup)	olmesartan (tabs)
atenolol/chlorthalidone	(chewables, drops)	latanoprost ophth.	olmesartan w/htcz (tab)
atorvastatin (tab)	fluoxetine (capsule)	letrozole	oxybutynin
	folic acid	levothyroxine (tablet)	oxybutynin-xl
B	furosemide	lisinopril	
baclofen		lisinopril/hctz	P
benazepril	G	lithium carbonate	pantoprazole
benztropine	gabapentin	losartan	paroxetine
bisoprolol	gemfibrozil	losartan/hctz	pioglitazone (tab)
bisoprolol/hctz	glimepiride	lovastatin	portia-28 0.15/0.03mg
	glipizide	low-ogestrel 0.3/0.03mg	potassium chloride
C	glipizide-xl		potassium chloride-er
camila 0.35mg	glyburide	M	pravastatin
carvedilol (tablet)	glyburide micronized	medroxyprogesterone	prednisone (tab)
chlorthalidone		(injectable (90-d), tab(30-d))	prenatal plus vitamins
cilostazol (tab)	Н	megestrol (tab)	prochlorperazine
citalopram	hydralazine	meloxicam	
clonidine (tab)	hydrochlorothiazide	metformin (tabs, ER tabs)	R
clopidogrel (tab)		methimazole	raloxifene (tabs)
cyclobenzaprine	l	methyldopa	ramipril
	ibandronate (tabs)	metoclopramide (syr, tab)	ranitidine
D	ibuprofen (tab)	metoprolol	repaglinide (tab)
dicyclomine	indapamide	metoprolol-xl	rosuvastatin
donepezil (tab)	isosorbide mononitrate	microgestin 1/0.02mg or	
doxazosin		1.5/0.03mg	S
	J	microgestin-fe 1/0.02mg or	sertraline
E	jolivette 0.35mg	1.5/0.03mg	simvastatin
		montelukast (chew, tab)	

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.

sodium citrate/citric acid (liq) sotalol spironolactone (tab) sprintec 0.25/0.035mg
sprinted 0.23/0.033111g
Τ
tamoxifen
tamsulosin
terazosin
terbinafine (tab)
timolol (sol)
trazodone
triamterene/hctz
trihexyphenidyl
tri-lo-sprintec
tri-sprintec
W

warfarin

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