

A _____	calcitriol (caps)	estradiol (tab)	irbesartan w/hctz (tabs)
acarbose	camila 0.35mg	ezetimibe	isosorbide mononitrate
acyclovir	carbidopa/levodopa	F _____	J _____
alendronate	carbidopa/levodopa odt (OD tabs)	famotidine	jaimiess (tabs)
alfuzosin (tabs)	carbidopa/levodopa-sr	FARXIGA (tabs)	JANUMET
allopurinol (tab)	carvedilol (tablet)	fenofibrate (tab)	JANUMET-XR
amiloride/hctz	chlorthalidone	finasteride (tab)	JANUVIA
amiodarone (tabs)	cilostazol (tab)	fluoride oral supplements mvi (chewables, drops)	JARDIANCE (tabs)
amitriptyline	cialopram	fluoxetine (capsule)	jolivette 0.35mg
amlodipine	clonidine (tab)	folic acid	junel 1/0.02mg or 1.5/.03m
amlodipine w olmesartan	clopidogrel (tab)	furosemide	junel-fe 1/0.02mg or 1.5/0.03mg
amlodipine w/benazepril (cap)	cyclobenzaprine	G _____	junel-fe 24 (tabs)
anagrelide (caps)	D _____	gabapentin	K _____
anastrozole	daysee (tabs)	gemfibrozil	kariva
apri (tabs)	dicyclomine	glimepiride	kelnor 1/0.035mg
aripiprazole (tab)	digoxin (tab)	glipizide	L _____
atenolol	diltiazem (tab)	glipizide-xl	labetolol
atenolol/chlorthalidone	diltiazem-cd	glyburide	lactulose (syrup)
atorvastatin (tab)	dimethyl fumarate (caps)	glyburide micronized	lamotrigine (IR tabs) (Limit: Not ODT)
B _____	donepezil (tab)	guanfacine (tab)	lansoprazole (cap) (Limit: 6 months/rx)
baclofen	dorzolamide/timolol	H _____	latanoprost ophth.
benazepril	doxazosin	hydralazine	letrozole
benztropine	duloxetine	hydrochlorothiazide	levetiracetam (tabs, ER tabs Liq)
bimatoprost ophth soln (drops)	dutasteride (caps)	hydroxychloroquine	levothyroxine (tablet)
bisoprolol	E _____	I _____	lisinopril
bisoprolol/hctz	ELIQUIS (tab)	ibandronate (tabs)	lisinopril/hctz
brimonidine (Ophth Only)	enalapril	icosapent ethyl (caps)	lithium carbonate
bumetanide	enalapril/hctz	imatinib (tabs) (Limit: 30 only on first fill)	loryna (tabs)
bupropion	enpresse-28	indapamide	losartan
bupropion-sr	entecavir (tabs)	irbesartan (tabs)	
bupropion-xl	ENTRESTO (tab)		
C _____	eplerenone (tabs)		
	escitalopram (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 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/hctz
lovastatin
low-ogestrel 0.3/0.03mg

M _____
medroxyprogesterone
(injectable (90-d), tab(30-d))
megestrol (tab)
meloxicam
memantine (tab)
metformin (tabs, ER tabs)
methimazole
metoclopramide (syr, tab)
metoprolol
metoprolol-xl
microgestin 1/0.02mg or
1.5/0.03mg
microgestin-fe 1/0.02mg or
1.5/0.03mg
midodrine (tabs)
montelukast (chew, tab)

N _____
nebivolol (tabs)
nifedipine
nikki (tabs)
norethindrone (tabs)
nortriptyline

O _____
ocella 3-0.03mg
olmesartan (tabs)
olmesartan w/hctz (tab)
omega-3 fatty acids (cap)
omeprazole (cap) (Limit: 6
months/rx)

oxybutynin
oxybutynin-xl

P _____
pantoprazole
paroxetine
phenytoin
pioglitazone (tab)
portia-28 0.15/0.03mg
potassium chloride
potassium chloride-er
pravastatin
prednisone (tab)
prenatal plus vitamins
prenatal vits w dha (tab)
prochlorperazine
propranolol
propranolol-er
propranolol-la

R _____
raloxifene (tabs)
ramipril
ranolazine (tab)
repaglinide (tab)
riluzole (tab)
risedronate (tab)
risedronate (tabs)
ropinirole
rosuvastatin

S _____
sertraline
simvastatin
sitagliptin (tabs)

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

T _____
tamoxifen
tamsulosin
tenofovir (tab)
terazosin
terbinafine (tab)
teriflunomide (tabs)
timolol (sol)
torsemide
travoprost ophth soln (drops)
trazodone
triamterene/hctz
trihexyphenidyl
tri-lo-sprintec
tri-sprintec

V _____
valsartan
valsartan/hctz (tab)
verapamil
verapamil-er

W _____
warfarin

X _____
XARELTO (tabs)

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