		ENTRESTO (tab)	on first fill)
A	C	eplerenone (tabs)	indapamide
acarbose	calcitriol (caps)	escitalopram (tab)	irbesartan (tabs)
acyclovir	camila 0.35mg	estradiol (tab)	irbesartan w/hctz (tabs)
alendronate	carbidopa/levodopa	ezetimibe	isosorbide mononitrate
alfuzosin (tabs)	carbidopa/levodopa odt (OD		
allopurinol (tab)	tabs)	F	J
ALPHAGAN (OPHTH SOLN)	carbidopa/levodopa-sr	famotidine	jaimiess (tabs)
(Limit: Step Up from Generic)	carvedilol (tablet)	FARXIGA (tabs)	JANUMET
amiloride/hctz	chlorthalidone	fenofibrate (tab)	JANUMET-XR
amiodarone (tabs) (Limit:	cilostazol (tab)	finasteride (tab)	JANUVIA
100mg 400mg limit 30 days)	citalopram	fluoride oral supplements mvi	JARDIANCE (tabs)
amitriptyline	clonidine (tab)	(chewables, drops)	jolivette 0.35mg
amlodipine	clopidogrel (tab)	fluoxetine (caps, oral susp)	junel 1/0.02mg or 1.5/.03m
amlodipine w olmesartan	colestipol	folic acid	junel-fe 1/0.02mg or
amlodipine w/benazepril (cap)	cyclobenzaprine	furosemide	1.5/0.03mg
anagrelide (caps)			junel-fe 24 (tabs)
anastrozole	D	G	
apri (tabs)	daysee (tabs)	gabapentin	K
aripiprazole (tab)	dicyclomine	gemfibrozil	kariva
atenolol	digoxin (tab)	glimepiride	kelnor 1/0.035mg
atenolol/chlorthalidone	diltiazem (tab)	glipizide	
atorvastatin (tab)	diltiazem-cd	glipizide-xl	L
	dimethyl fumarate (caps)	glyburide	labetolol
В	donepezil (tab)	glyburide micronized	lactulose (syrup)
baclofen	dorzolamide/timolol	guanfacine (tab)	lamotrigine (IR tabs) (Limit:
benazepril	doxazosin	-	Not ODT)
benztropine	duloxetine	H	lansoprazole (cap) (Limit: 6
bimatoprost topical (Solution)	dutasteride (caps)	hydralazine	months/rx)
bisoprolol	, , ,	hydrochlorothiazide	latanoprost ophth.
bisoprolol/hctz	E	hydroxychloroquine	letrozole
brimonidine (Ophth Only)	ELIQUIS (tab)	, ,	levetiracetam (tabs, ER tabs
bumetanide	enalapril	I	Liq)
bupropion	enalapril/hctz	ibandronate (tabs)	levothyroxine (tablet)
bupropion-sr	enpresse-28	icosapent ethyl (caps)	lisinopril
bupropion-xl	entecavir (tabs)	imatinib (tabs) (Limit: 30 only	lisinopril/hctz

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.

lithium carbonate	olmesartan w/htcz (tab)		
loryna (tabs)	omega-3 fatty acids (cap)	S	W
losartan	omeprazole (cap) (Limit: 6	sertraline	warfarin
losartan/hctz	months/rx)	sevelamer carbonate 800mg	
lovastatin	oxybutynin	tabs (tab)	X
low-ogestrel 0.3/0.03mg	oxybutynin-xl	simvastatin	XARELTO (tabs)
LUMIGAN (OPHTH SOLN)	_	sitagliptin (tabs)	
	P	sodium citrate/citric acid (liq)	
M	pantoprazole	solifenacin (tab)	
medroxyprogesterone	paroxetine	sotalol	
(injectable (90-d), tab(30-d))	phenytoin	spironolactone (tab)	
megestrol (tab)	pioglitazone (tab)	sprintec 0.25/0.035mg	
meloxicam	portia-28 0.15/0.03mg	SYNTHROID	
memantine (tab)	potassium chloride	_	
metformin (tabs, ER tabs)	potassium chloride-er	I	
methimazole	pravastatin	tamoxifen	
metoclopramide (syr, tab)	prednisone (tab)	tamsulosin	
metoprolol	prenatal plus vitamins	tenofovir (tab)	
metoprolol-xl	prenatal vits w dha (tab)	terazosin	
microgestin 1/0.02mg or	prochlorperazine	terbinafine (tab)	
1.5/0.03mg	propranolol	teriflunomide (tabs)	
microgestin-fe 1/0.02mg or	propranolol-er	timolol (sol)	
1.5/0.03mg	propranolol-la	torsemide	
midodrine (tabs)		travoprost ophth soln (drops)	
montelukast (chew, tab)	R	trazodone	
N	raloxifene (tabs)	triamterene/hctz	
	ramipril	trihexyphenidyl	
nebivolol (tabs)	ranolazine (tab)	tri-lo-sprintec	
nifedipine	repaglinide (tab)	tri-sprintec	
nikki (tabs)	RHOPRESSA (OPHTH SOLN)		
norethindrone (tabs)	riluzole (tab)	V	
nortriptyline	risedronate (tabs)	valsartan	
0	risedronate (tab)	valsartan/hctz (tab)	
	ropinirole	verapamil	
ocella 3-0.03mg olmesartan (tabs)	rosuvastatin	verapamil-er	
		VYZULTA (OPHTH 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.