



Attention Physicians:

An enrollee may request a tiering exception to cover a Tier 2 drug at the Tier 1 cost-sharing level as long as there is a drug on Tier 1 (see below) for treating the same condition that the requested Tier 2 drug is being used to treat. For more information about requesting a coverage determination, please use the Coverage Determination link on this website.

2019 Tier 1 Medications

Benazepril
Enalapril
Enalapril HCT
Fosinopril
Gabapentin
Glimepiride
Glipizide
Glipizide/Metformin/HCL
Glipizide ER
Glipizide XL
Lisinopril
Lisinopril HCT

Losartan
Losartan HCT
Lovastatin
Metformin
Metformin ER
Nortriptyline
Pravastatin
Ramipril
Simvastatin
Trazadone
Venlafaxine

FID 19200

Effective January 1, 2019

For more information, please contact PrimeTime Health Plan at 330-363-7407 or 1-800-577-5084 or, for TTY users, 330-363-7460 or 1-800-617-7446, Monday through Friday 8 a.m. to 8 p.m. (October 1 – March 31, we are available 7 days a week, 8 a.m. to 8 p.m.), or visit www.pthp.com.

PrimeTime Health Plan is an HMO-POS plan with a Medicare contract. Enrollment in PrimeTime Health Plan depends on contract renewal.

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- P.O. Box 6905 / Canton, OH 44706-0905
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TTY LINE: 330.363.7460 / 1.800.617.7446 FAX: 330.580.6764
- WEBSITE: www.pthp.com