



### **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.

### **2017 Tier 1 Medications**

<b>Benazepril</b>	<b>Lisinopril HCT</b>
<b>Captopril</b>	<b>Losartan</b>
<b>Enalapril</b>	<b>Losartan HCT</b>
<b>Enalapril HCT</b>	<b>Lovastatin</b>
<b>Fosinopril</b>	<b>Metformin</b>
<b>Gabapentin</b>	<b>Metformin ER</b>
<b>Glimepiride</b>	<b>Nortripyline</b>
<b>Glipizide</b>	<b>Pravastatin</b>
<b>Glipizide/Metformin/HCL</b>	<b>Ramipril</b>
<b>Glipizide ER</b>	<b>Simvastatin</b>
<b>Glipizide XL</b>	<b>Trazadone</b>
<b>Lisinopril</b>	<b>Venlafaxine</b>

**FID 17101, 17374**

**Effective January 1, 2017**

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<sup>st</sup> – February 14<sup>th</sup>, we are available 7 days a week, 8 a.m. to 8 p.m.), or visit [www.primetimehealthplan.com](http://www.primetimehealthplan.com).

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply.

Benefits and/or co-payments/co-insurance may change on January 1 of each year.

The Formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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

H3664\_2017Tier1Medications

- 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
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