



### **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.

### **2018 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 18115**

**Effective January 1, 2018**

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\_2018Tier1Medications

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