



**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.

**2020 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 20156**

**Effective January 1, 2020**

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](http://www.pthp.com).

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- P.O. Box 6905 / Canton, OH 44706-0905
- PHONE: 330.363.7407 / TOLL FREE: 1.800.577.5084  
TTY LINE: 330.363.7460 / 1.800.617.7446 FAX: 330.580.6764
- WEBSITE: [www.pthp.com](http://www.pthp.com)