



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.

2021 Tier 1 Medications

BENAZEPRIL HCL	TABS	5MG
BENAZEPRIL HCL	TABS	10MG
BENAZEPRIL HCL	TABS	40MG
BENAZEPRIL HYDROCHLORIDE	TABS	20MG
CARVEDILOL	TABS	6.25MG
CARVEDILOL	TABS	25MG
CARVEDILOL	TABS	3.125MG
CARVEDILOL	TABS	12.5MG
ENALAPRIL MALEATE	TABS	5MG
ENALAPRIL MALEATE	TABS	10MG
ENALAPRIL MALEATE	TABS	20MG
ENALAPRIL MALEATE	TABS	2.5MG
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	TABS	5MG; 12.5MG
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	TABS	10MG; 25MG
FOSINOPRIL SODIUM	TABS	10MG
FOSINOPRIL SODIUM	TABS	20MG
FOSINOPRIL SODIUM	TABS	40MG
GLIMEPIRIDE	TABS	1MG
GLIMEPIRIDE	TABS	2MG
GLIMEPIRIDE	TABS	4MG
GLIPIZIDE	TABS	5MG
GLIPIZIDE	TABS	10MG
GLIPIZIDE ER	TB24	5MG
GLIPIZIDE ER	TB24	10MG
GLIPIZIDE ER	TB24	2.5MG
GLIPIZIDE/METFORMIN HYDROCHLORIDE	TABS	2.5MG; 250MG
GLIPIZIDE/METFORMIN HYDROCHLORIDE	TABS	2.5MG; 500MG
GLIPIZIDE/METFORMIN HYDROCHLORIDE	TABS	5MG; 500MG
HYDROCHLOROTHIAZIDE	CAPS	12.5MG
HYDROCHLOROTHIAZIDE	TABS	12.5MG
HYDROCHLOROTHIAZIDE	TABS	25MG
HYDROCHLOROTHIAZIDE	TABS	50MG

- 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

AULTCARE'S

PRIMETIME
 HEALTH PLAN

JANTOVEN	TABS	1MG
JANTOVEN	TABS	2MG
JANTOVEN	TABS	2.5MG
JANTOVEN	TABS	3MG
JANTOVEN	TABS	4MG
JANTOVEN	TABS	5MG
JANTOVEN	TABS	6MG
JANTOVEN	TABS	7.5MG
JANTOVEN	TABS	10MG
LEVOTHYROXINE SODIUM	TABS	25MCG
LEVOTHYROXINE SODIUM	TABS	50MCG
LEVOTHYROXINE SODIUM	TABS	75MCG
LEVOTHYROXINE SODIUM	TABS	88MCG
LEVOTHYROXINE SODIUM	TABS	100MCG
LEVOTHYROXINE SODIUM	TABS	112MCG
LEVOTHYROXINE SODIUM	TABS	125MCG
LEVOTHYROXINE SODIUM	TABS	150MCG
LEVOTHYROXINE SODIUM	TABS	175MCG
LEVOTHYROXINE SODIUM	TABS	200MCG
LEVOTHYROXINE SODIUM	TABS	300MCG
LEVOTHYROXINE SODIUM	TABS	137MCG
LISINOPRIL	TABS	2.5MG
LISINOPRIL	TABS	5MG
LISINOPRIL	TABS	40MG
LISINOPRIL	TABS	10MG
LISINOPRIL	TABS	20MG
LISINOPRIL	TABS	30MG
LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 10MG
LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 20MG
LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 20MG
LOSARTAN POTASSIUM	TABS	25MG
LOSARTAN POTASSIUM	TABS	50MG
LOSARTAN POTASSIUM	TABS	100MG
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 50MG
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 100MG
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	25MG; 100MG
LOVASTATIN	TABS	10MG
LOVASTATIN	TABS	20MG
LOVASTATIN	TABS	40MG

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AULTCARE'S

PRIMETIME
 HEALTH PLAN

METFORMIN HYDROCHLORIDE	TABS	500MG
METFORMIN HYDROCHLORIDE	TABS	850MG
METFORMIN HYDROCHLORIDE	TABS	1000MG
METFORMIN HYDROCHLORIDE ER	TB24	500MG
METFORMIN HYDROCHLORIDE ER	TB24	750MG
METOPROLOL TARTRATE	TABS	25MG
METOPROLOL TARTRATE	TABS	100MG
METOPROLOL TARTRATE	TABS	50MG
PANTOPRAZOLE SODIUM	TBEC	40MG
PANTOPRAZOLE SODIUM	TBEC	20MG
PRAVASTATIN SODIUM	TABS	10MG
PRAVASTATIN SODIUM	TABS	20MG
PRAVASTATIN SODIUM	TABS	40MG
PRAVASTATIN SODIUM	TABS	80MG
RAMIPRIL	CAPS	2.5MG
RAMIPRIL	CAPS	5MG
RAMIPRIL	CAPS	10MG
RAMIPRIL	CAPS	1.25MG
SIMVASTATIN	TABS	10MG
SIMVASTATIN	TABS	20MG
SIMVASTATIN	TABS	40MG
SIMVASTATIN	TABS	5MG
SIMVASTATIN	TABS	80MG
WARFARIN SODIUM	TABS	1MG
WARFARIN SODIUM	TABS	2MG
WARFARIN SODIUM	TABS	2.5MG
WARFARIN SODIUM	TABS	3MG
WARFARIN SODIUM	TABS	4MG
WARFARIN SODIUM	TABS	6MG
WARFARIN SODIUM	TABS	10MG
WARFARIN SODIUM	TABS	5MG
WARFARIN SODIUM	TABS	7.5MG

FID 21484

Effective January 1, 2021

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.

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