| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| 1ST TIER COMFORTOUCH 28G LANCT | 2 | | | | |
| 1ST TIER COMFORTOUCH 30G LANCT | 2 | | | | |
| 1ST TIER UNIFINE PENTP 5MM 31G | 3 | | | | |
| 1ST TIER UNIFINE PNTIP 4MM 32G | 3 | | | | |
| 1ST TIER UNIFINE PNTIP 6MM 31G | 3 | | | | |
| 1ST TIER UNIFINE PNTIP 8MM 31G | 3 | | | | |
| 1ST TIER UNIFINE PNTP 12MM 29G | 3 | | | | |
| 1ST TIER UNIFINE PNTP 29GX1/2" | 3 | | | | |
| 1ST TIER UNIFINE PNTP 31GX1/4" | 3 | | | | |
| 1ST TIER UNIFINE PNTP 31GX3/16 | 3 | | | | |
| 1ST TIER UNIFINE PNTP 31GX5/16 | 3 | | | | |
| 1ST TIER UNIFINE PNTP 32GX5/32 | 3 | | | | |
| 2TEK CONTROL SOLUTION | 3 | | | | |
| 2TEK GLUCOSE-WRIST MONITOR KIT | 3 | | | | |
| ABACAVIR 20 MG/ML SOLUTION | 1 | | | | |
| ABACAVIR 300 MG TABLET | 1 | | | | |
| ABACAVIR-LAMIVUDINE 600-300 MG | 1 | | | | |
| ABACAVIR-LAMIVUDINE-ZIDOV TAB | 1 | | | | |
| ABILIFY 10 MG TABLET | 3 | QL | | | |
| ABILIFY 15 MG TABLET | 3 | QL | | | |
| ABILIFY 2 MG TABLET | 3 | QL | | | |
| ABILIFY 20 MG TABLET | 3 | QL | | | |
| ABILIFY 30 MG TABLET | 3 | QL | | | |
| ABILIFY 5 MG TABLET | 3 | QL | | | |
| ABILIFY MYCITE 10 MG KIT | 3 | QL | | | |
| ABILIFY MYCITE 10 MG MAINT KIT | 3 | QL | | | |
| ABILIFY MYCITE 10 MG START KIT | 3 | QL | | | |
| ABILIFY MYCITE 15 MG KIT | 3 | QL | | | |
| ABILIFY MYCITE 15 MG MAINT KIT | 3 | QL | | | |
| ABILIFY MYCITE 15 MG START KIT | 3 | QL | | | |
| ABILIFY MYCITE 2 MG KIT | 3 | QL | | | |
| ABILIFY MYCITE 2 MG MAINT KIT | 3 | QL | | | |
| ABILIFY MYCITE 2 MG START KIT | 3 | QL | | | |
| ABILIFY MYCITE 20 MG KIT | 3 | QL | | | |
| ABILIFY MYCITE 20 MG MAINT KIT | 3 | QL | | | |
| ABILIFY MYCITE 20 MG START KIT | 3 | QL | | | |
| ABILIFY MYCITE 30 MG KIT | 3 | QL | | | |
| ABILIFY MYCITE 30 MG MAINT KIT | 3 | QL | | | |
| ABILIFY MYCITE 30 MG START KIT | 3 | QL | | | |
| ABILIFY MYCITE 5 MG KIT | 3 | QL | | | |
| ABILIFY MYCITE 5 MG MAINT KIT | 3 | QL | | | |
| ABILIFY MYCITE 5 MG START KIT | 3 | QL | | | |
| ABIRATERONE ACETATE 250 MG TAB | 1 | QL | PA | | SP |
| ABIRATERONE ACETATE 500 MG TAB | 1 | QL | PA | | SP |
| ABOUTTIME PEN NEEDLE 30G X 8MM | 3 | | | | |
| ABOUTTIME PEN NEEDLE 31G X 5MM | 3 | | | | |
| ABOUTTIME PEN NEEDLE 31G X 8MM | 3 | | | | |
| ABOUTTIME PEN NEEDLE 32G X 4MM | 3 | | | | |
| ABRILADA(CF) 20 MG/0.4 ML SYRN | 3 | QL | PA | | SP |
| ABRILADA(CF) 40 MG/0.8 ML SYRN | 3 | QL | PA | | SP |
| ABRILADA(CF) PEN 40 MG/0.8 ML | 3 | QL | PA | | SP |
| ACAMPROSATE CALC DR 333 MG TAB | 1 | | | | |
| ACANYA GEL PUMP | 3 | | | ST | |
| ACARBOSE 100 MG TABLET | 1 | | | | |
| ACARBOSE 25 MG TABLET | 1 | | | | |
| ACARBOSE 50 MG TABLET | 1 | | | | |
| ACCOLATE 10 MG TABLET | 3 | | | | |
| ACCOLATE 20 MG TABLET | 3 | | | | |
| ACCRUFER 30 MG CAPSULE | 3 | | | | |
| ACCU-CHEK AVIVA PLUS METER | 3 | | | | |
| ACCU-CHEK AVIVA PLUS TEST STRP | 3 | | | | |
| ACCU-CHEK AVIVA SOLUTION | 3 | | | | |
| ACCU-CHEK COMPACT PLUS STRIPS | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| ACCU-CHEK FASTCLIX LANCET DRUM | 2 | | | | |
| ACCU-CHEK FASTCLIX LANCING DEV | 2 | | | | |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL | 3 | | | | |
| ACCU-CHEK GUIDE ME GLUCOSE MTR | 3 | | | | |
| ACCU-CHEK GUIDE MONITOR SYSTEM | 3 | | | | |
| ACCU-CHEK GUIDE TEST STRIP | 3 | | | | |
| ACCU-CHEK MULTICLIX LANCET KIT | 2 | | | | |
| ACCU-CHEK SAFE-T-PRO 23G LANCT | 2 | | | | |
| ACCU-CHEK SAFE-T-PRO PLUS 23G | 2 | | | | |
| ACCU-CHEK SMARTVIEW CONTRL SOL | 3 | | | | |
| ACCU-CHEK SMARTVIEW TEST STRIP | 3 | | | | |
| ACCU-CHEK SOFTCLIX LANCET KIT | 2 | | | | |
| ACCU-CHEK SOFTCLIX LANCETS | 2 | | | | |
| ACCUPRIL 10 MG TABLET | 3 | | | | |
| ACCUPRIL 20 MG TABLET | 3 | | | | |
| ACCUPRIL 40 MG TABLET | 3 | | | | |
| ACCUPRIL 5 MG TABLET | 3 | | | | |
| ACCURETIC 10-12.5 MG TABLET | 3 | | | | |
| ACCURETIC 20-12.5 MG TABLET | 3 | | | | |
| ACCURETIC 20-25 MG TABLET | 3 | | | | |
| ACCUTANE 10 MG CAPSULE | 1 | | | | |
| ACCUTANE 20 MG CAPSULE | 1 | | | | |
| ACCUTANE 30 MG CAPSULE | 1 | | | | |
| ACCUTANE 40 MG CAPSULE | 1 | | | | |
| ACCUTREND GLUCOSE CONTROL | 3 | | | | |
| ACCUTREND GLUCOSE TEST STRIP | 3 | | | | |
| ACD SOLUTION A | 2 | | | | |
| ACD-A SOLUTION | 2 | | | | |
| ACE AEROSOL CLOUD ENHANCER | 2 | | | | |
| ACEBUTOLOL 200 MG CAPSULE | 1 | | | | |
| ACEBUTOLOL 400 MG CAPSULE | 1 | | | | |
| ACETAMIN-CAF-DIHYDROCODEIN 325 | 1 | | PA | | |
| ACETAMIN-CODEIN 300-30 MG/12.5 | 1 | | PA | | |
| ACETAMINOP-CODEINE 120-12 MG/5 | 1 | | PA | | |
| ACETAMINOPHEN-COD #2 TABLET | 1 | | PA | | |
| ACETAMINOPHEN-COD #3 TABLET | 1 | | PA | | |
| ACETAMINOPHEN-COD #4 TABLET | 1 | | PA | | |
| ACETAMN-CAF-DIHYDRCODEIN 320.5 | 1 | | PA | | |
| ACETAZOLAMIDE 125 MG TABLET | 1 | | | | |
| ACETAZOLAMIDE 250 MG TABLET | 1 | | | | |
| ACETAZOLAMIDE ER 500 MG CAP | 1 | | | | |
| ACETIC ACID 0.25% IRRIG SOLN | 1 | | | | |
| ACETIC ACID 2% EAR SOLUTION | 1 | | | | |
| ACETYLCYSTEINE 10% VIAL | 1 | | | | |
| ACETYLCYSTEINE 20% VIAL | 1 | | | | |
| ACIPHEX DR 20 MG TABLET | 3 | | | ST | |
| ACIPHEX SPRINKLE DR 10 MG CAP | 3 | QL | | ST | |
| ACIPHEX SPRINKLE DR 5 MG CAP | 3 | QL | | ST | |
| ACITRETIN 10 MG CAPSULE | 1 | | | | |
| ACITRETIN 17.5 MG CAPSULE | 1 | | | | |
| ACITRETIN 25 MG CAPSULE | 1 | | | | |
| ACTEMRA 162 MG/0.9 ML SYRINGE | 2 | QL | PA | | SP |
| ACTEMRA ACTPEN 162 MG/0.9 ML | 2 | QL | PA | | SP |
| ACTHAR GEL 400 UNIT/5 ML VIAL | 3 | | PA | | SP |
| ACTICLATE 150 MG TABLET | 3 | | | ST | |
| ACTICLATE 75 MG TABLET | 3 | | | ST | |
| ACTIGALL 300 MG CAPSULE | 3 | | | | |
| ACTI-LANCE LITE 28G LANCETS | 1 | | | | |
| ACTI-LANCE SPECIAL 17G LANCETS | 1 | | | | |
| ACTI-LANCE UNIVERS 23G LANCETS | 1 | | | | |
| ACTIMMUNE 100 MCG/0.5 ML VIAL | 2 | | PA | | SP |
| ACTIQ 1,200 MCG LOZENGE | 3 | QL | PA | | |
| ACTIQ 1,600 MCG LOZENGE | 3 | QL | PA | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| ACTIQ 200 MCG LOZENGE | 3 | QL | PA | | |
| ACTIQ 400 MCG LOZENGE | 3 | QL | PA | | |
| ACTIQ 600 MCG LOZENGE | 3 | QL | PA | | |
| ACTIQ 800 MCG LOZENGE | 3 | QL | PA | | |
| ACTIVELLA 0.5-0.1 MG TABLET | 3 | | | | |
| ACTIVELLA 1 MG-0.5 MG TABLET | 3 | | | | |
| ACTONEL 150 MG TABLET | 3 | QL | | ST | |
| ACTONEL 35 MG TABLET | 3 | QL | | ST | |
| ACTONEL 5 MG TABLET | 3 | QL | | ST | |
| ACTOPLUS MET 15 MG-500 MG TAB | 3 | QL | | ST | |
| ACTOPLUS MET 15 MG-850 MG TAB | 3 | QL | | ST | |
| ACTOPLUS MET XR 15-1,000 MG TB | 3 | QL | | ST | |
| ACTOS 15 MG TABLET | 3 | QL | | ST | |
| ACTOS 30 MG TABLET | 3 | QL | | ST | |
| ACTOS 45 MG TABLET | 3 | QL | | ST | |
| ACULAR 0.5% EYE DROPS | 3 | | | ST | |
| ACULAR LS 0.4% OPHTH SOL | 3 | | | ST | |
| ACUVAIL 0.45% OPHTH SOLUTION | 3 | | | ST | |
| ACYCLOVIR 200 MG CAPSULE | 1 | | | | |
| ACYCLOVIR 200 MG/5 ML SUSP | 1 | | | | |
| ACYCLOVIR 400 MG TABLET | 1 | | | | |
| ACYCLOVIR 5% CREAM | 1 | QL | PA | | |
| ACYCLOVIR 5% OINTMENT | 1 | QL | PA | | |
| ACYCLOVIR 800 MG TABLET | 1 | | | | |
| ACZONE 5% GEL | 3 | | | ST | |
| ACZONE 7.5% GEL PUMP | 3 | | | ST | |
| ADALIMUMAB-ADAZ(CF) 40 MG SYRG | 2 | QL | PA | | SP |
| ADALIMUMAB-ADAZ(CF) PEN 40 MG | 2 | QL | PA | | SP |
| ADALIMUMAB-ADBM(CF) 10 MG SYRG | 2 | QL | PA | | SP |
| ADALIMUMAB-ADBM(CF) 20 MG SYRG | 2 | QL | PA | | SP |
| ADALIMUMAB-ADBM(CF) 40 MG SYRG | 2 | QL | PA | | SP |
| ADALIMUMAB-ADBM(CF) CRHN 40MG | 2 | QL | PA | | SP |
| ADALIMUMAB-ADBM(CF) PEN 40 MG | 2 | QL | PA | | SP |
| ADALIMUMAB-ADBM(CF) PS-UV 40MG | 2 | QL | PA | | SP |
| ADALIMUMAB-FKJP(CF) 20 MG SYRG | 3 | QL | PA | | SP |
| ADALIMUMAB-FKJP(CF) 40 MG SYRG | 3 | QL | PA | | SP |
| ADALIMUMAB-FKJP(CF) PEN 40 MG | 3 | QL | PA | | SP |
| ADAPALENE 0.1% CREAM | 1 | | | | |
| ADAPALENE 0.1% LOTION | 3 | | | ST | |
| ADAPALENE 0.1% SOLUTION | 1 | | | | |
| ADAPALENE 0.1% SWAB | 1 | | | ST | |
| ADAPALENE 0.3% GEL | 1 | | | | |
| ADAPALENE 0.3% GEL PUMP | 1 | | | | |
| ADAPALENE-BNZYL PEROX 0.1-2.5% | 1 | | | | |
| ADAPALENE-BNZYL PEROX 0.3-2.5% | 1 | | | | |
| ADASUVE 10 MG INHALATION POWDR | 3 | | | | |
| ADBRY 150 MG/ML SYRINGE | 2 | QL | PA | | SP |
| ADCIRCA 20 MG TABLET | 3 | QL | PA | | SP |
| ADDERALL 10 MG TABLET | 3 | | | | |
| ADDERALL 12.5 MG TABLET | 3 | | | | |
| ADDERALL 15 MG TABLET | 3 | | | | |
| ADDERALL 20 MG TABLET | 3 | | | | |
| ADDERALL 30 MG TABLET | 3 | | | | |
| ADDERALL 5 MG TABLET | 3 | | | | |
| ADDERALL 7.5 MG TABLET | 3 | | | | |
| ADDERALL XR 10 MG CAPSULE | 3 | | | ST | |
| ADDERALL XR 15 MG CAPSULE | 3 | | | ST | |
| ADDERALL XR 20 MG CAPSULE | 3 | | | ST | |
| ADDERALL XR 25 MG CAPSULE | 3 | | | ST | |
| ADDERALL XR 30 MG CAPSULE | 3 | | | ST | |
| ADDERALL XR 5 MG CAPSULE | 3 | | | ST | |
| ADEFOVIR DIPIVOXIL 10 MG TAB | 1 | | | | |
| ADEMPAS 0.5 MG TABLET | 2 | QL | PA | | SP |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| ADEMPAS 1 MG TABLET | 2 | QL | PA | | SP |
| ADEMPAS 1.5 MG TABLET | 2 | QL | PA | | SP |
| ADEMPAS 2 MG TABLET | 2 | QL | PA | | SP |
| ADEMPAS 2.5 MG TABLET | 2 | QL | PA | | SP |
| ADHANSIA XR 25 MG CAPSULE | 3 | | | ST | |
| ADHANSIA XR 35 MG CAPSULE | 3 | | | ST | |
| ADHANSIA XR 45 MG CAPSULE | 3 | | | ST | |
| ADHANSIA XR 55 MG CAPSULE | 3 | | | ST | |
| ADHANSIA XR 70 MG CAPSULE | 3 | | | ST | |
| ADHANSIA XR 85 MG CAPSULE | 3 | | | ST | |
| ADJUSTABLE LANCING DEVICE | 2 | | | | |
| ADLARITY 10MG/DAY WEEKLY PATCH | 3 | | | ST | |
| ADLARITY 5 MG/DAY WEEKLY PATCH | 3 | | | ST | |
| ADLYXIN 10-20 MCG STARTER PACK | 3 | QL | PA | | |
| ADLYXIN 20 MCG MAINTENANCE PK | 3 | QL | PA | | |
| ADMELOG 100 UNIT/ML VIAL | 3 | | | | |
| ADMELOG SOLOSTAR 100 UNIT/ML | 3 | | | | |
| ADRENALIN 1 MG/ML NASAL SOLN | 3 | | | | |
| ADSTILADRIN VIAL | 3 | | PA | | SP |
| ADTHYZA 130 MG TABLET | 3 | | | | |
| ADTHYZA 16.25 MG TABLET | 3 | | | | |
| ADTHYZA 32.5 MG TABLET | 3 | | | | |
| ADTHYZA 65 MG TABLET | 3 | | | | |
| ADTHYZA 97.5 MG TABLET | 3 | | | | |
| ADULT ASPIRIN REGIMEN EC 81 MG | 1 | | | | |
| ADVAIR 100-50 DISKUS | 3 | QL | | ST | |
| ADVAIR 250-50 DISKUS | 3 | QL | | ST | |
| ADVAIR 500-50 DISKUS | 3 | QL | | ST | |
| ADVAIR HFA 115-21 MCG INHALER | 2 | QL | | ST | |
| ADVAIR HFA 230-21 MCG INHALER | 2 | QL | | ST | |
| ADVAIR HFA 45-21 MCG INHALER | 2 | QL | | ST | |
| ADVANCED LANCING DEVICE | 2 | | | | |
| ADVANCED TRAVEL 28G LANCETS | 2 | | | | |
| ADVANCED TRAVEL 30G LANCETS | 2 | | | | |
| ADVOCATE 26G LANCETS | 2 | | | | |
| ADVOCATE 30G LANCETS | 2 | | | | |
| ADVOCATE BLOOD GLUCOSE MONITO | 3 | | | | |
| ADVOCATE CONTROL SOLUTION HIGH | 3 | | | | |
| ADVOCATE CONTROL SOLUTION LOW | 3 | | | | |
| ADVOCATE DUO METER | 3 | | | | |
| ADVOCATE INS 0.3 ML 30GX5/16" | 3 | | | | |
| ADVOCATE INS 0.3 ML 31GX5/16" | 3 | | | | |
| ADVOCATE INS 0.5 ML 30GX5/16" | 3 | | | | |
| ADVOCATE INS 0.5 ML 31GX5/16" | 3 | | | | |
| ADVOCATE INS 1 ML 31GX5/16" | 3 | | | | |
| ADVOCATE INS SYR 0.3ML 29GX1/2 | 3 | | | | |
| ADVOCATE INS SYR 0.5ML 29GX1/2 | 3 | | | | |
| ADVOCATE INS SYR 1 ML 29GX1/2" | 3 | | | | |
| ADVOCATE INS SYR 1 ML 30GX5/16 | 3 | | | | |
| ADVOCATE LANCING DEVICE | 2 | | | | |
| ADVOCATE PEN NDL 12.7MM 29G | 3 | | | | |
| ADVOCATE PEN NEEDLE 4MM 33G | 3 | | | | |
| ADVOCATE PEN NEEDLES 5MM 31G | 3 | | | | |
| ADVOCATE PEN NEEDLES 8MM 31G | 3 | | | | |
| ADVOCATE RAPID-SAFE LANCING DV | 2 | | | | |
| ADVOCATE REDI-CODE DUO METER | 3 | | | | |
| ADVOCATE REDI-CODE GLU METER | 3 | | | | |
| ADVOCATE REDI-CODE GLU MONITOR | 3 | | | | |
| ADVOCATE REDI-CODE PLUS METER | 3 | | | | |
| ADVOCATE REDI-CODE TEST STRIP | 3 | | | | |
| ADVOCATE REDI-CODE+ CTRL SOLN | 3 | | | | |
| ADVOCATE REDI-CODE+ TEST STRIP | 3 | | | | |
| ADVOCATE SAFETY 21G LANCET | 2 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| ADVOCATE SAFETY 23G LANCET | 2 | | | | |
| ADVOCATE SAFETY 28G LANCET | 2 | | | | |
| ADVOCATE TEST STRIP | 3 | | | | |
| ADZENYS ER 1.25 MG/ML SUSP | 3 | | | ST | |
| ADZENYS XR-ODT 12.5 MG TABLET | 3 | | | ST | |
| ADZENYS XR-ODT 15.7 MG TABLET | 3 | | | ST | |
| ADZENYS XR-ODT 18.8 MG TABLET | 3 | | | ST | |
| ADZENYS XR-ODT 3.1 MG TABLET | 3 | | | ST | |
| ADZENYS XR-ODT 6.3 MG TABLET | 3 | | | ST | |
| ADZENYS XR-ODT 9.4 MG TABLET | 3 | | | ST | |
| AEMCOLO DR 194 MG TABLET | 3 | QL | | | |
| AEROCHAMBER MINI | 2 | | | | |
| AEROCHAMBER MV HOLD CHAMBER | 2 | | | | |
| AEROCHAMBER PLUS FLOW-VU | 2 | | | | |
| AEROCHAMBER PLUS FLOW-VU LARG | 2 | | | | |
| AEROCHAMBER PLUS FLOW-VU MED | 2 | | | | |
| AEROCHAMBER PLUS FLOW-VU SMAL | 2 | | | | |
| AEROCHAMBER PLUS W-FLOWSIGNAL | 2 | | | | |
| AEROCHAMBER Z-STAT PLUS LARGE | 2 | | | | |
| AEROCHAMBER Z-STAT PLUS W-FLOW | 2 | | | | |
| AEROCHAMBER Z-STAT PLUS-MED | 2 | | | | |
| AEROCHAMBER Z-STAT PLUS-SMALL | 2 | | | | |
| AEROTRACH HOLDING CHAMBER | 2 | | | | |
| AEROVENT PLUS HOLDING CHAMBER | 2 | | | | |
| AFINITOR 10 MG TABLET | 3 | QL | PA | | SP |
| AFINITOR 2.5 MG TABLET | 3 | QL | PA | | SP |
| AFINITOR 5 MG TABLET | 3 | QL | PA | | SP |
| AFINITOR 7.5 MG TABLET | 3 | QL | PA | | SP |
| AFINITOR DISPERZ 2 MG TABLET | 3 | QL | PA | | SP |
| AFINITOR DISPERZ 3 MG TABLET | 3 | QL | PA | | SP |
| AFINITOR DISPERZ 5 MG TABLET | 3 | QL | PA | | SP |
| AFIRMELLE-28 TABLET | 1 | | | | |
| AFREZZA 12 UNIT CARTRIDGE | 3 | | | | |
| AFREZZA 4 UNIT CARTRIDGE | 3 | | | | |
| AFREZZA 4 UNIT/8 UNIT/12 UNIT | 3 | | | | |
| AFREZZA 8 UNIT CARTRIDGE | 3 | | | | |
| AFREZZA 90-4 UNIT / 90-8 UNIT | 3 | | | | |
| AFREZZA 90-8 UNIT / 90-12 UNIT | 3 | | | | |
| AFTER PILL 1.5 MG TABLET | 1 | QL | | | |
| AFTERA 1.5 MG TABLET | 3 | QL | | | |
| AGAMATRIX AMP GLUC MONITOR SYS | 3 | | | | |
| AGAMATRIX AMP TEST STRIPS | 3 | | | | |
| AGAMATRIX HIGH CONTROL SOLN | 3 | | | | |
| AGAMATRIX NORM-HI CONTROL SOLN | 3 | | | | |
| AGGRENOX 25 MG-200 MG CAPSULE | 3 | | | | |
| AGRYLIN 0.5 MG CAPSULE | 3 | | | | |
| AIMOVIG 140 MG/ML AUTOINJECTOR | 2 | QL | | | |
| AIMOVIG 70 MG/ML AUTOINJECTOR | 2 | QL | | | |
| AIMSCO LATEX CONDOM | 2 | | | | |
| AIRDUO DIGIHALER 113-14 MCG | 3 | QL | | ST | |
| AIRDUO DIGIHALER 232-14 MCG | 3 | QL | | ST | |
| AIRDUO DIGIHALER 55-14 MCG | 3 | QL | | ST | |
| AIRDUO RESPICLICK 113-14 MCG | 3 | QL | | ST | |
| AIRDUO RESPICLICK 232-14 MCG | 3 | QL | | ST | |
| AIRDUO RESPICLICK 55-14 MCG | 3 | QL | | ST | |
| AIRSUPRA 90-80 MCG INHALER | 2 | | | | |
| AJOVY 225 MG/1.5 ML AUTOINJECT | 2 | QL | | | |
| AJOVY 225 MG/1.5 ML SYRINGE | 2 | QL | | | |
| AKEEGA 100-500 MG TABLET | 3 | QL | PA | | SP |
| AKEEGA 50-500 MG TABLET | 3 | QL | PA | | SP |
| AKLIEF 0.005% CREAM | 3 | | | ST | |
| AK-POLY-BAC EYE OINTMENT | 1 | | | | |
| AKTEN 3.5% GEL DROPS | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| AKYNZEO 300-0.5 MG CAPSULE | 3 | QL | | | |
| ALA-SCALP 2% LOTION | 3 | | | ST | |
| ALBENDAZOLE 200 MG TABLET | 1 | QL | | | |
| ALBENZA 200 MG TABLET | 3 | QL | | | |
| ALBUTEROL 100 MG/20 ML SOLN | 1 | | | | |
| ALBUTEROL 15 MG/3 ML SOLUTION | 1 | | | | |
| ALBUTEROL 2.5 MG/0.5 ML SOL | 1 | | | | |
| ALBUTEROL 25 MG/5 ML SOLUTION | 1 | | | | |
| ALBUTEROL 5 MG/ML SOLUTION | 1 | | | | |
| ALBUTEROL 75 MG/15 ML SOLN | 1 | | | | |
| ALBUTEROL HFA 90 MCG INHALER | 1 | QL | | | |
| ALBUTEROL SUL 0.63 MG/3 ML SOL | 1 | | | | |
| ALBUTEROL SUL 1.25 MG/3 ML SOL | 1 | | | | |
| ALBUTEROL SUL 2.5 MG/3 ML SOLN | 1 | | | | |
| ALBUTEROL SULF 2 MG/5 ML SYRUP | 1 | | | | |
| ALBUTEROL SULFATE 2 MG TAB | 1 | | | | |
| ALBUTEROL SULFATE 4 MG TAB | 1 | | | | |
| ALBUTEROL SULFATE ER 4 MG TAB | 1 | | | | |
| ALBUTEROL SULFATE ER 8 MG TAB | 1 | | | | |
| ALCAINE 0.5% EYE DROPS | 3 | | | | |
| ALCLOMETASONE DIPR 0.05% OINT | 1 | | | | |
| ALCLOMETASONE DIPRO 0.05% CRM | 1 | | | | |
| ALCORTIN A GEL | 3 | | | ST | |
| ALDACTAZIDE 25-25 TABLET | 3 | | | | |
| ALDACTAZIDE 50-50 TABLET | 3 | | | | |
| ALDACTONE 100 MG TABLET | 3 | | | | |
| ALDACTONE 25 MG TABLET | 3 | | | | |
| ALDACTONE 50 MG TABLET | 3 | | | | |
| ALDARA 5% CREAM | 3 | | | | |
| ALECENSA 150 MG CAPSULE | 2 | QL | PA | | SP |
| ALENDRONATE SOD 70 MG/75 ML | 1 | QL | | | |
| ALENDRONATE SODIUM 10 MG TAB | 1 | QL | | | |
| ALENDRONATE SODIUM 35 MG TAB | 1 | QL | | | |
| ALENDRONATE SODIUM 5 MG TABLET | 1 | QL | | | |
| ALENDRONATE SODIUM 70 MG TAB | 1 | QL | | | |
| ALFUZOSIN HCL ER 10 MG TABLET | 1 | | | | |
| ALINIA 100 MG/5 ML SUSPENSION | 2 | QL | | | |
| ALINIA 500 MG TABLET | 3 | QL | | | |
| ALISKIREN 150 MG TABLET | 1 | | | | |
| ALISKIREN 300 MG TABLET | 1 | | | | |
| ALKERAN 2 MG TABLET | 3 | | | | |
| ALKINDI SPRINKLE 0.5 MG CAP | 3 | | | ST | |
| ALKINDI SPRINKLE 1 MG CAPSULE | 3 | | | ST | |
| ALKINDI SPRINKLE 2 MG CAPSULE | 3 | | | ST | |
| ALKINDI SPRINKLE 5 MG CAPSULE | 3 | | | ST | |
| ALLERGIST SYR 27GX1/2" 1 ML | 2 | | | | |
| ALLERGIST SYR 28GX1/2" 0.5 ML | 2 | | | | |
| ALLERGY SYRINGE 1 ML 27GX1/2" | 3 | | | | |
| ALLERGY SYRINGE 1 ML 27GX3/8" | 3 | | | | |
| ALLERGY TRAY SYR 28GX1/2" 1 ML | 2 | | | | |
| ALLOPURINOL 100 MG TABLET | 1 | | | | |
| ALLOPURINOL 200 MG TABLET | 3 | | | | |
| ALLOPURINOL 300 MG TABLET | 1 | | | | |
| ALLZITAL 25-325 MG TABLET | 3 | | | ST | |
| ALMOTRIPTAN MALATE 12.5 MG TAB | 1 | QL | | | |
| ALMOTRIPTAN MALATE 6.25 MG TAB | 1 | QL | | | |
| ALOCRIL 2% EYE DROPS | 3 | | | ST | |
| ALOGLIPTIN 12.5 MG TABLET | 3 | QL | | | |
| ALOGLIPTIN 25 MG TABLET | 3 | QL | | | |
| ALOGLIPTIN 6.25 MG TABLET | 3 | QL | | | |
| ALOGLIPTIN-METFORMIN 12.5-1000 | 3 | QL | | | |
| ALOGLIPTIN-METFORMIN 12.5-500 | 3 | QL | | | |
| ALOGLIPTIN-PIOGLIT 12.5-15 MG | 3 | QL | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| ALOGLIPTIN-PIOGLIT 12.5-30 MG | 3 | QL | | | |
| ALOGLIPTIN-PIOGLIT 12.5-45 MG | 3 | QL | | | |
| ALOGLIPTIN-PIOGLIT 25-15 MG TB | 3 | QL | | | |
| ALOGLIPTIN-PIOGLIT 25-30 MG TB | 3 | QL | | | |
| ALOGLIPTIN-PIOGLIT 25-45 MG TB | 3 | QL | | | |
| ALOMIDE 0.1% EYE DROP | 3 | | | ST | |
| ALORA 0.025 MG PATCH | 3 | QL | | | |
| ALORA 0.05 MG PATCH | 3 | QL | | | |
| ALORA 0.075 MG PATCH | 3 | QL | | | |
| ALORA 0.1 MG PATCH | 3 | QL | | | |
| ALOSETRON HCL 0.5 MG TABLET | 1 | | | | |
| ALOSETRON HCL 1 MG TABLET | 1 | | | | |
| ALPHAGAN P 0.1% DROPS | 3 | | | | |
| ALPHAGAN P 0.15% EYE DROPS | 3 | | | | |
| ALPRAZOLAM 0.25 MG TABLET | 1 | | | ST | |
| ALPRAZOLAM 0.5 MG TABLET | 1 | | | ST | |
| ALPRAZOLAM 1 MG TABLET | 1 | | | ST | |
| ALPRAZOLAM 2 MG TABLET | 1 | | | ST | |
| ALPRAZOLAM ER 0.5 MG TABLET | 1 | | | ST | |
| ALPRAZOLAM ER 1 MG TABLET | 1 | | | ST | |
| ALPRAZOLAM ER 2 MG TABLET | 1 | | | ST | |
| ALPRAZOLAM ER 3 MG TABLET | 1 | | | ST | |
| ALPRAZOLAM INTENSOL 1 MG/ML | 1 | | | ST | |
| ALPRAZOLAM ODT 0.25 MG TAB | 1 | | | ST | |
| ALPRAZOLAM ODT 0.5 MG TAB | 1 | | | ST | |
| ALPRAZOLAM ODT 1 MG TAB | 1 | | | ST | |
| ALPRAZOLAM ODT 2 MG TAB | 1 | | | ST | |
| ALPRAZOLAM XR 0.5 MG TABLET | 1 | | | ST | |
| ALPRAZOLAM XR 1 MG TABLET | 1 | | | ST | |
| ALPRAZOLAM XR 2 MG TABLET | 1 | | | ST | |
| ALPRAZOLAM XR 3 MG TABLET | 1 | | | ST | |
| ALREX 0.2% EYE DROPS | 3 | | | ST | |
| ALTABAX 1% OINTMENT | 3 | QL | | ST | |
| ALTACAINE 0.5% EYE DROP | 1 | | | | |
| ALTACE 1.25 MG CAPSULE | 3 | | | | |
| ALTACE 10 MG CAPSULE | 3 | | | | |
| ALTACE 2.5 MG CAPSULE | 3 | | | | |
| ALTACE 5 MG CAPSULE | 3 | | | | |
| ALTAFLUOR BENOX 0.25%-0.4% DRP | 3 | | | | |
| ALTAVERA-28 TABLET | 1 | | | | |
| ALTERNATE SITE 26G LANCETS | 2 | | | | |
| ALTERNATE SITE LANCING DEVICE | 2 | | | | |
| ALTOPREV 20 MG TABLET | 3 | QL | | ST | |
| ALTOPREV 40 MG TABLET | 3 | QL | | ST | |
| ALTOPREV 60 MG TABLET | 3 | QL | | ST | |
| ALTRENO 0.05% LOTION | 3 | | | | |
| ALUNBRIG 180 MG TABLET | 2 | QL | PA | | SP |
| ALUNBRIG 30 MG TABLET | 2 | QL | PA | | SP |
| ALUNBRIG 90 MG TABLET | 2 | QL | PA | | SP |
| ALUNBRIG 90 MG-180 MG TAB PACK | 2 | QL | PA | | SP |
| ALVESCO 160 MCG INHALER | 3 | QL | | | |
| ALVESCO 80 MCG INHALER | 3 | QL | | | |
| ALVIMOPAN 12 MG CAPSULE | 1 | | | | |
| ALYACEN 1-35 28 TABLET | 1 | | | | |
| ALYACEN 7-7-7-28 TABLET | 1 | | | | |
| ALYQ 20 MG TABLET | 1 | QL | PA | | SP |
| AMABELZ 0.5 MG-0.1 MG TABLET | 1 | | | | |
| AMABELZ 1 MG-0.5 MG TABLET | 1 | | | | |
| AMANTADINE 100 MG CAPSULE | 1 | | | | |
| AMANTADINE 100 MG TABLET | 1 | | | | |
| AMANTADINE 100 MG/10 ML CUP | 1 | | | | |
| AMANTADINE 100 MG/10 ML SOLN | 1 | | | | |
| AMANTADINE 50 MG/5 ML SOLUTION | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| AMARYL 1 MG TABLET | 3 | | | | |
| AMARYL 2 MG TABLET | 3 | | | | |
| AMARYL 4 MG TABLET | 3 | | | | |
| AMBIEN 10 MG TABLET | 3 | QL | | ST | |
| AMBIEN 5 MG TABLET | 3 | QL | | ST | |
| AMBIEN CR 12.5 MG TABLET | 3 | QL | | ST | |
| AMBIEN CR 6.25 MG TABLET | 3 | QL | | ST | |
| AMBRISENTAN 10 MG TABLET | 1 | QL | PA | | SP |
| AMBRISENTAN 5 MG TABLET | 1 | QL | PA | | SP |
| AMCINONIDE 0.1% CREAM | 1 | | | ST | |
| AMCINONIDE 0.1% LOTION | 1 | | | ST | |
| AMCINONIDE 0.1% OINTMENT | 1 | | | ST | |
| AMELUZ 10% GEL | 3 | | | | |
| AMERGE 1 MG TABLET | 3 | QL | | ST | |
| AMERGE 2.5 MG TABLET | 3 | QL | | ST | |
| AMETHIA 0.15-0.03-0.01 MG TAB | 1 | | | | |
| AMETHIA LO TABLET | 1 | | | | |
| AMETHYST 90-20 MCG TABLET | 1 | | | | |
| AMICAR 0.25 GRAM/ML ORAL SOLN | 3 | | | | |
| AMICAR 1,000 MG TABLET | 3 | | | | |
| AMICAR 500 MG TABLET | 3 | | | | |
| AMILORIDE HCL 5 MG TABLET | 1 | | | | |
| AMILORIDE HCL-HCTZ 5-50 MG TAB | 1 | | | | |
| AMINOACETIC ACID 1.5% IRRIG | 1 | | | | |
| AMINOCAPROIC ACID 0.25 GRAM/ML | 1 | | | | |
| AMINOCAPROIC ACID 1,000 MG TAB | 1 | | | | |
| AMINOCAPROIC ACID 500 MG TAB | 1 | | | | |
| AMIODARONE HCL 100 MG TABLET | 1 | | | | |
| AMIODARONE HCL 200 MG TABLET | 1 | | | | |
| AMIODARONE HCL 400 MG TABLET | 1 | | | | |
| AMITIZA 24 MCG CAPSULES | 3 | QL | | | |
| AMITIZA 8 MCG CAPSULE | 3 | QL | | | |
| AMITRIPTYLINE HCL 10 MG TAB | 1 | | | | |
| AMITRIPTYLINE HCL 100 MG TAB | 1 | | | | |
| AMITRIPTYLINE HCL 150 MG TAB | 1 | | | | |
| AMITRIPTYLINE HCL 25 MG TAB | 1 | | | | |
| AMITRIPTYLINE HCL 50 MG TAB | 1 | | | | |
| AMITRIPTYLINE HCL 75 MG TAB | 1 | | | | |
| AMJEVITA(CF) 10MG/0.2ML SYRING | 3 | QL | PA | | SP |
| AMJEVITA(CF) 20MG/0.2ML SYRING | 3 | QL | PA | | SP |
| AMJEVITA(CF) 20MG/0.4ML SYRING | 3 | QL | PA | | SP |
| AMJEVITA(CF) 40MG/0.4ML AUTOIN | 3 | QL | PA | | SP |
| AMJEVITA(CF) 40MG/0.4ML SYRING | 3 | QL | PA | | SP |
| AMJEVITA(CF) 40MG/0.8ML AUTOIN | 3 | QL | PA | | SP |
| AMJEVITA(CF) 40MG/0.8ML SYRING | 3 | QL | PA | | SP |
| AMJEVITA(CF) 80MG/0.8ML AUTOIN | 3 | QL | PA | | SP |
| AMLODIPINE BESYLATE 10 MG TAB | 1 | | | | |
| AMLODIPINE BESYLATE 2.5 MG TAB | 1 | | | | |
| AMLODIPINE BESYLATE 5 MG TAB | 1 | | | | |
| AMLODIPINE-ATORVAST 10-10 MG | 1 | QL | | | |
| AMLODIPINE-ATORVAST 10-20 MG | 1 | QL | | | |
| AMLODIPINE-ATORVAST 10-40 MG | 1 | QL | | | |
| AMLODIPINE-ATORVAST 10-80 MG | 1 | QL | | | |
| AMLODIPINE-ATORVAST 2.5-10 MG | 1 | QL | | | |
| AMLODIPINE-ATORVAST 2.5-20 MG | 1 | QL | | | |
| AMLODIPINE-ATORVAST 2.5-40 MG | 1 | QL | | | |
| AMLODIPINE-ATORVAST 5-10 MG | 1 | QL | | | |
| AMLODIPINE-ATORVAST 5-20 MG | 1 | QL | | | |
| AMLODIPINE-ATORVAST 5-40 MG | 1 | QL | | | |
| AMLODIPINE-ATORVAST 5-80 MG | 1 | QL | | | |
| AMLODIPINE-BENAZEPRIL 10-20 MG | 1 | | | | |
| AMLODIPINE-BENAZEPRIL 10-40 MG | 1 | | | | |
| AMLODIPINE-BENAZEPRIL 2.5-10 | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| AMLODIPINE-BENAZEPRIL 5-10 MG | 1 | | | | |
| AMLODIPINE-BENAZEPRIL 5-20 MG | 1 | | | | |
| AMLODIPINE-BENAZEPRIL 5-40 MG | 1 | | | | |
| AMLODIPINE-OLMESARTAN 10-20 MG | 1 | | | | |
| AMLODIPINE-OLMESARTAN 10-40 MG | 1 | | | | |
| AMLODIPINE-OLMESARTAN 5-20 MG | 1 | | | | |
| AMLODIPINE-OLMESARTAN 5-40 MG | 1 | | | | |
| AMLODIPINE-VALSARTAN 10-160 MG | 1 | | | | |
| AMLODIPINE-VALSARTAN 10-320 MG | 1 | | | | |
| AMLODIPINE-VALSARTAN 5-160 MG | 1 | | | | |
| AMLODIPINE-VALSARTAN 5-320 MG | 1 | | | | |
| AMLOD-VALSA-HCTZ 10-160-12.5MG | 1 | | | | |
| AMLOD-VALSA-HCTZ 10-160-25 MG | 1 | | | | |
| AMLOD-VALSA-HCTZ 10-320-25 MG | 1 | | | | |
| AMLOD-VALSA-HCTZ 5-160-12.5 MG | 1 | | | | |
| AMLOD-VALSA-HCTZ 5-160-25 MG | 1 | | | | |
| AMNESTEEM 10 MG CAPSULE | 1 | | | | |
| AMNESTEEM 20 MG CAPSULE | 1 | | | | |
| AMNESTEEM 40 MG CAPSULE | 1 | | | | |
| AMOXAPINE 100 MG TABLET | 1 | | | | |
| AMOXAPINE 150 MG TABLET | 1 | | | | |
| AMOXAPINE 25 MG TABLET | 1 | | | | |
| AMOXAPINE 50 MG TABLET | 1 | | | | |
| AMOX-CLAV 200-28.5 MG TAB CHEW | 1 | | | | |
| AMOX-CLAV 200-28.5 MG/5 ML SUS | 1 | | | | |
| AMOX-CLAV 250-125 MG TABLET | 1 | | | | |
| AMOX-CLAV 250-62.5 MG/5 ML SUS | 1 | | | | |
| AMOX-CLAV 400-57 MG TAB CHEW | 1 | | | | |
| AMOX-CLAV 400-57 MG/5 ML SUSP | 1 | | | | |
| AMOX-CLAV 500-125 MG TABLET | 1 | | | | |
| AMOX-CLAV 600-42.9 MG/5 ML SUS | 1 | | | | |
| AMOX-CLAV 875-125 MG TABLET | 1 | | | | |
| AMOX-CLAV ER 1,000-62.5 MG TAB | 1 | | | | |
| AMOXICILLIN 125 MG TAB CHEW | 1 | | | | |
| AMOXICILLIN 125 MG/5 ML SUSP | 1 | | | | |
| AMOXICILLIN 200 MG/5 ML SUSP | 1 | | | | |
| AMOXICILLIN 250 MG CAPSULE | 1 | | | | |
| AMOXICILLIN 250 MG TAB CHEW | 1 | | | | |
| AMOXICILLIN 250 MG/5 ML SUSP | 1 | | | | |
| AMOXICILLIN 400 MG/5 ML SUSP | 1 | | | | |
| AMOXICILLIN 500 MG CAPSULE | 1 | | | | |
| AMOXICILLIN 500 MG TABLET | 1 | | | | |
| AMOXICILLIN 875 MG TABLET | 1 | | | | |
| AMPHETAMINE ER 1.25 MG/ML SUSP | 3 | | | ST | |
| AMPHETAMINE SULFATE 10 MG TAB | 1 | | | | |
| AMPHETAMINE SULFATE 5 MG TAB | 1 | | | | |
| AMPICILLIN 250 MG CAPSULE | 1 | | | | |
| AMPICILLIN 500 MG CAPSULE | 1 | | | | |
| AMPYRA ER 10 MG TABLET | 3 | QL | PA | | SP |
| AMRIX ER 15 MG CAPSULE | 3 | | | ST | |
| AMRIX ER 30 MG CAPSULE | 3 | | | ST | |
| AMZEEQ 4% FOAM | 3 | | | ST | |
| ANADROL-50 TABLET | 3 | | | | |
| ANAFRANIL 25 MG CAPSULE | 3 | | | | |
| ANAFRANIL 50 MG CAPSULE | 3 | | | | |
| ANAFRANIL 75 MG CAPSULE | 3 | | | | |
| ANAGRELIDE HCL 0.5 MG CAPSULE | 1 | | | | |
| ANAGRELIDE HCL 1 MG CAPSULE | 1 | | | | |
| ANA-LEX 2-2% KIT | 3 | | | | |
| ANALPRAM HC 1% CREAM | 3 | | | | |
| ANALPRAM HC 2.5%-1% CREAM | 3 | | | ST | |
| ANALPRAM HC 2.5%-1% CRM SINGLE | 3 | | | ST | |
| ANALPRAM HC 2.5%-1% LOTION | 3 | | | ST | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| ANAPROX DS 550 MG TABLET | 3 | | | ST | |
| ANASPAZ 0.125 MG TABLET ODT | 1 | | | | |
| ANASTROZOLE 1 MG TABLET | 1 | | | | |
| ANDRODERM 2 MG/24HR PATCH | 2 | QL | PA | | |
| ANDRODERM 4 MG/24HR PATCH | 2 | QL | PA | | |
| ANDROGEL 1% (25 MG/2.5 G) PKT | 3 | QL | PA | | |
| ANDROGEL 1% (50 MG/5 G) PKT | 3 | QL | PA | | |
| ANDROGEL 1.62% GEL PUMP | 3 | QL | PA | | |
| ANDROGEL 1.62%(1.25G) GEL PCKT | 3 | QL | PA | | |
| ANDROGEL 1.62%(2.5G) GEL PCKT | 3 | QL | PA | | |
| ANDROID 10 MG CAPSULE | 3 | | | ST | |
| ANGELIQ 0.25 MG-0.5 MG TABLET | 3 | | | | |
| ANGELIQ 0.5 MG-1 MG TABLET | 3 | | | | |
| ANNOVERA VAGINAL RING | 3 | QL | | | |
| ANORO ELLIPTA 62.5-25 MCG INH | 2 | QL | | | |
| ANTABUSE 250 MG TABLET | 3 | | | | |
| ANTABUSE 500 MG TABLET | 3 | | | | |
| ANTARA 30 MG CAPSULE | 3 | | | ST | |
| ANTARA 90 MG CAPSULE | 3 | | | ST | |
| ANTICOAG SODIUM CITRATE 4% SOL | 3 | | | | |
| ANTICOAG SODIUM CITRATE 4% SYR | 3 | | | | |
| ANTIVERT 50 MG TABLET | 3 | | | ST | |
| ANUCORT-HC 25 MG SUPPOSITORY | 1 | | | | |
| ANUSOL-HC 2.5% CREAM | 3 | | | ST | |
| ANUSOL-HC 25 MG SUPPOSITORY | 3 | | | ST | |
| ANZEMET 50 MG TABLET | 3 | | | | |
| APADAZ 4.08-325 MG TABLET | 3 | | PA | | |
| APADAZ 6.12-325 MG TABLET | 3 | | PA | | |
| APADAZ 8.16-325 MG TABLET | 3 | | PA | | |
| APEXICON E 0.05% CREAM | 1 | | | ST | |
| APHEXDA 62 MG VIAL | 3 | | | | SP |
| APIDRA 100 UNIT/ML VIAL | 3 | | | | |
| APIDRA SOLOSTAR 100 UNIT/ML | 3 | | | | |
| APOKYN 30 MG/3 ML CARTRIDGE | 3 | QL | PA | | SP |
| APOMORPHINE 30 MG/3 ML CARTRDG | 1 | QL | PA | | SP |
| APRACLONIDINE HCL 0.5% DROPS | 1 | | | | |
| APREPITANT 125 MG CAPSULE | 1 | QL | | | |
| APREPITANT 125-80-80 MG PACK | 1 | QL | | | |
| APREPITANT 40 MG CAPSULE | 1 | QL | | | |
| APREPITANT 80 MG CAPSULE | 1 | QL | | | |
| APRI 28 DAY TABLET | 1 | | | | |
| APRISO ER 0.375 GRAM CAPSULE | 3 | | | | |
| APTENSIO XR 10 MG CAPSULE | 3 | | | ST | |
| APTENSIO XR 15 MG CAPSULE | 3 | | | ST | |
| APTENSIO XR 20 MG CAPSULE | 3 | | | ST | |
| APTENSIO XR 30 MG CAPSULE | 3 | | | ST | |
| APTENSIO XR 40 MG CAPSULE | 3 | | | ST | |
| APTENSIO XR 50 MG CAPSULE | 3 | | | ST | |
| APTENSIO XR 60 MG CAPSULE | 3 | | | ST | |
| APTIOM 200 MG TABLET | 3 | | | | |
| APTIOM 400 MG TABLET | 3 | | | | |
| APTIOM 600 MG TABLET | 3 | | | | |
| APTIOM 800 MG TABLET | 3 | | | | |
| APTIVUS 100 MG/ML SOLUTION | 2 | | | | |
| APTIVUS 250 MG CAPSULE | 2 | | | | |
| AQ INSULIN SYR 0.5 ML 30G 8MM | 3 | | | | |
| AQ INSULIN SYR 1 ML 31G 8MM | 3 | | | | |
| AQ INSULIN SYRIN 1 ML 29G 12MM | 3 | | | | |
| AQINJECT PEN NEEDLE 31G 5MM | 3 | | | | |
| AQINJECT PEN NEEDLE 32G 4MM | 3 | | | | |
| AQUA CARE 0.9% NACL IRRIGATION | 1 | | | | |
| AQUA CARE STERILE WATER IRRIG | 1 | | | | |
| AQUA LANCE LANCING DEVICE | 2 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| AQUASTAT SFR NACL 0.9% FLUSH | 1 | | | | |
| AQUASTAT SOD CHLOR 0.9% FLUSH | 1 | | | | |
| AQUORAL SPRAY | 3 | | | | |
| ARAKODA 100 MG TABLET | 3 | QL | | | |
| ARANELLE 28 TABLET | 1 | | | | |
| ARANESP 10 MCG/0.4 ML SYRINGE | 3 | | PA | | SP |
| ARANESP 100 MCG/0.5 ML SYRINGE | 3 | | PA | | SP |
| ARANESP 100 MCG/ML VIAL | 3 | | PA | | SP |
| ARANESP 150 MCG/0.3 ML SYRINGE | 3 | | PA | | SP |
| ARANESP 200 MCG/0.4 ML SYRINGE | 3 | | PA | | SP |
| ARANESP 200 MCG/ML VIAL | 3 | | PA | | SP |
| ARANESP 25 MCG/0.42 ML SYRING | 3 | | PA | | SP |
| ARANESP 25 MCG/ML VIAL | 3 | | PA | | SP |
| ARANESP 300 MCG/0.6 ML SYRINGE | 3 | | PA | | SP |
| ARANESP 40 MCG/0.4 ML SYRINGE | 3 | | PA | | SP |
| ARANESP 40 MCG/ML VIAL | 3 | | PA | | SP |
| ARANESP 500 MCG/1 ML SYRINGE | 3 | | PA | | SP |
| ARANESP 60 MCG/0.3 ML SYRINGE | 3 | | PA | | SP |
| ARANESP 60 MCG/ML VIAL | 3 | | PA | | SP |
| ARAVA 10 MG TABLET | 3 | QL | | | |
| ARAVA 20 MG TABLET | 3 | QL | | | |
| ARAZLO 0.045% LOTION | 3 | | PA | | |
| ARCALYST 220 MG VIAL | 3 | QL | PA | | SP |
| ARFORMOTEROL 15 MCG/2 ML SOLN | 1 | QL | | | |
| ARICEPT 10 MG TABLET | 3 | | | ST | |
| ARICEPT 23 MG TABLET | 3 | | | ST | |
| ARICEPT 5 MG TABLET | 3 | | | ST | |
| ARIKAYCE 590 MG/8.4 ML VIAL | 2 | | PA | | SP |
| ARIMIDEX 1 MG TABLET | 3 | | | | |
| ARIPIPRAZOLE 1 MG/ML SOLUTION | 1 | | | | |
| ARIPIPRAZOLE 10 MG TABLET | 1 | QL | | | |
| ARIPIPRAZOLE 15 MG TABLET | 1 | QL | | | |
| ARIPIPRAZOLE 2 MG TABLET | 1 | QL | | | |
| ARIPIPRAZOLE 20 MG TABLET | 1 | QL | | | |
| ARIPIPRAZOLE 30 MG TABLET | 1 | QL | | | |
| ARIPIPRAZOLE 5 MG TABLET | 1 | QL | | | |
| ARIPIPRAZOLE ODT 10 MG TABLET | 1 | QL | | | |
| ARIPIPRAZOLE ODT 15 MG TABLET | 1 | QL | | | |
| ARIXTRA 10 MG/0.8 ML SYRINGE | 3 | | | | SP |
| ARIXTRA 2.5 MG/0.5 ML SYRINGE | 3 | | | | SP |
| ARIXTRA 5 MG/0.4 ML SYRINGE | 3 | | | | SP |
| ARIXTRA 7.5 MG/0.6 ML SYRINGE | 3 | | | | SP |
| ARMODAFINIL 150 MG TABLET | 1 | QL | | ST | |
| ARMODAFINIL 200 MG TABLET | 1 | QL | | ST | |
| ARMODAFINIL 250 MG TABLET | 1 | QL | | ST | |
| ARMODAFINIL 50 MG TABLET | 1 | QL | | ST | |
| ARMONAIR DIGIHALER 113 MCG | 3 | QL | | | |
| ARMONAIR DIGIHALER 232 MCG | 3 | QL | | | |
| ARMONAIR DIGIHALER 55 MCG | 3 | QL | | | |
| ARMOUR THYROID 120 MG TABLET | 2 | | | | |
| ARMOUR THYROID 15 MG TABLET | 2 | | | | |
| ARMOUR THYROID 180 MG TABLET | 2 | | | | |
| ARMOUR THYROID 240 MG TABLET | 2 | | | | |
| ARMOUR THYROID 30 MG TABLET | 2 | | | | |
| ARMOUR THYROID 300 MG TABLET | 2 | | | | |
| ARMOUR THYROID 60 MG TABLET | 2 | | | | |
| ARMOUR THYROID 90 MG TABLET | 2 | | | | |
| ARNUITY ELLIPTA 100 MCG INH | 2 | QL | | | |
| ARNUITY ELLIPTA 200 MCG INH | 2 | QL | | | |
| ARNUITY ELLIPTA 50 MCG INH | 2 | QL | | | |
| AROMASIN 25 MG TABLET | 3 | | | | |
| ARTHROTEC 50 MG-200 MCG TAB | 3 | | | ST | |
| ARTHROTEC 75 MG-200 MCG TAB | 3 | | | ST | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| ARTISS FROZEN 10 ML SYRINGE | 3 | | | | |
| ARTISS FROZEN 2 ML SYRINGE | 3 | | | | |
| ARTISS FROZEN 4 ML SYRINGE | 3 | | | | |
| ASACOL HD DR 800 MG TABLET | 3 | | | | |
| ASENAPINE 10 MG TABLET SL | 1 | QL | | | |
| ASENAPINE 2.5 MG TABLET SL | 1 | QL | | | |
| ASENAPINE 5 MG TABLET SL | 1 | QL | | | |
| ASHLYNA 0.15-0.03-0.01 MG TAB | 1 | | | | |
| ASMANEX HFA 100 MCG INHALER | 2 | QL | | | |
| ASMANEX HFA 200 MCG INHALER | 2 | QL | | | |
| ASMANEX HFA 50 MCG INHALER | 2 | QL | | | |
| ASMANEX TWISTHALER 110 MCG #30 | 2 | QL | | | |
| ASMANEX TWISTHALER 220 MCG #14 | 2 | QL | | | |
| ASMANEX TWISTHALER 220 MCG #30 | 2 | QL | | | |
| ASMANEX TWISTHALER 220 MCG #60 | 2 | QL | | | |
| ASMANEX TWISTHALR 220 MCG #120 | 2 | QL | | | |
| ASPIR EC 81 MG TABLET | 1 | | | | |
| ASPIRIN 81 MG CHEWABLE TABLET | 1 | | | | |
| ASPIRIN EC 81 MG TABLET | 1 | | | | |
| ASPIRIN REGIMEN 81 MG EC TAB | 1 | | | | |
| ASPIRIN-DIPYRIDAM ER 25-200 MG | 1 | | | | |
| ASPIRIN-OMEPRAZOL DR 325-40 MG | 3 | | | ST | |
| ASPIRIN-OMEPRAZOLE DR 81-40 MG | 3 | | | ST | |
| ASPRUZYO SPRINKLE ER 1000MG PK | 3 | | | ST | |
| ASPRUZYO SPRINKLE ER 500MG PKT | 3 | | | ST | |
| ASSURE 4 CONTROL SOLUTION | 3 | | | | |
| ASSURE 4 TEST STRIPS | 3 | | | | |
| ASSURE COMFORT 28G LANCETS | 2 | | | | |
| ASSURE COMFORT 30G LANCETS | 2 | | | | |
| ASSURE DOSE CONTROL SOLUTION | 3 | | | | |
| ASSURE HAEMOLANCE PLUS 18G | 2 | | | | |
| ASSURE HAEMOLANCE PLUS 21G | 2 | | | | |
| ASSURE HAEMOLANCE PLUS 25G | 2 | | | | |
| ASSURE HAEMOLANCE PLUS 28G | 2 | | | | |
| ASSURE HAEMOLANCE PLUS BLADE | 2 | | | | |
| ASSURE ID DUO PRO NDL 31G 5MM | 3 | | | | |
| ASSURE ID PEN NEEDLE 30GX3/16" | 3 | | | | |
| ASSURE ID PEN NEEDLE 30GX5/16" | 3 | | | | |
| ASSURE ID PEN NEEDLE 31GX3/16" | 3 | | | | |
| ASSURE ID PRO PEN NDL 30G 5MM | 3 | | | | |
| ASSURE ID SYR 0.5 ML 29GX1/2" | 3 | | | | |
| ASSURE ID SYR 0.5ML 31GX15/64" | 3 | | | | |
| ASSURE ID SYR 1 ML 29GX1/2" | 3 | | | | |
| ASSURE ID SYR 1 ML 31GX15/64" | 3 | | | | |
| ASSURE LANCE 25G LANCETS | 2 | | | | |
| ASSURE LANCE 28G LANCETS | 2 | | | | |
| ASSURE LANCE 28G SAFETY LANCET | 2 | | | | |
| ASSURE LANCE PLUS 21G LANCETS | 2 | | | | |
| ASSURE LANCE PLUS 25G LANCETS | 2 | | | | |
| ASSURE LANCE PLUS 30G LANCETS | 2 | | | | |
| ASSURE PLATINUM GLUCOSE METER | 3 | | | | |
| ASSURE PLATINUM TEST STRIP | 3 | | | | |
| ASSURE PLATINUM TEST STRIPS | 3 | | | | |
| ASSURE PRISM CONTROL SOLUTION | 3 | | | | |
| ASSURE PRISM MULTI METER | 3 | | | | |
| ASSURE PRISM MULTI TEST STRIPS | 3 | | | | |
| ASTAGRAF XL 0.5 MG CAPSULE | 3 | | | ST | |
| ASTAGRAF XL 1 MG CAPSULE | 3 | | | ST | |
| ASTAGRAF XL 5 MG CAPSULE | 3 | | | ST | |
| ASTRINGYN SOLUTION | 3 | | | | |
| ATACAND 16 MG TABLET | 3 | | | ST | |
| ATACAND 32 MG TABLET | 3 | | | ST | |
| ATACAND 4 MG TABLET | 3 | | | ST | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| ATACAND 8 MG TABLET | 3 | | | ST | |
| ATACAND HCT 16-12.5 MG TAB | 3 | | | ST | |
| ATACAND HCT 32-12.5 MG TAB | 3 | | | ST | |
| ATACAND HCT 32-25 MG TABLET | 3 | | | ST | |
| ATAZANAVIR SULFATE 150 MG CAP | 1 | | | | |
| ATAZANAVIR SULFATE 200 MG CAP | 1 | | | | |
| ATAZANAVIR SULFATE 300 MG CAP | 1 | | | | |
| ATELVIA DR 35 MG TABLET | 3 | QL | | ST | |
| ATENOLOL 100 MG TABLET | 1 | | | | |
| ATENOLOL 25 MG TABLET | 1 | | | | |
| ATENOLOL 50 MG TABLET | 1 | | | | |
| ATENOLOL-CHLORTHALIDONE 100-25 | 1 | | | | |
| ATENOLOL-CHLORTHALIDONE 50-25 | 1 | | | | |
| ATIVAN 0.5 MG TABLET | 3 | | | ST | |
| ATIVAN 1 MG TABLET | 3 | | | ST | |
| ATIVAN 2 MG TABLET | 3 | | | ST | |
| ATOMOXETINE HCL 10 MG CAPSULE | 1 | | | | |
| ATOMOXETINE HCL 100 MG CAPSULE | 1 | | | | |
| ATOMOXETINE HCL 18 MG CAPSULE | 1 | | | | |
| ATOMOXETINE HCL 25 MG CAPSULE | 1 | | | | |
| ATOMOXETINE HCL 40 MG CAPSULE | 1 | | | | |
| ATOMOXETINE HCL 60 MG CAPSULE | 1 | | | | |
| ATOMOXETINE HCL 80 MG CAPSULE | 1 | | | | |
| ATORVALIQ 20 MG/5 ML SUSP | 3 | QL | | ST | |
| ATORVASTATIN 10 MG TABLET | 1 | QL | | | |
| ATORVASTATIN 20 MG TABLET | 1 | QL | | | |
| ATORVASTATIN 40 MG TABLET | 1 | QL | | | |
| ATORVASTATIN 80 MG TABLET | 1 | QL | | | |
| ATOVAQUONE 1,500 MG/10 ML CUP | 1 | | | | |
| ATOVAQUONE 750 MG/5 ML SUSP | 1 | | | | |
| ATOVAQUONE 750 MG/5ML SUSP CUP | 1 | | | | |
| ATOVAQUONE-PROGUANIL 250-100 | 1 | QL | | | |
| ATOVAQUONE-PROGUANIL 62.5-25 | 1 | QL | | | |
| ATRALIN 0.05% GEL | 3 | | | | |
| ATRIPLA TABLET | 3 | | | | |
| ATROPINE 1% EYE DROPS | 1 | | | | |
| ATROPINE 1% EYE OINTMENT | 1 | | | | |
| ATROPINE SULFATE 0.01% EYE DRP | 3 | | | | |
| ATROVENT 17 MCG HFA INHALER | 3 | QL | | | |
| AUBAGIO 14 MG TABLET | 3 | QL | PA | | SP |
| AUBAGIO 7 MG TABLET | 3 | QL | PA | | SP |
| AUBRA EQ-28 TABLET | 1 | | | | |
| AUBRA-28 TABLET | 1 | | | | |
| AUGMENTIN 125-31.25 MG/5 ML | 2 | | | | |
| AUGMENTIN 250-62.5 MG/5 ML | 3 | | | | |
| AUGMENTIN 500-125 TABLET | 3 | | | | |
| AUGMENTIN ES-600 SUSPENSION | 3 | | | | |
| AUGMENTIN XR 1,000-62.5 TAB | 3 | | | | |
| AUROVELA 1 MG-20 MCG TABLET | 1 | | | | |
| AUROVELA 21 1.5-30 TABLET | 1 | | | | |
| AUROVELA 24 FE 1 MG-20 MCG TAB | 1 | | | | |
| AUROVELA FE 1.5 MG-30 MCG TAB | 1 | | | | |
| AUROVELA FE 1-20 TABLET | 1 | | | | |
| AURYXIA 210 MG TABLET | 3 | | | | |
| AUSTEDO 12 MG TABLET | 2 | QL | PA | | SP |
| AUSTEDO 6 MG TABLET | 2 | QL | PA | | SP |
| AUSTEDO 9 MG TABLET | 2 | QL | PA | | SP |
| AUSTEDO XR 12 MG TABLET | 2 | QL | PA | | SP |
| AUSTEDO XR 24 MG TABLET | 2 | QL | PA | | SP |
| AUSTEDO XR 6 MG TABLET | 2 | QL | PA | | SP |
| AUSTEDO XR TITRATION KT(WK1-4) | 2 | QL | PA | | SP |
| AUTOJECT 2 INJECTION DEVICE | 2 | | | | |
| AUTO-LANCET MINI LANCING DEV | 2 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| AUTOLET IMPRESS LANCING DEVICE | 2 | | | | |
| AUTOLET LANCING DEVICE | 2 | | | | |
| AUTOLET PLUS LANCING DEVICE | 2 | | | | |
| AUTOPEN 1 TO 21 UNITS | 2 | | | | |
| AUTOPEN 2 TO 42 UNITS | 2 | | | | |
| AUVELITY ER 45-105 MG TABLET | 3 | QL | | ST | |
| AUVI-Q 0.1 MG AUTO-INJECTOR | 2 | QL | | | |
| AUVI-Q 0.15 MG AUTO-INJECTOR | 2 | QL | | | |
| AUVI-Q 0.3 MG AUTO-INJECTOR | 2 | QL | | | |
| AVALIDE 150-12.5 MG TABLET | 3 | | | ST | |
| AVALIDE 300-12.5 MG TABLET | 3 | | | ST | |
| AVANDIA 2 MG TABLET | 3 | QL | | ST | |
| AVANDIA 4 MG TABLET | 3 | | | ST | |
| AVAPRO 150 MG TABLET | 3 | | | ST | |
| AVAPRO 300 MG TABLET | 3 | | | ST | |
| AVAPRO 75 MG TABLET | 3 | | | ST | |
| AVAR CLEANSER | 1 | | | | |
| AVAR LS CLEANSER | 3 | | | ST | |
| AVAR-E EMOLLIENT CREAM | 3 | | | ST | |
| AVAR-E GREEN EMOLLIENT CREAM | 3 | | | ST | |
| AVAR-E LS CREAM | 3 | | | ST | |
| AVIANE-28 TABLET | 1 | | | | |
| AVIDOXY 100 MG TABLET | 1 | | | | |
| AVIDOXY DK KIT | 3 | | | ST | |
| AVITA 0.025% CREAM | 1 | | | | |
| AVITA 0.025% GEL | 3 | | | | |
| AVITENE FLOUR | 3 | | | | |
| AVITENE SHEET 35MMX35MM | 3 | | | | |
| AVITENE SHEET 70MMX35MM | 3 | | | | |
| AVITENE SHEET 70MMX70MM | 3 | | | | |
| AVODART 0.5 MG SOFTGEL | 3 | | PA | | |
| AVONEX 30 MCG/0.5 ML SYRINGE | 3 | QL | PA | | SP |
| AVONEX PEN 30 MCG/0.5 ML KIT | 2 | QL | PA | | SP |
| AVONEX PREFILLED SYR 30 MCG KT | 2 | QL | PA | | SP |
| AYGESTIN 5 MG TABLET | 3 | | | | |
| AYUNA-28 TABLET | 1 | | | | |
| AYVAKIT 100 MG TABLET | 3 | QL | PA | | SP |
| AYVAKIT 200 MG TABLET | 3 | QL | PA | | SP |
| AYVAKIT 25 MG TABLET | 3 | QL | PA | | SP |
| AYVAKIT 300 MG TABLET | 3 | QL | PA | | SP |
| AYVAKIT 50 MG TABLET | 3 | QL | PA | | SP |
| AZASAN 100 MG TABLET | 3 | | | | |
| AZASAN 75 MG TABLET | 3 | | | | |
| AZASITE 1% EYE DROPS | 2 | | | | |
| AZATHIOPRINE 100 MG TABLET | 1 | | | | |
| AZATHIOPRINE 50 MG TABLET | 1 | | | | |
| AZATHIOPRINE 75 MG TABLET | 1 | | | | |
| AZELAIC ACID 15% GEL | 1 | | | | |
| AZELASTINE 0.1% (137 MCG) SPRY | 1 | QL | | | |
| AZELASTINE HCL 0.05% DROPS | 1 | | | | |
| AZELASTIN-FLUTIC 137-50MCG SPR | 1 | QL | | ST | |
| AZELEX 20% CREAM | 3 | | | ST | |
| AZILECT 0.5 MG TABLET | 3 | | | ST | |
| AZILECT 1 MG TABLET | 3 | | | ST | |
| AZITHROMYCIN 1 GM PWD PACKET | 1 | | | | |
| AZITHROMYCIN 100 MG/5 ML SUSP | 1 | | | | |
| AZITHROMYCIN 200 MG/5 ML SUSP | 1 | | | | |
| AZITHROMYCIN 250 MG TABLET | 1 | | | | |
| AZITHROMYCIN 500 MG TABLET | 1 | | | | |
| AZITHROMYCIN 600 MG TABLET | 1 | | | | |
| AZOPT 1% EYE DROPS | 3 | | | | |
| AZOR 10-20 MG TABLET | 3 | | | ST | |
| AZOR 10-40 MG TABLET | 3 | | | ST | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| AZOR 5-20 MG TABLET | 3 | | | ST | |
| AZOR 5-40 MG TABLET | 3 | | | ST | |
| AZSTARYS 26.1 MG-5.2 MG CAP | 3 | | | ST | |
| AZSTARYS 39.2 MG-7.8 MG CAP | 3 | | | ST | |
| AZSTARYS 52.3 MG-10.4 MG CAP | 3 | | | ST | |
| AZULFIDINE 500 MG TABLET | 3 | | | | |
| AZULFIDINE ENTAB 500 MG | 3 | | | | |
| AZURETTE 28 DAY TABLET | 1 | | | | |
| B COMPLEX NUMBER 1 TABLET | 1 | | | | |
| BACIGUENT 500 UNIT/GM EYE OINT | 3 | | | | |
| BACITRACIN 500 UNIT/GM OPHTH | 1 | | | | |
| BACITRACIN-POLYMYXIN EYE OINT | 1 | | | | |
| BACLOFEN 10 MG TABLET | 1 | | | | |
| BACLOFEN 10 MG/5 ML SOLUTION | 3 | | | ST | |
| BACLOFEN 20 MG TABLET | 1 | | | | |
| BACLOFEN 25 MG/5 ML SUSPENSION | 1 | | | | |
| BACLOFEN 5 MG TABLET | 1 | | | | |
| BACLOFEN 5 MG/5 ML SOLUTION | 3 | | | ST | |
| BACTRIM 400-80 MG TABLET | 3 | | | | |
| BACTRIM DS TABLET | 3 | | | | |
| BAFIERTAM DR 95 MG CAPSULE | 2 | QL | PA | | SP |
| BALANCE B-100 TABLET | 1 | | | | |
| BALANCE B-50 TABLET | 1 | | | | |
| BALANCED B-COMPLEX CAPLET | 1 | | | | |
| BALANCED SALT SOLUTION | 1 | | | | |
| BAL-CARE DHA COMBO PACK | 1 | | | | |
| BAL-CARE DHA ESSENTIAL PACK | 3 | | | | |
| BALCOLTRA TABLET | 3 | | | | |
| BALSALAZIDE DISODIUM 750 MG CP | 1 | | | | |
| BALVERSA 3 MG TABLET | 2 | | PA | | SP |
| BALVERSA 4 MG TABLET | 2 | | PA | | SP |
| BALVERSA 5 MG TABLET | 2 | | PA | | SP |
| BALZIVA 28 TABLET | 1 | | | | |
| BANZEL 200 MG TABLET | 3 | | PA | | |
| BANZEL 40 MG/ML SUSPENSION | 3 | | PA | | |
| BANZEL 400 MG TABLET | 3 | | PA | | |
| BAQSIMI 3 MG SPRAY ONE PACK | 2 | QL | | | |
| BAQSIMI 3 MG SPRAY TWO PACK | 2 | QL | | | |
| BARACLUDE 0.05 MG/ML SOLUTION | 2 | | | | |
| BARACLUDE 0.5 MG TABLET | 3 | | | | |
| BARACLUDE 1 MG TABLET | 3 | | | | |
| BASAGLAR 100 UNIT/ML KWIKPEN | 3 | | | | |
| BASAGLAR TEMPO PEN 100 UNIT/ML | 3 | | | | |
| BAXDELA 450 MG TABLET | 2 | QL | | | |
| BAYER LOW DOSE EC 81 MG TAB | 1 | | | | |
| B-COMPLEX PLUS VITAMIN C CPLT | 1 | | | | |
| B-COMPLEX TABLET | 1 | | | | |
| B-COMPLEX WITH VIT C CAPLET | 1 | | | | |
| B-COMPLEX WITH VIT C TABLET | 1 | | | | |
| BD 1 ML SYRINGE WITH NEEDLE | 2 | | | | |
| BD 1 ML SYRINGE-NEEDLE 25GX5/8 | 2 | | | | |
| BD 10 ML CONTROL SYRINGE | 2 | | | | |
| BD 10 ML SYRINGE | 2 | | | | |
| BD 10 ML SYRINGE 20GX1" | 2 | | | | |
| BD 10 ML SYRINGE 20GX1-1/2" | 2 | | | | |
| BD 10 ML SYRINGE 21GX1" | 2 | | | | |
| BD 10 ML SYRINGE 21GX1-1/2" | 2 | | | | |
| BD 10 ML SYRINGE 22GX1" | 2 | | | | |
| BD 10 ML SYRINGE BULK | 2 | | | | |
| BD 10 ML SYRINGE WITH NEEDLE | 2 | | | | |
| BD 20 ML SYRINGE | 2 | | | | |
| BD 20 ML SYRINGE BULK | 2 | | | | |
| BD 3 ML SYRINGE | 2 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| BD 3 ML SYRINGE 18GX1-1/2" | 2 | | | | |
| BD 3 ML SYRINGE 20GX1-1/2" | 2 | | | | |
| BD 3 ML SYRINGE 25GX1" | 2 | | | | |
| BD 3 ML SYRINGE 25GX1-1/2" | 2 | | | | |
| BD 3 ML SYRINGE WITH NEEDLE | 2 | | | | |
| BD 5 ML SYRINGE 20GX1" | 2 | | | | |
| BD 5 ML SYRINGE 20GX1-1/2" | 2 | | | | |
| BD 5 ML SYRINGE 21GX1" | 2 | | | | |
| BD 5 ML SYRINGE 21GX1-1/2" | 2 | | | | |
| BD 5 ML SYRINGE 22GX1" | 2 | | | | |
| BD 5 ML SYRINGE 22GX1-1/2" | 2 | | | | |
| BD ALLERGIST TRAY | 3 | | | | |
| BD ALLERGY SYRINGE-NEEDLE 1 ML | 2 | | | | |
| BD AUTOSHIELD DUO NDL 5MMX30G | 2 | | | | |
| BD BLUNT CANNULA | 2 | | | | |
| BD BLUNT NEEDLE 18GX1-1/2" | 2 | | | | |
| BD BULK SYRINGE 1 ML | 2 | | | | |
| BD BULK SYRINGE 10 ML | 2 | | | | |
| BD BULK SYRINGE 20 ML | 2 | | | | |
| BD BULK SYRINGE 5 ML | 2 | | | | |
| BD CORNWALL SYR TP CONNCTR | 2 | | | | |
| BD ECLIPSE 30GX1/2" SYRINGE | 2 | | | | |
| BD ECLIPSE LUER-LOK SYR 1 ML | 2 | | | | |
| BD ECLIPSE LUER-LOK SYR 3 ML | 2 | | | | |
| BD ECLIPSE NEEDLE 18G 40MM | 3 | | | | |
| BD ECLIPSE NEEDLE 18GX1 1/2" | 2 | | | | |
| BD ECLIPSE NEEDLE 21GX1" | 2 | | | | |
| BD ECLIPSE NEEDLE 22GX1" | 2 | | | | |
| BD ECLIPSE NEEDLE 23G 25MM | 3 | | | | |
| BD ECLIPSE NEEDLE 23GX1" | 3 | | | | |
| BD ECLIPSE NEEDLE 25G 16MM | 3 | | | | |
| BD ECLIPSE NEEDLE 25G 25MM | 3 | | | | |
| BD ECLIPSE NEEDLE 25G 40MM | 3 | | | | |
| BD ECLIPSE NEEDLE 25GX1" | 2 | | | | |
| BD ECLIPSE NEEDLE 25GX1.5" | 2 | | | | |
| BD ECLIPSE NEEDLE 25GX5/8" | 3 | | | | |
| BD ECLIPSE NEEDLE 27GX1/2" | 3 | | | | |
| BD ECLIPSE NEEDLE 30G 13MM | 3 | | | | |
| BD ECLIPSE NEEDLE 30GX1/2" | 2 | | | | |
| BD ECLIPSE NEEDLES 21GX1.5" | 2 | | | | |
| BD ECLIPSE SYR 1 ML 25GX5/8 | 2 | | | | |
| BD ECLIPSE SYR 3 ML 22GX1-1/2" | 3 | | | | |
| BD ECLIPSE SYRINGE 3 ML 21GX1" | 2 | | | | |
| BD ECLIPSE SYRINGE 3 ML 22GX1" | 3 | | | | |
| BD ECLIPSE SYRINGE 3 ML 25GX1" | 2 | | | | |
| BD ECLIPSE SYRNG 3 ML 23G 40MM | 3 | | | | |
| BD FILTER NEEDLE | 2 | | | | |
| BD INS SYR 0.3 ML 8MMX31G(1/2) | 2 | | | | |
| BD INS SYR U-500 1/2ML 6MMX31G | 2 | | | | |
| BD INS SYR UF 0.3ML 12.7MMX30G | 2 | | | | |
| BD INS SYR UF 0.5ML 12.7MMX30G | 2 | | | | |
| BD INS SYRN UF 1 ML 12.7MMX30G | 2 | | | | |
| BD INS SYRN UF 1 ML 30G 12.7MM | 2 | | | | |
| BD INS SYRNG 0.3 ML 29GX12.7MM | 2 | | | | |
| BD INS SYRNG 0.5 ML 29GX12.7MM | 2 | | | | |
| BD INS SYRNG UF 0.3 ML 8MMX31G | 2 | | | | |
| BD INS SYRNG UF 0.5 ML 8MMX31G | 2 | | | | |
| BD INSULIN SYR 0.5 ML 28GX1/2" | 2 | | | | |
| BD INSULIN SYR 0.5 ML 29GX1/2" | 2 | | | | |
| BD INSULIN SYR 1 ML 25GX1" | 2 | | | | |
| BD INSULIN SYR 1 ML 25GX5/8" | 2 | | | | |
| BD INSULIN SYR 1 ML 26GX1/2" | 2 | | | | |
| BD INSULIN SYR 1 ML 27GX12.7MM | 2 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| BD INSULIN SYR 1 ML 27GX5/8" | 2 | | | | |
| BD INSULIN SYR 1 ML 28GX1/2" | 2 | | | | |
| BD INSULIN SYR 1 ML 29GX12.7MM | 2 | | | | |
| BD INSULIN SYR UF 1 ML 8MMX31G | 2 | | | | |
| BD INSULIN SYRINGE 1 ML | 2 | | | | |
| BD INTEGRA NEEDLE 25G X 5/8" | 3 | | | | |
| BD INTEGRA RETRA NEEDLE 23GX1" | 2 | | | | |
| BD INTEGRA SYR 3 ML 21GX1 1/2" | 2 | | | | |
| BD INTEGRA SYR 3 ML 22GX1 1/2" | 2 | | | | |
| BD INTEGRA SYR 3 ML 25GX5/8" | 2 | | | | |
| BD INTEGRA SYRINGE 3 ML 21GX1" | 2 | | | | |
| BD INTEGRA SYRINGE 3 ML 23GX1" | 2 | | | | |
| BD INTEGRA SYRINGE 3 ML 25GX1" | 2 | | | | |
| BD INTERLINK SYR 15G W-CANNULA | 3 | | | | |
| BD INTERLINK SYR 17G W-CANNULA | 2 | | | | |
| BD LANCETS 33G | 2 | | | | |
| BD LUER-LOK 5 ML SYRINGE | 2 | | | | |
| BD LUER-LOK SYR 3 ML 25GX5/8" | 2 | | | | |
| BD LUER-LOK SYRINGE 1 ML | 2 | | | | |
| BD LUER-LOK SYRINGE 1ML 20GX1" | 2 | | | | |
| BD LUER-LOK SYRINGE 20 ML | 2 | | | | |
| BD LUER-LOK SYRINGE 3 ML | 2 | | | | |
| BD LUER-LOK SYRINGE 5 ML | 2 | | | | |
| BD LUER-LOK TIP SYRINGE 30 ML | 2 | | | | |
| BD LUERSLIP SYRINGE 1 ML | 2 | | | | |
| BD MAGNI-GUIDE MAGNIFIER | 2 | | | | |
| BD MICROTAINER 21G LANCETS | 2 | | | | |
| BD MICROTAINER 30G LANCETS | 2 | | | | |
| BD MICROTAINER LANCETS | 2 | | | | |
| BD NANO 2 GEN PEN NDL 32G 4MM | 2 | | | | |
| BD NEEDLE 18GX1 1/2" | 2 | | | | |
| BD NEEDLE 19GX1 1/2" | 2 | | | | |
| BD NEEDLE 20GX1 1/2" | 2 | | | | |
| BD NEEDLE 21GX1 1/2" | 2 | | | | |
| BD NEEDLE 21GX1" | 2 | | | | |
| BD NEEDLE 22GX1 1/2" | 2 | | | | |
| BD NEEDLE 22GX3/4" | 2 | | | | |
| BD NEEDLE 23GX1 1/2" | 2 | | | | |
| BD NEEDLE 23GX1" | 2 | | | | |
| BD NEEDLE 25GX1" | 2 | | | | |
| BD NEEDLE 25GX5/8" | 2 | | | | |
| BD NEEDLE 26GX0.625" | 2 | | | | |
| BD NEEDLES 16GX1" | 2 | | | | |
| BD NEEDLES 16GX1.5" | 2 | | | | |
| BD NEEDLES 18GX1" | 2 | | | | |
| BD NEEDLES 18GX1.5" | 2 | | | | |
| BD NEEDLES 19GX1" | 2 | | | | |
| BD NEEDLES 19GX1.5" | 2 | | | | |
| BD NEEDLES 20GX1" | 2 | | | | |
| BD NEEDLES 20GX1.5" | 2 | | | | |
| BD NEEDLES 21GX1" | 2 | | | | |
| BD NEEDLES 21GX1.5" | 2 | | | | |
| BD NEEDLES 21GX2" | 2 | | | | |
| BD NEEDLES 22GX1" | 2 | | | | |
| BD NEEDLES 22GX1.5" | 2 | | | | |
| BD NEEDLES 23GX0.75" | 2 | | | | |
| BD NEEDLES 23GX1.25" | 2 | | | | |
| BD NEEDLES 25GX0.625" | 2 | | | | |
| BD NEEDLES 25GX0.875" | 2 | | | | |
| BD NEEDLES 25GX1.5" | 2 | | | | |
| BD NEEDLES 26GX0.375" | 2 | | | | |
| BD NEEDLES 26GX0.5" | 2 | | | | |
| BD NEEDLES 27GX0.5" | 2 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| BD NEEDLES 27GX1X1.25" | 2 | | | | |
| BD NEEDLES 30GX0.5" | 2 | | | | |
| BD NEEDLES 30GX1" | 2 | | | | |
| BD NOKOR ADMIX NEEDLE 18GX1.5" | 2 | | | | |
| BD NOKOR NEEDLE 16GX1" | 2 | | | | |
| BD NOKOR NEEDLE 18GX1" | 2 | | | | |
| BD PRECISIONGLI 27GX1-1/2" NDL | 2 | | | | |
| BD PRECISIONGLIDE 3 ML 22GX3/4 | 2 | | | | |
| BD PRECISIONGLIDE NEEDLE 25G | 2 | | | | |
| BD QUINCKE SPNL NDL 20GX1 1/4" | 2 | | | | |
| BD QUINCKE SPNL NDL 20GX2 1/2" | 2 | | | | |
| BD SAFE-CLIP BY MAIL SYSTEM | 2 | | | | |
| BD SAFE-CLIP NEEDL STORAGE DEV | 2 | | | | |
| BD SAFETGLD INS 0.3ML 29G 13MM | 2 | | | | |
| BD SAFETGLD INS 0.5ML 13MMX29G | 2 | | | | |
| BD SAFETYGLD INS 0.3ML 31G 8MM | 2 | | | | |
| BD SAFETYGLD INS 0.5ML 30G 8MM | 2 | | | | |
| BD SAFETYGLD INS 1 ML 29G 13MM | 2 | | | | |
| BD SAFETYGLID INS 1 ML 6MMX31G | 2 | | | | |
| BD SAFETYGLIDE 3 ML SYRINGE | 2 | | | | |
| BD SAFETYGLIDE ALLERGY 27G SYR | 3 | | | | |
| BD SAFETYGLIDE ALLERGY SYRINGE | 2 | | | | |
| BD SAFETYGLIDE NEEDLE | 2 | | | | |
| BD SAFETYGLIDE NEEDLE 18GX1.5" | 2 | | | | |
| BD SAFETYGLIDE NEEDLE 21GX1" | 2 | | | | |
| BD SAFETYGLIDE NEEDLE 21GX1.5" | 2 | | | | |
| BD SAFETYGLIDE NEEDLE 22GX1.5" | 2 | | | | |
| BD SAFETYGLIDE NEEDLE 25GX1" | 2 | | | | |
| BD SAFETYGLIDE NEEDLE 27GX5/8" | 2 | | | | |
| BD SAFETYGLIDE SYR 22GX1.5" | 2 | | | | |
| BD SAFETYGLIDE SYR 3 ML 25GX1" | 3 | | | | |
| BD SAFETYGLIDE SYRINGE 27GX5/8 | 2 | | | | |
| BD SAFETYGLIDE TB 1 ML SYR | 2 | | | | |
| BD SAFETYGLIDE TUBERCULIN SYR | 2 | | | | |
| BD SAFTYGLD INS 0.3 ML 6MMX31G | 2 | | | | |
| BD SAFTYGLD INS 0.5 ML 6MMX31G | 2 | | | | |
| BD SAFTYGLD INS 0.5ML 29G 13MM | 2 | | | | |
| BD SLIP TIP 5 ML SYRINGE | 2 | | | | |
| BD SLIP-TIP SYRINGE 20 ML | 3 | | | | |
| BD SYRINGE 3 ML | 2 | | | | |
| BD SYRINGE 30 ML | 2 | | | | |
| BD SYRINGE CATHETER TIP 50 ML | 2 | | | | |
| BD SYRINGE GLASS 3 ML | 2 | | | | |
| BD SYRINGE LUER-LOK 50 ML | 2 | | | | |
| BD SYRINGE STORAGE BIN | 3 | | | | |
| BD SYRINGE TIP CAP | 2 | | | | |
| BD SYRINGE WITH CANNULA | 2 | | | | |
| BD SYRINGE-LUER TIP CAP | 2 | | | | |
| BD SYRINGE-SAFETY GLIDE | 2 | | | | |
| BD SYRN CATH TIP NON-STER 50ML | 2 | | | | |
| BD SYRN LUER-LOK NON-STER 50ML | 2 | | | | |
| BD SYRN SLIP TIP NON-STER 50ML | 2 | | | | |
| BD SYRNG LUER-LOK STERILE 50ML | 2 | | | | |
| BD TB SYRINGE 21GX1" | 2 | | | | |
| BD TB SYRINGE 25GX5/8" | 2 | | | | |
| BD TB SYRINGE 26GX3/8" | 2 | | | | |
| BD TB SYRINGE 27GX1/2" | 2 | | | | |
| BD TB SYRNGE 27GX1/2" | 2 | | | | |
| BD TUBERCULIN 1 ML SYRINGE | 2 | | | | |
| BD UF MICRO PEN NEEDLE 6MMX32G | 2 | | | | |
| BD UF MINI PEN NEEDLE 5MMX31G | 2 | | | | |
| BD UF NANO PEN NEEDLE 4MMX32G | 2 | | | | |
| BD UF ORIG PEN NDL 12.7MMX29G | 2 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| BD UF SHORT PEN NEEDLE 8MMX31G | 2 | | | | |
| BD ULTRA-FINE 33G LANCETS | 2 | | | | |
| BD ULTRA-FINE II 30G LANCETS | 2 | | | | |
| BD VEO INS 0.3ML 6MMX31G (1/2) | 2 | | | | |
| BD VEO INS SYRING 1 ML 6MMX31G | 2 | | | | |
| BD VEO INS SYRN 0.3 ML 6MMX31G | 2 | | | | |
| BD VEO INS SYRN 0.5 ML 6MMX31G | 2 | | | | |
| BD YALE REGULAR BEVEL NEEDLE | 2 | | | | |
| BD-TWINPAK 10 ML DUAL CANNULA | 2 | | | | |
| BECONASE AQ 0.042% SPRAY | 3 | QL | | ST | |
| BEKYREE 28 DAY TABLET | 1 | | | | |
| BELBUCA 150 MCG FILM | 2 | QL | PA | | |
| BELBUCA 300 MCG FILM | 2 | QL | PA | | |
| BELBUCA 450 MCG FILM | 2 | QL | PA | | |
| BELBUCA 600 MCG FILM | 2 | QL | PA | | |
| BELBUCA 75 MCG FILM | 2 | QL | PA | | |
| BELBUCA 750 MCG FILM | 2 | QL | PA | | |
| BELBUCA 900 MCG FILM | 2 | QL | PA | | |
| BELLADONNA-OPIUM 16.2-30 SUPP | 1 | | PA | | |
| BELLADONNA-OPIUM 16.2-60 SUPP | 1 | | PA | | |
| BELLADONNA-PHENOBARBITAL TAB | 1 | | | | |
| BELSOMRA 10 MG TABLET | 3 | QL | | ST | |
| BELSOMRA 15 MG TABLET | 3 | QL | | ST | |
| BELSOMRA 20 MG TABLET | 3 | QL | | ST | |
| BELSOMRA 5 MG TABLET | 3 | QL | | ST | |
| BENAZEPRIL HCL 10 MG TABLET | 1 | | | | |
| BENAZEPRIL HCL 20 MG TABLET | 1 | | | | |
| BENAZEPRIL HCL 40 MG TABLET | 1 | | | | |
| BENAZEPRIL HCL 5 MG TABLET | 1 | | | | |
| BENAZEPRIL-HCTZ 10-12.5 MG TAB | 1 | | | | |
| BENAZEPRIL-HCTZ 20-12.5 MG TAB | 1 | | | | |
| BENAZEPRIL-HCTZ 20-25 MG TAB | 1 | | | | |
| BENAZEPRIL-HCTZ 5-6.25 MG TAB | 1 | | | | |
| BENICAR 20 MG TABLET | 3 | | | ST | |
| BENICAR 40 MG TABLET | 3 | | | ST | |
| BENICAR 5 MG TABLET | 3 | | | ST | |
| BENICAR HCT 20-12.5 MG TABLET | 3 | | | ST | |
| BENICAR HCT 40-12.5 MG TABLET | 3 | | | ST | |
| BENICAR HCT 40-25 MG TABLET | 3 | | | ST | |
| BENLYSTA 120 MG VIAL | 2 | | PA | | SP |
| BENLYSTA 200 MG/ML AUTOINJECT | 2 | QL | PA | | SP |
| BENLYSTA 200 MG/ML SYRINGE | 2 | QL | PA | | SP |
| BENLYSTA 400 MG VIAL | 2 | | PA | | SP |
| BENZACLIN GEL | 3 | | | ST | |
| BENZACLIN GEL 35G PUMP | 3 | | | ST | |
| BENZACLIN GEL 50G PUMP | 3 | | | ST | |
| BENZAMYCIN GEL | 3 | | | ST | |
| BENZEPRO 6% FOAMING CLOTHS | 1 | | | | |
| BENZEPRO 7% CREAMY WASH | 3 | | | ST | |
| BENZHYDROCOD-ACETAMIN 4.08-325 | 3 | | PA | | |
| BENZHYDROCOD-ACETAMIN 6.12-325 | 3 | | PA | | |
| BENZHYDROCOD-ACETAMIN 8.16-325 | 3 | | PA | | |
| BENZNIDAZOLE 100 MG TABLET | 2 | QL | | | |
| BENZNIDAZOLE 12.5 MG TABLET | 2 | QL | | | |
| BENZONATATE 100 MG CAPSULE | 1 | | | | |
| BENZONATATE 150 MG CAPSULE | 1 | | | | |
| BENZONATATE 200 MG CAPSULE | 1 | | | | |
| BENZONATATE PERLE 100 MG CAP | 1 | | | | |
| BENZOYL PEROXIDE 9.8% FOAM | 1 | | | | |
| BENZTROPINE MES 0.5 MG TAB | 1 | | | | |
| BENZTROPINE MES 1 MG TABLET | 1 | | | | |
| BENZTROPINE MES 2 MG TABLET | 1 | | | | |
| BEPOTASTINE 1.5% EYE DROP | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| BEPREVE 1.5% EYE DROPS | 3 | | | ST | |
| BERINERT 500 UNIT KIT | 3 | QL | PA | | SP |
| BESER 0.05% LOTION | 1 | | | ST | |
| BESIVANCE 0.6% SUSP | 3 | | | | |
| BESREMI 500 MCG/ML SYRINGE | 3 | | PA | | SP |
| BETADINE 5% EYE SOLUTION | 3 | | | | |
| BETAINE 1 GRAM/SCOOP POWDER | 1 | | PA | | SP |
| BETAMETHASONE DP 0.05% CRM | 1 | | | | |
| BETAMETHASONE DP 0.05% LOT | 1 | | | | |
| BETAMETHASONE DP 0.05% OINT | 1 | | | | |
| BETAMETHASONE DP AUG 0.05% CRM | 1 | | | | |
| BETAMETHASONE DP AUG 0.05% GEL | 1 | | | | |
| BETAMETHASONE DP AUG 0.05% LOT | 1 | | | | |
| BETAMETHASONE DP AUG 0.05% OIN | 1 | | | | |
| BETAMETHASONE VA 0.1% CREAM | 1 | | | | |
| BETAMETHASONE VA 0.1% LOTION | 1 | | | | |
| BETAMETHASONE VALER 0.1% OINTM | 1 | | | | |
| BETAMETHASONE VALER 0.12% FOAM | 1 | | | ST | |
| BETAPACE 120 MG TABLET | 3 | | | | |
| BETAPACE 160 MG TABLET | 3 | | | | |
| BETAPACE 240 MG TABLET | 3 | | | | |
| BETAPACE 80 MG TABLET | 3 | | | | |
| BETAPACE AF 120 MG TABLET | 3 | | | | |
| BETAPACE AF 160 MG TABLET | 3 | | | | |
| BETAPACE AF 80 MG TABLET | 3 | | | | |
| BETASERON 0.3 MG KIT | 2 | QL | PA | | SP |
| BETAXOLOL 10 MG TABLET | 1 | | | | |
| BETAXOLOL 20 MG TABLET | 1 | | | | |
| BETAXOLOL HCL 0.5% EYE DROP | 1 | | | | |
| BETHANECHOL 10 MG TABLET | 1 | | | | |
| BETHANECHOL 25 MG TABLET | 1 | | | | |
| BETHANECHOL 5 MG TABLET | 1 | | | | |
| BETHANECHOL 50 MG TABLET | 1 | | | | |
| BETHKIS 300 MG/4 ML AMPULE | 3 | QL | PA | | SP |
| BETIMOL 0.25% EYE DROPS | 3 | | | | |
| BETIMOL 0.5% EYE DROPS | 3 | | | | |
| BETOPTIC S 0.25% EYE DROP | 3 | | | | |
| BETOPTIC S 0.25% EYE DROPS | 3 | | | | |
| BEVACIZUMAB 1.25 MG/0.05 ML | 3 | | | | |
| BEVACIZUMAB 2 MG/0.08 ML SYR | 3 | | | | |
| BEVACIZUMAB 2.5 MG/0.1 ML SYRG | 3 | | | | |
| BEVACIZUMAB 3.25 MG/0.13 ML | 3 | | | | |
| BEVACIZUMAB 3.75 MG/0.15 ML | 3 | | | | |
| BEVESPI AEROSPHERE INHALER | 3 | QL | | | |
| BEXAROTENE 1% GEL | 1 | | PA | | SP |
| BEXAROTENE 75 MG CAPSULE | 1 | | PA | | SP |
| BEYAZ 28 TABLET | 3 | | | | |
| BICALUTAMIDE 50 MG TABLET | 1 | | | | |
| BIDIL 20 MG-37.5 MG TABLET | 3 | | | | |
| BIGFOOT UNITY PROGRAM KIT | 3 | QL | | | |
| BIJUVA 0.5 MG-100 MG CAPSULE | 3 | | | | |
| BIJUVA 1 MG-100 MG CAPSULE | 3 | | | | |
| BIKTARVY 30-120-15 MG TABLET | 2 | | | | |
| BIKTARVY 50-200-25 MG TABLET | 2 | | | | |
| BILTRICIDE 600 MG TABLET | 3 | | | | |
| BIMATOPROST 0.03% EYE DROPS | 1 | | PA | | |
| BIMZELX 160 MG/ML AUTOINJECTOR | 3 | | PA | | SP |
| BIMZELX 160 MG/ML SYRINGE | 3 | | PA | | SP |
| BINOSTO 70 MG EFFERVESCENT TAB | 3 | QL | | ST | |
| BIOTEL CARE BGM-4 METER | 3 | | | | |
| BISACODYL EC 5 MG TABLET | 1 | | | | |
| BISMUTH-METRO-TETR 140-125-125 | 1 | | | | |
| BISOPROLOL FUMARATE 10 MG TAB | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| BISOPROLOL FUMARATE 5 MG TAB | 1 | | | | |
| BISOPROLOL-HCTZ 10-6.25 MG TAB | 1 | | | | |
| BISOPROLOL-HCTZ 2.5-6.25 MG TB | 1 | | | | |
| BISOPROLOL-HCTZ 5-6.25 MG TAB | 1 | | | | |
| BLEPH-10 10% EYE DROPS | 3 | | | | |
| BLEPHAMIDE EYE DROPS | 3 | | | | |
| BLISOVI 24 FE TABLET | 1 | | | | |
| BLISOVI FE 1.5-30 TABLET | 1 | | | | |
| BLISOVI FE 1-20 TABLET | 1 | | | | |
| BLOOD GLUCOSE CONTROL SOLUTION | 3 | | | | |
| BLOOD GLUCOSE MONITORING SYST | 3 | | | | |
| BLOOD GLUCOSE TEST STRIP | 3 | | | | |
| BLOOD GLUCOSE TEST STRIPS | 3 | | | | |
| BLOOD LANCETS 30G | 2 | | | | |
| BLUNT NEEDLE | 2 | | | | |
| BOCASAL 538 MG POWDER PACKET | 3 | | | | |
| BONIVA 150 MG TABLET | 3 | QL | | ST | |
| BONJESTA ER 20-20 MG TABLET | 3 | QL | | | |
| BOSENTAN 125 MG TABLET | 1 | QL | PA | | SP |
| BOSENTAN 62.5 MG TABLET | 1 | QL | PA | | SP |
| BOSULIF 100 MG CAPSULE | 3 | QL | PA | | SP |
| BOSULIF 100 MG TABLET | 2 | QL | PA | | SP |
| BOSULIF 400 MG TABLET | 2 | QL | PA | | SP |
| BOSULIF 50 MG CAPSULE | 3 | | PA | | SP |
| BOSULIF 500 MG TABLET | 2 | QL | PA | | SP |
| BP 10-1 WASH | 1 | | | ST | |
| BPO 8% GEL | 1 | | | | |
| BRAFTOVI 50 MG CAPSULE | 3 | QL | PA | | SP |
| BRAFTOVI 75 MG CAPSULE | 3 | QL | PA | | SP |
| BREATHERITE MDI SPACER | 2 | | | | |
| BREATHERITE SPACER-ADULT MASK | 2 | | | | |
| BREATHERITE SPACER-INFANT MASK | 2 | | | | |
| BREATHERITE SPACER-LG CHLD MSK | 2 | | | | |
| BREATHERITE SPACER-NEONATE MSK | 2 | | | | |
| BREATHERITE SPACER-SM CHLD MSK | 2 | | | | |
| BREATHRITE VALVED MDI CHAMBER | 2 | | | | |
| BREATHRITE VALVED MDI SPACER | 2 | | | | |
| BREEZE 2 SOLUTION | 3 | | | | |
| BRENZAVVY 20 MG TABLET | 3 | QL | | ST | |
| BREO ELLIPTA 100-25 MCG INHALR | 2 | QL | | ST | |
| BREO ELLIPTA 200-25 MCG INHALR | 2 | QL | | ST | |
| BREO ELLIPTA 50-25 MCG INHALER | 2 | | | ST | |
| BREXAFEMME 150 MG TABLET | 3 | QL | | ST | |
| BREYNA 160-4.5 MCG INHALER | 1 | QL | | ST | |
| BREYNA 80-4.5 MCG INHALER | 1 | QL | | ST | |
| BREZTRI AEROSPHERE INHALER | 2 | QL | | | |
| BRIELLYN TABLET | 1 | | | | |
| BRILINTA 60 MG TABLET | 2 | | | | |
| BRILINTA 90 MG TABLET | 2 | | | | |
| BRIMONIDINE 0.15%-DORZOLAM 2% | 3 | | | | |
| BRIMONIDINE 0.2% EYE DROP | 1 | | | | |
| BRIMONIDINE 0.33% GEL PUMP | 1 | | PA | | |
| BRIMONIDINE TARTRATE 0.1% DROP | 1 | | | | |
| BRIMONIDINE TARTRATE 0.15% DRP | 1 | | | | |
| BRIMONIDINE-TIMOLOL 0.2%-0.5% | 1 | | | | |
| BRINZOLAMIDE 1% EYE DROPS | 1 | | | | |
| BRISDELLE 7.5 MG CAPSULE | 3 | QL | PA | | |
| BRIVIACT 10 MG TABLET | 3 | | | ST | |
| BRIVIACT 10 MG/ML ORAL SOLN | 3 | | | ST | |
| BRIVIACT 100 MG TABLET | 3 | | | ST | |
| BRIVIACT 25 MG TABLET | 3 | | | ST | |
| BRIVIACT 50 MG TABLET | 3 | | | ST | |
| BRIVIACT 75 MG TABLET | 3 | | | ST | |

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|---|---|---|---|---|---|
| BROMFED DM 2-30-10 MG/5 ML SYR | 3 | | | | |
| BROMFENAC SODIUM 0.07% EYE DRP | 1 | | | | |
| BROMFENAC SODIUM 0.09% EYE DRP | 1 | | | | |
| BROMOCRIPTINE 2.5 MG TABLET | 1 | | | | |
| BROMOCRIPTINE 5 MG CAPSULE | 1 | | | | |
| BROMPHEN-PSE-DM 2-30-10 MG/5ML | 1 | | | | |
| BROMSITE 0.075% EYE DROPS | 3 | | | ST | |
| BRONCHITOL 40 MG INHALE CAP | 3 | | PA | | SP |
| BROOKS INSULIN 0.3ML SYRN | 3 | | | | |
| BROVANA 15 MCG/2 ML SOLUTION | 3 | QL | | | |
| BRUKINSA 80 MG CAPSULE | 3 | | PA | | SP |
| BRYHALI 0.01% LOTION | 3 | | | ST | |
| BSS EYE SOLUTION | 1 | | | | |
| BSS PLUS EYE IRRIG SOLUTION | 3 | | | | |
| BUDESONIDE 0.25 MG/2 ML SUSP | 1 | QL | | | |
| BUDESONIDE 0.5 MG/2 ML SUSP | 1 | QL | | | |
| BUDESONIDE 1 MG/2 ML INH SUSP | 1 | QL | | | |
| BUDESONIDE 2 MG RECTAL FOAM | 1 | | | | |
| BUDESONIDE DR 3 MG CAPSULE | 1 | | | | |
| BUDESONIDE EC 3 MG CAPSULE | 1 | | | | |
| BUDESONIDE ER 9 MG TABLET | 1 | | | | |
| BUDESONIDE-FORMOTEROL 160-4.5 | 1 | QL | | ST | |
| BUDESONIDE-FORMOTEROL 80-4.5 | 1 | QL | | ST | |
| BULLSEYE MINI SAFETY 21G | 2 | | | | |
| BULLSEYE MINI SAFETY 25G LANCT | 2 | | | | |
| BULLSEYE MINI SAFETY 28G LANCT | 2 | | | | |
| BUMETANIDE 0.5 MG TABLET | 1 | | | | |
| BUMETANIDE 1 MG TABLET | 1 | | | | |
| BUMETANIDE 2 MG TABLET | 1 | | | | |
| BUNAVAIL 2.1-0.3 MG FILM | 3 | | PA | | |
| BUNAVAIL 4.2-0.7 MG FILM | 3 | | PA | | |
| BUNAVAIL 6.3-1 MG FILM | 3 | | PA | | |
| BUPAP 50 MG-300 MG TABLET | 3 | | | ST | |
| BUPHENYL 500 MG TABLET | 3 | | PA | | SP |
| BUPHENYL POWDER | 3 | | PA | | SP |
| BUPRENORPHINE 10 MCG/HR PATCH | 1 | | PA | | |
| BUPRENORPHINE 15 MCG/HR PATCH | 1 | | PA | | |
| BUPRENORPHINE 150 MCG FILM | 1 | QL | PA | | |
| BUPRENORPHINE 2 MG TABLET SL | 1 | QL | PA | | |
| BUPRENORPHINE 20 MCG/HR PATCH | 1 | | PA | | |
| BUPRENORPHINE 300 MCG FILM | 1 | QL | PA | | |
| BUPRENORPHINE 450 MCG FILM | 1 | QL | PA | | |
| BUPRENORPHINE 5 MCG/HR PATCH | 1 | | PA | | |
| BUPRENORPHINE 600 MCG FILM | 1 | QL | PA | | |
| BUPRENORPHINE 7.5 MCG/HR PATCH | 1 | | PA | | |
| BUPRENORPHINE 75 MCG FILM | 1 | QL | PA | | |
| BUPRENORPHINE 750 MCG FILM | 1 | QL | PA | | |
| BUPRENORPHINE 8 MG TABLET SL | 1 | QL | PA | | |
| BUPRENORPHINE 900 MCG FILM | 1 | QL | PA | | |
| BUPRENORPHINE-NALOX 12-3MG FLM | 1 | QL | PA | | |
| BUPRENORPHINE-NALOX 2-0.5MG FM | 1 | QL | PA | | |
| BUPRENORPHINE-NALOX 2-0.5MG TB | 1 | QL | PA | | |
| BUPRENORPHINE-NALOX 4-1MG FILM | 1 | QL | PA | | |
| BUPRENORPHINE-NALOX 8-2 MG TAB | 1 | QL | PA | | |
| BUPRENORPHINE-NALOX 8-2MG FILM | 1 | QL | PA | | |
| BUPROPION HCL 100 MG TABLET | 1 | | | | |
| BUPROPION HCL 75 MG TABLET | 1 | | | | |
| BUPROPION HCL SR 100 MG TABLET | 1 | QL | | | |
| BUPROPION HCL SR 150 MG TABLET | 1 | QL | | | |
| BUPROPION HCL SR 200 MG TABLET | 1 | QL | | | |
| BUPROPION HCL XL 150 MG TABLET | 1 | QL | | | |
| BUPROPION HCL XL 300 MG TABLET | 1 | QL | | | |
| BUPROPION HCL XL 450 MG TABLET | 3 | QL | | ST | |

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|---|---|---|---|---|---|
| BUSPIRONE HCL 10 MG TABLET | 1 | | | | |
| BUSPIRONE HCL 15 MG TABLET | 1 | | | | |
| BUSPIRONE HCL 30 MG TABLET | 1 | | | | |
| BUSPIRONE HCL 5 MG TABLET | 1 | | | | |
| BUSPIRONE HCL 7.5 MG TABLET | 1 | | | | |
| BUTALB-ACETAMIN-CAFF 50-300-40 | 1 | | | | |
| BUTALB-ACETAMIN-CAFF 50-325-40 | 1 | | | | |
| BUTALBITAL-ACETAMINOPHN 25-325 | 1 | | | | |
| BUTALBITAL-ACETAMINOPHN 50-300 | 1 | | | | |
| BUTALBITAL-ACETAMINOPHN 50-325 | 1 | | | | |
| BUTALBITAL-ASPIRIN-CAFFEINE CP | 1 | | | | |
| BUTALBITAL-ASPIRIN-CAFFEINE TB | 1 | | | | |
| BUTORPHANOL 1 MG/ML VIAL | 1 | | PA | | |
| BUTORPHANOL 2 MG/ML VIAL | 1 | | PA | | |
| BUTORPHANOL 4 MG/2 ML VIAL | 1 | | PA | | |
| BUTRANS 10 MCG/HR PATCH | 3 | | PA | | |
| BUTRANS 15 MCG/HR PATCH | 3 | | PA | | |
| BUTRANS 20 MCG/HR PATCH | 3 | | PA | | |
| BUTRANS 5 MCG/HR PATCH | 3 | | PA | | |
| BUTRANS 7.5 MCG/HR PATCH | 3 | | PA | | |
| BUTTERFLY TOUCH 30-36G LANCET | 2 | | | | |
| BYDUREON 2 MG PEN INJECT | 2 | QL | PA | | |
| BYDUREON BCISE 2 MG AUTOINJECT | 2 | QL | PA | | |
| BYETTA 10 MCG DOSE PEN INJ | 2 | QL | PA | | |
| BYETTA 5 MCG DOSE PEN INJ | 2 | QL | PA | | |
| BYLVAY 1,200 MCG CAPSULE | 3 | QL | PA | | SP |
| BYLVAY 200 MCG PELLET | 3 | QL | PA | | SP |
| BYLVAY 400 MCG CAPSULE | 3 | QL | PA | | SP |
| BYLVAY 600 MCG PELLET | 3 | QL | PA | | SP |
| BYNFEZIA 2,500 MCG/ML PEN | 3 | | PA | | SP |
| BYSTOLIC 10 MG TABLET | 3 | | | | |
| BYSTOLIC 2.5 MG TABLET | 3 | | | | |
| BYSTOLIC 20 MG TABLET | 3 | | | | |
| BYSTOLIC 5 MG TABLET | 3 | | | | |
| CA INS SYR 0.3 ML 30GX5/16" | 3 | | | | |
| CA INS SYR 0.3 ML 31GX5/16" | 3 | | | | |
| CA INS SYR 0.5 ML 30GX5/16" | 3 | | | | |
| CA INS SYR 0.5 ML 31GX5/16" | 3 | | | | |
| CA INSULIN SYR 0.3 ML 29GX1/2" | 3 | | | | |
| CA INSULIN SYR 0.5 ML 29GX1/2" | 3 | | | | |
| CA INSULIN SYR 1 ML 29GX1/2" | 3 | | | | |
| CA INSULIN SYR 1 ML 30GX5/16" | 3 | | | | |
| CA INSULIN SYR 1 ML 31GX5/16" | 3 | | | | |
| CABERGOLINE 0.5 MG TABLET | 1 | QL | | | |
| CABLIVI 11 MG KIT | 2 | | PA | | SP |
| CABOMETYX 20 MG TABLET | 2 | QL | PA | | SP |
| CABOMETYX 40 MG TABLET | 2 | QL | PA | | SP |
| CABOMETYX 60 MG TABLET | 2 | QL | PA | | SP |
| CABTREO 1.2%-0.15%-3.15% GEL | 3 | | | ST | |
| CADUET 10 MG-10 MG TABLET | 3 | QL | | ST | |
| CADUET 10 MG-20 MG TABLET | 3 | QL | | ST | |
| CADUET 10 MG-40 MG TABLET | 3 | QL | | ST | |
| CADUET 10 MG-80 MG TABLET | 3 | QL | | ST | |
| CADUET 5 MG-10 MG TABLET | 3 | QL | | ST | |
| CADUET 5 MG-20 MG TABLET | 3 | QL | | ST | |
| CADUET 5 MG-40 MG TABLET | 3 | QL | | ST | |
| CADUET 5 MG-80 MG TABLET | 3 | QL | | ST | |
| CAFERGOT TABLET | 3 | | | | |
| CAFFEINE CIT 60 MG/3 ML ORAL | 1 | | | | |
| CALAN SR 120 MG CAPLET | 3 | | | | |
| CALAN SR 120 MG TABLET | 3 | | | | |
| CALAN SR 180 MG CAPLET | 3 | | | | |
| CALAN SR 180 MG TABLET | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| CALAN SR 240 MG CAPLET | 3 | | | | |
| CALAN SR 240 MG TABLET | 3 | | | | |
| CALCIPOTRIENE 0.005% CREAM | 1 | QL | | | |
| CALCIPOTRIENE 0.005% FOAM | 3 | QL | | ST | |
| CALCIPOTRIENE 0.005% OINTMENT | 1 | QL | | | |
| CALCIPOTRIENE 0.005% SOLUTION | 1 | QL | | | |
| CALCIPOTRIENE-BETAMETH DP OINT | 1 | QL | | ST | |
| CALCIPOTRIENE-BETAMETH DP SUSP | 1 | QL | | | |
| CALCITONIN-SALMON 200 UNIT SPR | 1 | | | | |
| CALCITONIN-SALMON 400 UNIT/2ML | 1 | | | | |
| CALCITRIOL 0.25 MCG CAPSULE | 1 | | | | |
| CALCITRIOL 0.5 MCG CAPSULE | 1 | | | | |
| CALCITRIOL 1 MCG/ML AMPUL | 1 | | | | |
| CALCITRIOL 1 MCG/ML SOLUTION | 1 | | | | |
| CALCITRIOL 1 MCG/ML VIAL | 1 | | | | |
| CALCITRIOL 3 MCG/G OINTMENT | 1 | | | | |
| CALCIUM ACETATE 667 MG CAPSULE | 1 | QL | | | |
| CALCIUM ACETATE 667 MG GELCAP | 1 | QL | | | |
| CALCIUM ACETATE 667 MG TABLET | 1 | QL | | | |
| CALQUENCE 100 MG CAPSULE | 2 | QL | PA | | SP |
| CALQUENCE 100 MG TABLET | 2 | QL | PA | | SP |
| CAMBIA 50 MG POWDER PACKET | 3 | QL | | ST | |
| CAMILA 0.35 MG TABLET | 1 | | | | |
| CAMRESE 0.15-0.03-0.01 MG TAB | 1 | | | | |
| CAMRESE LO TABLET | 1 | | | | |
| CAMZYOS 10 MG CAPSULE | 2 | QL | PA | | SP |
| CAMZYOS 15 MG CAPSULE | 2 | QL | PA | | SP |
| CAMZYOS 2.5 MG CAPSULE | 2 | QL | PA | | SP |
| CAMZYOS 5 MG CAPSULE | 2 | QL | PA | | SP |
| CANASA 1,000 MG SUPPOSITORY | 3 | | | | |
| CANDESARTAN CILEXETIL 16 MG TB | 1 | | | | |
| CANDESARTAN CILEXETIL 32 MG TB | 1 | | | | |
| CANDESARTAN CILEXETIL 4 MG TAB | 1 | | | | |
| CANDESARTAN CILEXETIL 8 MG TAB | 1 | | | | |
| CANDESARTAN-HCTZ 16-12.5 MG TB | 1 | | | | |
| CANDESARTAN-HCTZ 32-12.5 MG TB | 1 | | | | |
| CANDESARTAN-HCTZ 32-25 MG TAB | 1 | | | | |
| CANTHARIDIN 0.7%-ACETONE SOLN | 3 | | | | |
| CAPCOF LIQUID | 3 | | | | |
| CAPECITABINE 150 MG TABLET | 1 | QL | PA | | SP |
| CAPECITABINE 500 MG TABLET | 1 | QL | PA | | SP |
| CAPEX SHAMPOO | 3 | | | ST | |
| CAPHOSOL SOLUTION | 3 | | | | |
| CAPLYTA 10.5 MG CAPSULE | 3 | QL | | | |
| CAPLYTA 21 MG CAPSULE | 3 | QL | | | |
| CAPLYTA 42 MG CAPSULE | 3 | QL | | | |
| CAPRELSA 100 MG TABLET | 2 | QL | PA | | SP |
| CAPRELSA 300 MG TABLET | 2 | QL | PA | | SP |
| CAPTOPRIL 100 MG TABLET | 1 | | | | |
| CAPTOPRIL 12.5 MG TABLET | 1 | | | | |
| CAPTOPRIL 25 MG TABLET | 1 | | | | |
| CAPTOPRIL 50 MG TABLET | 1 | | | | |
| CAPTOPRIL-HCTZ 25-15 MG TABLET | 1 | | | | |
| CAPTOPRIL-HCTZ 25-25 MG TABLET | 1 | | | | |
| CAPTOPRIL-HCTZ 50-15 MG TABLET | 1 | | | | |
| CAPTOPRIL-HCTZ 50-25 MG TABLET | 1 | | | | |
| CARAC 0.5% CREAM | 3 | | | | |
| CARAFATE 1 GM TABLET | 3 | | | | |
| CARAFATE 1 GM/10 ML SUSP | 3 | | | | |
| CARBAGLU 200 MG TAB FOR SUSP | 2 | | PA | | SP |
| CARBAMAZEPINE 100 MG TAB CHEW | 1 | | | | |
| CARBAMAZEPINE 100 MG/5 ML SUSP | 1 | | | | |
| CARBAMAZEPINE 200 MG TABLET | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| CARBAMAZEPINE 200 MG/10 ML CUP | 1 | | | | |
| CARBAMAZEPINE ER 100 MG CAP | 1 | | | | |
| CARBAMAZEPINE ER 100 MG TABLET | 1 | | | | |
| CARBAMAZEPINE ER 200 MG CAP | 1 | | | | |
| CARBAMAZEPINE ER 200 MG TABLET | 1 | | | | |
| CARBAMAZEPINE ER 300 MG CAP | 1 | | | | |
| CARBAMAZEPINE ER 400 MG TABLET | 1 | | | | |
| CARBATROL ER 100 MG CAPSULE | 3 | | | | |
| CARBATROL ER 200 MG CAPSULE | 3 | | | | |
| CARBATROL ER 300 MG CAPSULE | 3 | | | | |
| CARBIDOPA 25 MG TABLET | 1 | | PA | | |
| CARBIDOPA-LEVO 10-100 MG ODT | 1 | | | | |
| CARBIDOPA-LEVO 25-100 MG ODT | 1 | | | | |
| CARBIDOPA-LEVO 25-250 MG ODT | 1 | | | | |
| CARBIDOPA-LEVO ER 25-100 TAB | 1 | | | | |
| CARBIDOPA-LEVO ER 50-200 TAB | 1 | | | | |
| CARBIDOPA-LEVODOPA 100 MG-ENTA | 1 | | | | |
| CARBIDOPA-LEVODOPA 10-100 TAB | 1 | | | | |
| CARBIDOPA-LEVODOPA 125 MG-ENTA | 1 | | | | |
| CARBIDOPA-LEVODOPA 150 MG-ENTA | 1 | | | | |
| CARBIDOPA-LEVODOPA 200 MG-ENTA | 1 | | | | |
| CARBIDOPA-LEVODOPA 25-100 TAB | 1 | | | | |
| CARBIDOPA-LEVODOPA 25-250 TAB | 1 | | | | |
| CARBIDOPA-LEVODOPA 50 MG-ENTA | 1 | | | | |
| CARBIDOPA-LEVODOPA 75 MG-ENTA | 1 | | | | |
| CARBINOXAMINE 4 MG/5 ML LIQUID | 1 | | | | |
| CARBINOXAMINE MALEATE 4 MG TAB | 1 | | | | |
| CARBINOXAMINE MALEATE 6 MG TAB | 1 | | | ST | |
| CARDIOPLEGIA 100 MEQ K/500 ML | 3 | | | | |
| CARDIOPLEGIA 108 MEQ K/500 ML | 3 | | | | |
| CARDIOPLEGIA 15 MEQ K/477.5 ML | 3 | | | | |
| CARDIOPLEGIA 20 MEQ K/810 ML | 3 | | | | |
| CARDIOPLEGIA 30 MEQ K/415 ML | 3 | | | | |
| CARDIOPLEGIA 30 MEQ K/542 ML | 3 | | | | |
| CARDIOPLEGIA 36 MEQ K/1,000 ML | 3 | | | | |
| CARDIOPLEGIA 36 MEQ K/500 ML | 3 | | | | |
| CARDIOPLEGIA 40 MEQ K/1,000 ML | 3 | | | | |
| CARDIOPLEGIA 40 MEQ K/500 ML | 3 | | | | |
| CARDIOPLEGIA 50 MEQ K/500 ML | 3 | | | | |
| CARDIOPLEGIA 70 MEQ K/300 ML | 3 | | | | |
| CARDIOPLEGIA DEL NIDO FORMULA | 3 | | | | |
| CARDIOPLEGIC 16 MEQ K/1,000 ML | 1 | | | | |
| CARDIZEM 120 MG TABLET | 3 | | | | |
| CARDIZEM 30 MG TABLET | 3 | | | | |
| CARDIZEM 60 MG TABLET | 3 | | | | |
| CARDIZEM CD 120 MG CAPSULE | 3 | | | | |
| CARDIZEM CD 180 MG CAPSULE | 3 | | | | |
| CARDIZEM CD 240 MG CAPSULE | 3 | | | | |
| CARDIZEM CD 300 MG CAPSULE | 3 | | | | |
| CARDIZEM CD 360 MG CAPSULE | 3 | | | | |
| CARDIZEM LA 120 MG TABLET | 3 | | | | |
| CARDIZEM LA 180 MG TABLET | 3 | | | | |
| CARDIZEM LA 240 MG TABLET | 3 | | | | |
| CARDIZEM LA 300 MG TABLET | 3 | | | | |
| CARDIZEM LA 360 MG TABLET | 3 | | | | |
| CARDIZEM LA 420 MG TABLET | 3 | | | | |
| CARDURA 1 MG TABLET | 3 | QL | | ST | |
| CARDURA 2 MG TABLET | 3 | QL | | ST | |
| CARDURA 4 MG TABLET | 3 | QL | | ST | |
| CARDURA 8 MG TABLET | 3 | QL | | ST | |
| CARDURA XL 4 MG TABLET | 3 | QL | | ST | |
| CARDURA XL 8 MG TABLET | 3 | QL | | ST | |
| CAREFINE PEN NEEDLE 12.7MM 29G | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| CAREFINE PEN NEEDLE 4MM 32G | 3 | | | | |
| CAREFINE PEN NEEDLE 5MM 32G | 3 | | | | |
| CAREFINE PEN NEEDLE 6MM 31G | 3 | | | | |
| CAREFINE PEN NEEDLE 8MM 30G | 3 | | | | |
| CAREFINE PEN NEEDLES 6MM 32G | 3 | | | | |
| CAREFINE PEN NEEDLES 8MM 31G | 3 | | | | |
| CAREONE BLOOD GLUCOSE TST STRP | 3 | | | | |
| CAREONE GLUCOSE MONITORING SYS | 3 | | | | |
| CAREONE LANCING DEVICE | 2 | | | | |
| CAREONE SYR 0.3 ML 30GX1/2" | 3 | | | | |
| CAREONE SYR 0.5 ML 30GX1/2" | 3 | | | | |
| CAREONE SYR 1 ML 30GX1/2" | 3 | | | | |
| CAREONE ULTRA THIN LANCET | 2 | | | | |
| CAREONE UNIFINE PENTIP 4MM 32G | 3 | | | | |
| CAREONE UNIFINE PENTIP 5MM 31G | 3 | | | | |
| CAREONE UNIFINE PENTIP 6MM 31G | 3 | | | | |
| CAREONE UNIFINE PENTIP 8MM 31G | 3 | | | | |
| CAREONE UNIFINE PENTP 29GX1/2" | 3 | | | | |
| CAREONE UNIFINE PENTP 31GX1/4" | 3 | | | | |
| CAREONE UNIFINE PNTP 12MM 29G | 3 | | | | |
| CAREONE UNIFINE PNTP 31GX3/16" | 3 | | | | |
| CAREONE UNIFINE PNTP 31GX5/16" | 3 | | | | |
| CAREONE UNIFINE PNTP 32GX5/32" | 3 | | | | |
| CAREPOINT LL SYR 3 ML 20GX1.5" | 2 | | | | |
| CAREPOINT LL SYR 3 ML 21GX1" | 2 | | | | |
| CAREPOINT LL SYR 3 ML 21GX1.5" | 2 | | | | |
| CAREPOINT LL SYR 3 ML 22G 1" | 2 | | | | |
| CAREPOINT LL SYR 3 ML 22G 38MM | 2 | | | | |
| CAREPOINT LL SYR 3 ML 23GX1" | 2 | | | | |
| CAREPOINT LL SYR 3 ML 23GX1.5" | 2 | | | | |
| CAREPOINT LL SYR 3 ML 25G X 1" | 2 | | | | |
| CAREPOINT LL SYR 3 ML 25GX5/8" | 2 | | | | |
| CAREPOINT LS SYR 1 ML 25G 5/8" | 3 | | | | |
| CAREPOINT LUER LOCK SYR 3 ML | 3 | | | | |
| CAREPOINT LUER SLIP 1 ML SYRNG | 3 | | | | |
| CAREPOINT PRECISION NDL 21G 1" | 3 | | | | |
| CAREPOINT SAFETY LL 1ML 25G 1" | 2 | | | | |
| CARESENS CONTROL SOLUTION | 3 | | | | |
| CARESENS N BLOOD GLUCOSE SYST | 3 | | | | |
| CARESENS N FELIZ GLUCOSE METER | 3 | | | | |
| CARESENS N TEST STRIPS | 3 | | | | |
| CARESENS N VOICE GLUCOSE METER | 3 | | | | |
| CARETOUCH 26G SAFETY LANCETS | 2 | | | | |
| CARETOUCH 28G SAFETY LANCETS | 2 | | | | |
| CARETOUCH CONTROL SOLN L2-L3 | 3 | | | | |
| CARETOUCH GLUCOSE MONITOR SYS | 3 | | | | |
| CARETOUCH HYPO NEEDLE 26G 1" | 3 | | | | |
| CARETOUCH HYPODERMIC 18G 1.5" | 3 | | | | |
| CARETOUCH HYPODERMIC 20G 1" | 3 | | | | |
| CARETOUCH HYPODERMIC 22G 1" | 3 | | | | |
| CARETOUCH HYPODERMIC 23G 1" | 3 | | | | |
| CARETOUCH HYPODERMIC 23G 1.5" | 3 | | | | |
| CARETOUCH HYPODERMIC 25G 1" | 3 | | | | |
| CARETOUCH HYPODERMIC 25G 1.5" | 3 | | | | |
| CARETOUCH HYPODERMIC 25G 5/8" | 3 | | | | |
| CARETOUCH LANCING DEVICE | 2 | | | | |
| CARETOUCH LL SYR 3 ML 22G 1" | 2 | | | | |
| CARETOUCH LL SYR 3 ML 22G 1.5" | 2 | | | | |
| CARETOUCH LL SYR 3 ML 23G 1" | 2 | | | | |
| CARETOUCH LL SYR 3 ML 23G 1.5" | 2 | | | | |
| CARETOUCH LL SYR 3 ML 25G 1" | 2 | | | | |
| CARETOUCH LL SYR 3 ML 25G 1.5" | 2 | | | | |
| CARETOUCH LL SYR 3 ML 25G 5/8" | 2 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| CARETOUCH LUER LOCK 1 ML SYR | 3 | | | | |
| CARETOUCH LUER LOCK 3 ML SYR | 3 | | | | |
| CARETOUCH LUER LOCK 5 ML SYR | 3 | | | | |
| CARETOUCH LUER SLIP 1 ML SYRN | 3 | | | | |
| CARETOUCH LUER SLIP 10 ML SYR | 3 | | | | |
| CARETOUCH LUER SLIP 3 ML SYRN | 3 | | | | |
| CARETOUCH LUER SLIP 5 ML SYR | 3 | | | | |
| CARETOUCH PEN NEEDLE 29G 12MM | 3 | | | | |
| CARETOUCH PEN NEEDLE 31GX1/4" | 3 | | | | |
| CARETOUCH PEN NEEDLE 31GX3/16" | 3 | | | | |
| CARETOUCH PEN NEEDLE 31GX5/16" | 3 | | | | |
| CARETOUCH PEN NEEDLE 32GX3/16" | 3 | | | | |
| CARETOUCH PEN NEEDLE 32GX5/32" | 3 | | | | |
| CARETOUCH SYR 0.3 ML 31GX5/16" | 3 | | | | |
| CARETOUCH SYR 0.5 ML 30GX5/16" | 3 | | | | |
| CARETOUCH SYR 0.5 ML 31GX5/16" | 3 | | | | |
| CARETOUCH SYR 1 ML 28GX5/16" | 3 | | | | |
| CARETOUCH SYR 1 ML 29GX5/16" | 3 | | | | |
| CARETOUCH SYR 1 ML 30GX5/16" | 3 | | | | |
| CARETOUCH SYR 1 ML 31GX5/16" | 3 | | | | |
| CARETOUCH TEST STRIP | 3 | | | | |
| CARETOUCH TWIST 28G LANCET | 2 | | | | |
| CARETOUCH TWIST 30G LANCET | 2 | | | | |
| CARETOUCH TWIST 33G LANCET | 2 | | | | |
| CARGLUMIC ACID 200 MG TAB SUSP | 1 | | PA | | SP |
| CARISOPRODL-ASPIRIN 200-325 MG | 1 | | | | |
| CARISOPRODOL 250 MG TABLET | 1 | | | | |
| CARISOPRODOL 350 MG TABLET | 1 | | | | |
| CARISOPRODOL-ASPIRIN-CODEIN TB | 1 | | PA | | |
| CARNITOR 100 MG/ML ORAL SOLN | 3 | | | | |
| CARNITOR 330 MG TABLET | 3 | | | | |
| CARNITOR SF 100 MG/ML ORAL SOL | 3 | | | | |
| CAROSPIR 25 MG/5 ML SUSP CUP | 3 | | | ST | |
| CAROSPIR 25 MG/5 ML SUSPENSION | 3 | | | ST | |
| CARTEOLOL HCL 1% EYE DROPS | 1 | | | | |
| CARTIA XT 120 MG CAPSULE | 1 | | | | |
| CARTIA XT 180 MG CAPSULE | 1 | | | | |
| CARTIA XT 240 MG CAPSULE | 1 | | | | |
| CARTIA XT 300 MG CAPSULE | 1 | | | | |
| CARVEDILOL 12.5 MG TABLET | 1 | | | | |
| CARVEDILOL 25 MG TABLET | 1 | | | | |
| CARVEDILOL 3.125 MG TABLET | 1 | | | | |
| CARVEDILOL 6.25 MG TABLET | 1 | | | | |
| CARVEDILOL ER 10 MG CAPSULE | 1 | | | | |
| CARVEDILOL ER 20 MG CAPSULE | 1 | | | | |
| CARVEDILOL ER 40 MG CAPSULE | 1 | | | | |
| CARVEDILOL ER 80 MG CAPSULE | 1 | | | | |
| CASODEX 50 MG TABLET | 3 | | | | |
| CATAFLAM 50 MG TABLET | 1 | | | | |
| CATAPRES 0.1 MG TABLET | 3 | | | | |
| CATAPRES 0.2 MG TABLET | 3 | | | | |
| CATAPRES 0.3 MG TABLET | 3 | | | | |
| CATAPRES-TTS 1 PATCH | 3 | QL | | | |
| CATAPRES-TTS 2 PATCH | 3 | QL | | | |
| CATAPRES-TTS 3 PATCH | 3 | QL | | | |
| CAYA CONTOURED DIAPHRAGM | 2 | | | | |
| CAYSTON 75 MG INHAL SOLUTION | 2 | QL | PA | | SP |
| CAZIANT 28 DAY TABLET | 1 | | | | |
| CEFACLOR 125 MG/5 ML SUSP | 1 | | | | |
| CEFACLOR 250 MG CAPSULE | 1 | | | | |
| CEFACLOR 250 MG/5 ML SUSP | 1 | | | | |
| CEFACLOR 375 MG/5 ML SUSPEN | 1 | | | | |
| CEFACLOR 500 MG CAPSULE | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| CEFACLOR ER 500 MG TABLET | 1 | | | | |
| CEFADROXIL 1 GM TABLET | 1 | | | | |
| CEFADROXIL 250 MG/5 ML SUSP | 1 | | | | |
| CEFADROXIL 500 MG CAPSULE | 1 | | | | |
| CEFADROXIL 500 MG/5 ML SUSP | 1 | | | | |
| CEFDINIR 125 MG/5 ML SUSP | 1 | | | | |
| CEFDINIR 250 MG/5 ML SUSP | 1 | | | | |
| CEFDINIR 300 MG CAPSULE | 1 | | | | |
| CEFDITOREN PIVOXIL 400 MG TAB | 1 | | | | |
| CEFIXIME 100 MG/5 ML SUSP | 1 | | | | |
| CEFIXIME 200 MG/5 ML SUSP | 1 | | | | |
| CEFIXIME 400 MG CAPSULE | 1 | | | | |
| CEFPODOXIME 100 MG TABLET | 1 | | | | |
| CEFPODOXIME 100 MG/5 ML SUSP | 1 | | | | |
| CEFPODOXIME 200 MG TABLET | 1 | | | | |
| CEFPODOXIME 50 MG/5 ML SUSP | 1 | | | | |
| CEFPROZIL 125 MG/5 ML SUSP | 1 | | | | |
| CEFPROZIL 250 MG TABLET | 1 | | | | |
| CEFPROZIL 250 MG/5 ML SUSP | 1 | | | | |
| CEFPROZIL 500 MG TABLET | 1 | | | | |
| CEFUROXIME AXETIL 250 MG TAB | 1 | | | | |
| CEFUROXIME AXETIL 500 MG TAB | 1 | | | | |
| CELEBREX 100 MG CAPSULE | 3 | | | | |
| CELEBREX 200 MG CAPSULE | 3 | | | | |
| CELEBREX 400 MG CAPSULE | 3 | | | | |
| CELEBREX 50 MG CAPSULE | 3 | | | | |
| CELECOXIB 100 MG CAPSULE | 1 | | | | |
| CELECOXIB 200 MG CAPSULE | 1 | | | | |
| CELECOXIB 400 MG CAPSULE | 1 | | | | |
| CELECOXIB 50 MG CAPSULE | 1 | | | | |
| CELEXA 10 MG TABLET | 3 | QL | PA | | |
| CELEXA 20 MG TABLET | 3 | QL | PA | | |
| CELEXA 40 MG TABLET | 3 | QL | PA | | |
| CELLCEPT 200 MG/ML ORAL SUSP | 3 | | | | |
| CELLCEPT 250 MG CAPSULE | 3 | | | | |
| CELLCEPT 500 MG TABLET | 3 | | | | |
| CELLUGEL | 3 | | | | |
| CELONTIN 300 MG CAPSULE | 3 | | | | |
| CENTANY 2% OINTMENT | 3 | QL | | ST | |
| CENTANY AT 2% OINTMENT KIT | 3 | QL | | ST | |
| CEPHALEXIN 125 MG/5 ML SUSP | 1 | | | | |
| CEPHALEXIN 250 MG CAPSULE | 1 | | | | |
| CEPHALEXIN 250 MG TABLET | 1 | | | | |
| CEPHALEXIN 250 MG/5 ML SUSP | 1 | | | | |
| CEPHALEXIN 500 MG CAPSULE | 1 | | | | |
| CEPHALEXIN 500 MG TABLET | 1 | | | | |
| CEPHALEXIN 750 MG CAPSULE | 1 | | | | |
| CEQUA 0.09% SOLUTION | 3 | QL | PA | | |
| CERDELGA 84 MG CAPSULE | 2 | QL | PA | | SP |
| CERVIDIL 10 MG VAGINAL INSRT | 3 | | | | |
| CETACAINE ANESTHETIC LIQUID | 3 | | | | |
| CETRAXAL 0.2% EAR SOLUTION | 3 | | | | |
| CEVIMELINE HCL 30 MG CAPSULE | 1 | | | | |
| CHARLOTTE 24 FE CHEWABLE TAB | 1 | | | | |
| CHATEAL EQ-28 TABLET | 1 | | | | |
| CHATEAL-28 TABLET | 1 | | | | |
| CHEK-STIX STRIPS | 2 | | | | |
| CHEMET 100 MG CAPSULE | 2 | | PA | | |
| CHEMO TRANSFER PIN | 2 | | | | |
| CHEMSTRIP 10 MD | 2 | | | | |
| CHEMSTRIP 10 WITH SG | 2 | | | | |
| CHEMSTRIP 2 GP | 2 | | | | |
| CHEMSTRIP 50B | 2 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| CHEMSTRIP 7 | 2 | | | | |
| CHEMSTRIP BG DIARY | 3 | | | | |
| CHEMSTRIP-9 | 2 | | | | |
| CHENODAL 250 MG TABLET | 2 | | PA | | SP |
| CHILD ASPIRIN 81 MG CHEW TAB | 1 | | | | |
| CHILD ASPIRIN 81 MG TAB CHEW | 1 | | | | |
| CHLORDIAZEPO-AMITRIPTYL 5-12.5 | 1 | | | | |
| CHLORDIAZEPOX-AMITRIPTYL 10-25 | 1 | | | | |
| CHLORDIAZEPOXIDE 10 MG CAPSULE | 1 | | | ST | |
| CHLORDIAZEPOXIDE 25 MG CAPSULE | 1 | | | ST | |
| CHLORDIAZEPOXIDE 5 MG CAPSULE | 1 | | | ST | |
| CHLORDIAZEPOXIDE-CLIDINIUM CAP | 1 | | | | |
| CHLORHEXIDINE 0.12% 15 ML CUP | 1 | | | | |
| CHLORHEXIDINE 0.12% RINSE | 1 | | | | |
| CHLOROQUINE PH 250 MG TABLET | 1 | | | | |
| CHLOROQUINE PH 500 MG TABLET | 1 | | | | |
| CHLORPROMAZINE 10 MG TABLET | 1 | | | | |
| CHLORPROMAZINE 100 MG TABLET | 1 | | | | |
| CHLORPROMAZINE 100 MG/ML CONC | 1 | | | | |
| CHLORPROMAZINE 200 MG TABLET | 1 | | | | |
| CHLORPROMAZINE 25 MG TABLET | 1 | | | | |
| CHLORPROMAZINE 30 MG/ML CONC | 1 | | | | |
| CHLORPROMAZINE 50 MG TABLET | 1 | | | | |
| CHLORTHALIDONE 25 MG TABLET | 1 | | | | |
| CHLORTHALIDONE 50 MG TABLET | 1 | | | | |
| CHOLBAM 250 MG CAPSULE | 2 | | PA | | SP |
| CHOLBAM 50 MG CAPSULE | 2 | QL | PA | | SP |
| CHOLESTYRAMINE LIGHT PACKET | 1 | | | | |
| CHOLESTYRAMINE LIGHT POWDER | 1 | | | | |
| CHOLESTYRAMINE PACKET | 1 | | | | |
| CHOLESTYRAMINE POWDER | 1 | | | | |
| CIBINQO 100 MG TABLET | 2 | QL | PA | | SP |
| CIBINQO 200 MG TABLET | 2 | QL | PA | | SP |
| CIBINQO 50 MG TABLET | 2 | QL | PA | | SP |
| CICLODAN 0.77% CREAM | 1 | QL | | | |
| CICLODAN 0.77% CREAM KIT | 3 | | | | |
| CICLODAN 8% KIT | 3 | | | ST | |
| CICLODAN 8% SOLUTION | 1 | | | | |
| CICLOPIROX 0.77% CREAM | 1 | QL | | | |
| CICLOPIROX 0.77% GEL | 1 | QL | | | |
| CICLOPIROX 0.77% TOPICAL SUSP | 1 | QL | | | |
| CICLOPIROX 1% SHAMPOO | 1 | QL | | | |
| CICLOPIROX 8% SOLUTION | 1 | | | | |
| CICLOPIROX 8% TREATMENT KIT | 1 | | | | |
| CILOSTAZOL 100 MG TABLET | 1 | | | | |
| CILOSTAZOL 50 MG TABLET | 1 | | | | |
| CILOXAN 0.3% EYE DROPS | 3 | | | | |
| CILOXAN 0.3% OINTMENT | 3 | | | | |
| CIMDUO 300-300 MG TABLET | 2 | | | | |
| CIMETIDINE 300 MG TABLET | 1 | | | | |
| CIMETIDINE 300 MG/5 ML SOLN | 1 | | | | |
| CIMETIDINE 400 MG TABLET | 1 | | | | |
| CIMETIDINE 400 MG/6.67 ML SOLN | 1 | | | | |
| CIMETIDINE 800 MG TABLET | 1 | | | | |
| CIMZIA 200 MG VIAL KIT | 2 | QL | PA | | SP |
| CIMZIA 2X200 MG/ML SYRINGE KIT | 2 | QL | PA | | SP |
| CIMZIA 2X200 MG/ML(X3)START KT | 2 | QL | PA | | SP |
| CINACALCET HCL 30 MG TABLET | 1 | | PA | | |
| CINACALCET HCL 60 MG TABLET | 1 | | PA | | |
| CINACALCET HCL 90 MG TABLET | 1 | | PA | | |
| CINRYZE 500 UNIT VIAL | 2 | QL | PA | | SP |
| CINRYZE 500 UNIT VIAL-DILUENT | 2 | QL | PA | | SP |
| CIPRO 10% SUSPENSION | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| CIPRO 250 MG TABLET | 3 | | | | |
| CIPRO 5% SUSPENSION | 3 | | | | |
| CIPRO 500 MG TABLET | 3 | | | | |
| CIPRO HC OTIC SUSPENSION | 3 | | | | |
| CIPRODEX OTIC SUSPENSION | 3 | | | | |
| CIPROFLOXACIN 0.2% OTIC SOLN | 1 | | | | |
| CIPROFLOXACIN 0.3% EYE DROP | 1 | | | | |
| CIPROFLOXACIN 250 MG/5 ML SUSP | 1 | | | | |
| CIPROFLOXACIN 500 MG/5 ML SUSP | 1 | | | | |
| CIPROFLOXACIN HCL 100 MG TAB | 1 | | | | |
| CIPROFLOXACIN HCL 250 MG TAB | 1 | | | | |
| CIPROFLOXACIN HCL 500 MG TAB | 1 | | | | |
| CIPROFLOXACIN HCL 750 MG TAB | 1 | | | | |
| CIPROFLOX-DEXAMETH OTIC SUSP | 1 | | | | |
| CIPROFLOX-FLUOCINLN 0.3-0.025% | 3 | | | | |
| CITALOPRAM HBR 10 MG TABLET | 1 | QL | | | |
| CITALOPRAM HBR 10 MG/5 ML SOLN | 1 | | | | |
| CITALOPRAM HBR 20 MG TABLET | 1 | QL | | | |
| CITALOPRAM HBR 20 MG/10 ML CUP | 1 | | | | |
| CITALOPRAM HBR 30 MG CAPSULE | 3 | QL | PA | | |
| CITALOPRAM HBR 40 MG TABLET | 1 | QL | | | |
| CITRANATAL 90 DHA COMBO PACK | 3 | | | | |
| CITRANATAL ASSURE COMBO PACK | 3 | | | | |
| CITRANATAL B-CALM COMBO PACK | 3 | | | | |
| CITRANATAL BLOOM TABLET | 3 | | | | |
| CITRANATAL DHA PACK | 3 | | | | |
| CITRANATAL HARMONY CAPSULE | 3 | | | | |
| CITRANATAL MEDLEY SOFTGEL | 3 | | | | |
| CITRANATAL RX TABLET | 3 | | | | |
| CITRATE OF MAGNESIA SOLN | 1 | | | | |
| CITRATE PHOS DEXTROSE SOLN | 2 | | | | |
| CITROMA SOLUTION | 1 | | | | |
| CLARAVIS 10 MG CAPSULE | 1 | | | | |
| CLARAVIS 20 MG CAPSULE | 1 | | | | |
| CLARAVIS 30 MG CAPSULE | 1 | | | | |
| CLARAVIS 40 MG CAPSULE | 1 | | | | |
| CLARINEX 5 MG TABLET | 3 | QL | | | |
| CLARINEX-D 12 HR 2.5-120 MG TB | 3 | QL | | | |
| CLARITHROMYCIN 125 MG/5 ML SUS | 1 | | | | |
| CLARITHROMYCIN 250 MG TABLET | 1 | | | | |
| CLARITHROMYCIN 250 MG/5 ML SUS | 1 | | | | |
| CLARITHROMYCIN 500 MG TABLET | 1 | | | | |
| CLARITHROMYCIN ER 500 MG TAB | 1 | | | | |
| CLASSIC PRENATAL TABLET | 1 | | | | |
| CLEARLAX POWDER | 1 | | | | |
| CLEMASTINE FUM 2.68 MG TAB | 1 | | | | |
| CLENIA PLUS 9%-4.25% SUSP | 3 | | | ST | |
| CLENPIQ 160 ML SOLUTION | 3 | | | | |
| CLENPIQ 175 ML SOLUTION | 3 | | | | |
| CLEOCIN 100 MG VAGINAL OVULE | 3 | | | | |
| CLEOCIN 2% VAGINAL CREAM | 3 | | | | |
| CLEOCIN HCL 150 MG CAPSULE | 3 | | | | |
| CLEOCIN HCL 300 MG CAPSULE | 3 | | | | |
| CLEOCIN HCL 75 MG CAPSULE | 3 | | | | |
| CLEOCIN PEDIATRIC 75 MG/5 ML | 3 | | | | |
| CLEOCIN T 1% GEL | 3 | QL | | ST | |
| CLEOCIN T 1% LOTION | 3 | QL | | ST | |
| CLEOCIN T 1% SOLUTION | 3 | QL | | ST | |
| CLEVER CHEK BLOOD GLUCOSE SYST | 3 | | | | |
| CLEVER CHEK ULTRA THIN 30G | 2 | | | | |
| CLEVER CHOICE BLOOD GLUCOS SYS | 3 | | | | |
| CLEVER CHOICE CHAMBER-LRG MASK | 2 | | | | |
| CLEVER CHOICE CHAMBER-MED MASK | 2 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| CLEVER CHOICE CHAMBER-SM MASK | 2 | | | | |
| CLEVER CHOICE GLUCOSE MONITOR | 3 | | | | |
| CLEVER CHOICE HD GLUCOSE SYST | 3 | | | | |
| CLEVER CHOICE LVL 1 CONTRL SOL | 3 | | | | |
| CLEVER CHOICE LVL 2 CONTRL SOL | 3 | | | | |
| CLEVER CHOICE LVL 3 CONTRL SOL | 3 | | | | |
| CLEVER CHOICE MICRO MONITOR | 3 | | | | |
| CLEVER CHOICE MICRO TEST STRIP | 3 | | | | |
| CLEVER CHOICE PRO GLUCOSE MTR | 3 | | | | |
| CLEVER CHOICE PRO TEST STRIP | 3 | | | | |
| CLEVER CHOICE TALK GLUCOSE SYS | 3 | | | | |
| CLEVER CHOICE TALK TEST STRIPS | 3 | | | | |
| CLEVER CHOICE TEST STRIPS | 3 | | | | |
| CLEVER CHOICE VOICE+ TST STRIP | 3 | | | | |
| CLICKFINE 31G X 1/4" NEEDLES | 3 | | | | |
| CLICKFINE 31G X 5/16" NEEDLES | 3 | | | | |
| CLICKFINE PEN NEEDLE 32GX5/32" | 3 | | | | |
| CLICKFINE UNIVERSAL 31G X 1/4" | 3 | | | | |
| CLIMARA 0.025 MG/DAY PATCH | 3 | QL | | | |
| CLIMARA 0.0375 MG/DAY PATCH | 3 | QL | | | |
| CLIMARA 0.05 MG/DAY PATCH | 3 | QL | | | |
| CLIMARA 0.06 MG/DAY PATCH | 3 | QL | | | |
| CLIMARA 0.075 MG/DAY PATCH | 3 | QL | | | |
| CLIMARA 0.1 MG/DAY PATCH | 3 | QL | | | |
| CLIMARA PRO PATCH | 3 | QL | | | |
| CLIND PH-BENZOYL PERO 1.2-2.5% | 1 | | | | |
| CLIND PH-BENZOYL PEROX 1.2-5% | 1 | | | | |
| CLINDACIN 1% FOAM | 1 | QL | | | |
| CLINDACIN ETZ 1% PLEDGET | 1 | | | | |
| CLINDACIN ETZ KIT | 3 | | | ST | |
| CLINDACIN P 1% PLEDGETS | 1 | | | | |
| CLINDACIN PAC KIT | 3 | | | ST | |
| CLINDAGEL 1% GEL | 3 | QL | | ST | |
| CLINDAMYC-BNZ PEROX 1.2-3.75% | 1 | | | | |
| CLINDAMYCIN (PEDI) 75 MG/5 ML | 1 | | | | |
| CLINDAMYCIN 2% VAGINAL CREAM | 1 | | | | |
| CLINDAMYCIN HCL 150 MG CAPSULE | 1 | | | | |
| CLINDAMYCIN HCL 300 MG CAPSULE | 1 | | | | |
| CLINDAMYCIN HCL 75 MG CAPSULE | 1 | | | | |
| CLINDAMYCIN PH 1% GEL | 1 | QL | | | |
| CLINDAMYCIN PH 1% SOLUTION | 1 | QL | | | |
| CLINDAMYCIN PHOS 1% PLEDGET | 1 | | | | |
| CLINDAMYCIN PHOSP 1% LOTION | 1 | QL | | | |
| CLINDAMYCIN PHOSPHATE 1% FOAM | 1 | QL | | | |
| CLINDAMYCIN PHOSPHATE 1% GEL | 1 | QL | | ST | |
| CLINDAMYCIN-BENZOYL PEROX 1-5% | 1 | | | | |
| CLINDAMYCIN-BNZ PEROX 1-5% PMP | 1 | | | | |
| CLINDA-TRETINOIN 1.2%-0.025% | 1 | | | | |
| CLINDESSE 2% VAGINAL CREAM | 3 | | | | |
| CLINPRO 5000 1.1% TOOTHPASTE | 3 | | | | |
| CLOBAZAM 10 MG TABLET | 1 | | PA | | |
| CLOBAZAM 2.5 MG/ML SUSPENSION | 1 | | PA | | |
| CLOBAZAM 20 MG TABLET | 1 | | PA | | |
| CLOBETASOL 0.05% CREAM | 1 | QL | | | |
| CLOBETASOL 0.05% GEL | 1 | QL | | | |
| CLOBETASOL 0.05% OINTMENT | 1 | QL | | | |
| CLOBETASOL 0.05% SHAMPOO | 1 | QL | | ST | |
| CLOBETASOL 0.05% SOLUTION | 1 | QL | | | |
| CLOBETASOL 0.05% TOPICAL LOTN | 1 | QL | | ST | |
| CLOBETASOL EMOLLIENT 0.05% CRM | 1 | QL | | | |
| CLOBETASOL EMOLLNT 0.05% FOAM | 1 | QL | | ST | |
| CLOBETASOL EMULSION 0.05% FOAM | 1 | QL | | ST | |
| CLOBETASOL PROP 0.05% FOAM | 1 | QL | | ST | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| CLOBETASOL PROP 0.05% SPRAY | 1 | QL | | ST | |
| CLOBEX 0.05% SHAMPOO | 3 | QL | | ST | |
| CLOBEX 0.05% SPRAY | 3 | QL | | ST | |
| CLOBEX 0.05% TOPICAL LOTION | 3 | QL | | ST | |
| CLOCORTOLONE PIVALATE 0.1% CRM | 1 | | | | |
| CLODAN 0.05% KIT | 3 | QL | | ST | |
| CLODAN 0.05% SHAMPOO | 1 | QL | | ST | |
| CLODERM 0.1% CREAM | 3 | | | ST | |
| CLODERM 0.1% CREAM PUMP | 3 | | | ST | |
| CLOMIPRAMINE 25 MG CAPSULE | 1 | | | | |
| CLOMIPRAMINE 50 MG CAPSULE | 1 | | | | |
| CLOMIPRAMINE 75 MG CAPSULE | 1 | | | | |
| CLONAZEPAM 0.125 MG DIS TAB | 1 | | | | |
| CLONAZEPAM 0.125 MG ODT | 1 | | | | |
| CLONAZEPAM 0.25 MG ODT | 1 | | | | |
| CLONAZEPAM 0.5 MG DIS TABLET | 1 | | | | |
| CLONAZEPAM 0.5 MG ODT | 1 | | | | |
| CLONAZEPAM 0.5 MG TABLET | 1 | | | | |
| CLONAZEPAM 1 MG DIS TABLET | 1 | | | | |
| CLONAZEPAM 1 MG ODT | 1 | | | | |
| CLONAZEPAM 1 MG TABLET | 1 | | | | |
| CLONAZEPAM 2 MG ODT | 1 | | | | |
| CLONAZEPAM 2 MG TABLET | 1 | | | | |
| CLONIDINE 0.1 MG/DAY PATCH | 1 | QL | | | |
| CLONIDINE 0.2 MG/DAY PATCH | 1 | QL | | | |
| CLONIDINE 0.3 MG/DAY PATCH | 1 | QL | | | |
| CLONIDINE HCL 0.1 MG TABLET | 1 | | | | |
| CLONIDINE HCL 0.2 MG TABLET | 1 | | | | |
| CLONIDINE HCL 0.3 MG TABLET | 1 | | | | |
| CLONIDINE HCL ER 0.1 MG TABLET | 1 | | | | |
| CLONIDINE HCL ER 0.17 MG TAB | 3 | | | | |
| CLOPIDOGREL 300 MG TABLET | 1 | | | | |
| CLOPIDOGREL 75 MG TABLET | 1 | | | | |
| CLORAZEPATE 15 MG TABLET | 1 | | | ST | |
| CLORAZEPATE 3.75 MG TABLET | 1 | | | ST | |
| CLORAZEPATE 7.5 MG TABLET | 1 | | | ST | |
| CLOTRIMAZOLE 10 MG TROCHE | 1 | | | | |
| CLOTRIMAZOLE-BETAMETHASONE CR | 1 | QL | | | |
| CLOTRIMAZOLE-BETAMETHASONE LO | 1 | QL | | | |
| CLOVIQUE 250 MG CAPSULE | 1 | | PA | | |
| CLOZAPINE 100 MG TABLET | 1 | | | | |
| CLOZAPINE 200 MG TABLET | 1 | | | | |
| CLOZAPINE 25 MG TABLET | 1 | | | | |
| CLOZAPINE 50 MG TABLET | 1 | | | | |
| CLOZAPINE ODT 100 MG TABLET | 1 | | | | |
| CLOZAPINE ODT 12.5 MG TABLET | 1 | | | | |
| CLOZAPINE ODT 150 MG TABLET | 3 | | | | |
| CLOZAPINE ODT 200 MG TABLET | 3 | | | | |
| CLOZAPINE ODT 25 MG TABLET | 1 | | | | |
| CLOZARIL 100 MG TABLET | 3 | | | | |
| CLOZARIL 200 MG TABLET | 3 | | | | |
| CLOZARIL 25 MG TABLET | 3 | | | | |
| CLOZARIL 50 MG TABLET | 3 | | | | |
| C-NATE DHA SOFTGEL | 1 | | | | |
| COAGUCHEK LANCETS | 2 | | | | |
| COARTEM TABLETS | 2 | QL | | | |
| COCAINE 160 MG/4 ML NASAL SOLN | 3 | | | | |
| COCAINE HCL 4% NASAL SOLUTION | 3 | | | | |
| CODEINE SULFATE 15 MG TABLET | 1 | | PA | | |
| CODEINE SULFATE 30 MG TABLET | 1 | | PA | | |
| CODEINE SULFATE 60 MG TABLET | 1 | | PA | | |
| CODEINE-GUAIFEN 10-100 MG/5 ML | 1 | | | | |
| CODITUSSIN AC LIQUID | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| CODITUSSIN DAC LIQUID | 3 | | | | |
| COLAZAL 750 MG CAPSULE | 3 | | | | |
| COLCHICINE 0.6 MG CAPSULE | 1 | | | ST | |
| COLCHICINE 0.6 MG TABLET | 1 | | | | |
| COLCRYS 0.6 MG TABLET | 3 | | | ST | |
| COLESEVELAM 625 MG TABLET | 1 | | | | |
| COLESEVELAM HCL 3.75 G PACKET | 1 | | | | |
| COLESTID 1 GM TABLET | 3 | | | | |
| COLESTID FLAVORED GRANULES | 3 | | | | |
| COLESTID GRANULES | 3 | | | | |
| COLESTID GRANULES PACKET | 3 | | | | |
| COLESTIPOL HCL 1 GM TABLET | 1 | | | | |
| COLESTIPOL HCL GRANULES | 1 | | | | |
| COLESTIPOL HCL GRANULES PACKET | 1 | | | | |
| COLOCORT 100 MG/60 ML ENEMA | 1 | | | | |
| COLUMVI 10 MG/10 ML VIAL | 3 | | PA | | SP |
| COLUMVI 2.5 MG/2.5 ML VIAL | 3 | | PA | | SP |
| COMBIGAN 0.2%-0.5% EYE DROPS | 3 | | | | |
| COMBIPATCH 0.05-0.14 MG PTCH | 2 | | | | |
| COMBIPATCH 0.05-0.25 MG PTCH | 2 | | | | |
| COMBISTIX REAGENT STRIPS | 2 | | | | |
| COMBIVENT RESPIMAT 20-100 MCG | 2 | QL | | | |
| COMBIVIR TABLET | 3 | | | | |
| COMETRIQ 100 MG DAILY-DOSE PK | 2 | QL | PA | | SP |
| COMETRIQ 140 MG DAILY-DOSE PK | 2 | QL | PA | | SP |
| COMETRIQ 60 MG DAILY-DOSE PACK | 2 | QL | PA | | SP |
| COMFORT EZ INS 0.3ML 30GX1/2" | 3 | | | | |
| COMFORT EZ INS 0.3ML 30GX5/16" | 3 | | | | |
| COMFORT EZ INS 0.5ML 31GX5/16" | 3 | | | | |
| COMFORT EZ INS 1 ML 31GX5/16" | 3 | | | | |
| COMFORT EZ INSULIN SYR 0.3 ML | 3 | | | | |
| COMFORT EZ INSULIN SYR 0.5 ML | 3 | | | | |
| COMFORT EZ PEN NEEDLE 12MM 29G | 3 | | | | |
| COMFORT EZ PEN NEEDLES 4MM 32G | 3 | | | | |
| COMFORT EZ PEN NEEDLES 4MM 33G | 3 | | | | |
| COMFORT EZ PEN NEEDLES 5MM 31G | 3 | | | | |
| COMFORT EZ PEN NEEDLES 5MM 32G | 3 | | | | |
| COMFORT EZ PEN NEEDLES 5MM 33G | 3 | | | | |
| COMFORT EZ PEN NEEDLES 6MM 31G | 3 | | | | |
| COMFORT EZ PEN NEEDLES 6MM 32G | 3 | | | | |
| COMFORT EZ PEN NEEDLES 6MM 33G | 3 | | | | |
| COMFORT EZ PEN NEEDLES 8MM 31G | 3 | | | | |
| COMFORT EZ PEN NEEDLES 8MM 32G | 3 | | | | |
| COMFORT EZ PEN NEEDLES 8MM 33G | 3 | | | | |
| COMFORT EZ PRESSURE ACTIVT 28G | 2 | | | | |
| COMFORT EZ PRO PEN NDL 30G 8MM | 3 | | | | |
| COMFORT EZ PRO PEN NDL 31G 4MM | 3 | | | | |
| COMFORT EZ PRO PEN NDL 31G 5MM | 3 | | | | |
| COMFORT EZ SAFETY 23G LANCETS | 2 | | | | |
| COMFORT EZ SAFETY 28G LANCETS | 2 | | | | |
| COMFORT EZ SYR 0.3 ML 29GX1/2" | 3 | | | | |
| COMFORT EZ SYR 0.5 ML 28GX1/2" | 3 | | | | |
| COMFORT EZ SYR 0.5 ML 29GX1/2" | 3 | | | | |
| COMFORT EZ SYR 0.5 ML 30GX1/2" | 3 | | | | |
| COMFORT EZ SYR 1 ML 28GX1/2" | 3 | | | | |
| COMFORT EZ SYR 1 ML 29GX1/2" | 3 | | | | |
| COMFORT EZ SYR 1 ML 30GX1/2" | 3 | | | | |
| COMFORT EZ SYR 1 ML 30GX5/16" | 3 | | | | |
| COMFORT LANCETS | 2 | | | | |
| COMFORT PAC-CYCLOBENZAPRINE KT | 3 | | | | |
| COMFORT PAC-IBUPROFEN KIT | 3 | | | | |
| COMFORT PAC-MELOXICAM KIT | 3 | | | | |
| COMFORT PAC-NAPROXEN KIT | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| COMFORT PAC-TIZANIDINE KIT | 3 | | | | |
| COMFORT POINT PEN NDL 29GX1/2" | 3 | | | | |
| COMFORT POINT PEN NDL 31GX1/3" | 3 | | | | |
| COMFORT POINT PEN NDL 31GX1/4" | 3 | | | | |
| COMFORT POINT PEN NDL 31GX1/6" | 3 | | | | |
| COMFORT TOUCH PEN NDL 31G 4MM | 3 | | | | |
| COMFORT TOUCH PEN NDL 31G 5MM | 3 | | | | |
| COMFORT TOUCH PEN NDL 31G 6MM | 3 | | | | |
| COMFORT TOUCH PEN NDL 31G 8MM | 3 | | | | |
| COMFORT TOUCH PEN NDL 32G 4MM | 3 | | | | |
| COMFORT TOUCH PEN NDL 32G 5MM | 3 | | | | |
| COMFORT TOUCH PEN NDL 32G 6MM | 3 | | | | |
| COMFORT TOUCH PEN NDL 32G 8MM | 3 | | | | |
| COMFORT TOUCH PEN NDL 33G 4MM | 3 | | | | |
| COMFORT TOUCH PEN NDL 33G 5MM | 3 | | | | |
| COMFORT TOUCH PEN NDL 33G 6MM | 3 | | | | |
| COMFORT TOUCH PEN NDL 33GX5MM | 3 | | | | |
| COMFORT TOUCH ULT THIN 31G LAN | 2 | | | | |
| COMFORTSEAL LARGE MASK | 2 | | | | |
| COMFORTSEAL MEDIUM MASK | 2 | | | | |
| COMFORTSEAL SMALL MASK | 2 | | | | |
| COMFORTTOUCH PLUS SAF 30G LANC | 2 | | | | |
| COMPACT SPACE CHAMBER | 2 | | | | |
| COMPACT SPACE CHAMBER-LRG MAS | 2 | | | | |
| COMPACT SPACE CHAMBER-MED MAS | 2 | | | | |
| COMPACT SPACE CHAMBER-SM MASK | 2 | | | | |
| COMPAZINE 10 MG TABLET | 3 | | | | |
| COMPAZINE 25 MG SUPPOSITORY | 3 | | | | |
| COMPAZINE 5 MG TABLET | 3 | | | | |
| COMPLERA TABLET | 3 | | | | |
| COMPLETE NATAL DHA | 1 | | | | |
| COMPRO 25 MG SUPPOSITORY | 1 | | | | |
| COMTAN 200 MG TABLET | 3 | | | | |
| CONCEPT DHA CAPSULE | 3 | | | | |
| CONCEPT OB CAPSULE | 3 | | | | |
| CONCERTA ER 18 MG TABLET | 3 | | | ST | |
| CONCERTA ER 27 MG TABLET | 3 | | | ST | |
| CONCERTA ER 36 MG TABLET | 3 | | | ST | |
| CONCERTA ER 54 MG TABLET | 3 | | | ST | |
| CONDOMS LUBRICATED | 2 | | | | |
| CONDYLOX 0.5% GEL | 3 | QL | | ST | |
| CONJUPRI 2.5 MG TABLET | 3 | | | | |
| CONJUPRI 5 MG TABLET | 3 | | | | |
| CONSENSI 10-200 MG TABLET | 3 | | | | |
| CONSENSI 2.5-200 MG TABLET | 3 | | | | |
| CONSENSI 5-200 MG TABLET | 3 | | | | |
| CONSTULOSE 10 GM/15 ML SOLN | 1 | | | | |
| CONTOUR METER | 3 | | | | |
| CONTOUR NEXT EZ METER | 3 | | | | |
| CONTOUR NEXT EZ METER SYSTEM | 3 | | | | |
| CONTOUR NEXT GEN METER | 3 | | | | |
| CONTOUR NEXT GEN METER KIT | 3 | | | | |
| CONTOUR NEXT GLUCOSE METER KIT | 3 | | | | |
| CONTOUR NEXT LEV 1 CONTROL SOL | 3 | | | | |
| CONTOUR NEXT LEV 2 CONTROL SOL | 3 | | | | |
| CONTOUR NEXT LINK 2.4 METER KT | 3 | | | | |
| CONTOUR NEXT LINK METER | 3 | | | | |
| CONTOUR NEXT METER | 3 | | | | |
| CONTOUR NEXT ONE METER | 3 | | | | |
| CONTOUR NEXT TEST STRIP | 3 | | | | |
| CONTOUR SOLUTION | 3 | | | | |
| CONTOUR TEST STRIP | 3 | | | | |
| CONZIP 100 MG CAPSULE | 3 | QL | PA | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| CONZIP 200 MG CAPSULE | 3 | QL | PA | | |
| CONZIP 300 MG CAPSULE | 3 | QL | PA | | |
| COOL BLOOD GLUCOSE METER | 3 | | | | |
| COOL BLOOD GLUCOSE METER KIT | 3 | | | | |
| COOL CONTROL A SOLUTION | 3 | | | | |
| COOL CONTROL B SOLUTION | 3 | | | | |
| COOL GLUCOSE TEST STRIP | 3 | | | | |
| COPAXONE 20 MG/ML SYRINGE | 3 | QL | PA | | SP |
| COPAXONE 40 MG/ML SYRINGE | 3 | QL | PA | | SP |
| COPIKTRA 15 MG CAPSULE | 3 | QL | PA | | SP |
| COPIKTRA 25 MG CAPSULE | 3 | QL | PA | | SP |
| CORDRAN 0.025% CREAM | 3 | QL | | ST | |
| CORDRAN 0.05% CREAM | 3 | QL | | ST | |
| CORDRAN 0.05% LOTION | 3 | QL | | ST | |
| CORDRAN 0.05% OINTMENT | 3 | QL | | ST | |
| CORDRAN 4 MCG/SQ CM TAPE LARGE | 3 | | | ST | |
| COREG 12.5 MG TABLET | 3 | | | | |
| COREG 25 MG TABLET | 3 | | | | |
| COREG 3.125 MG TABLET | 3 | | | | |
| COREG 6.25 MG TABLET | 3 | | | | |
| COREG CR 10 MG CAPSULE | 3 | | | | |
| COREG CR 20 MG CAPSULE | 3 | | | | |
| COREG CR 40 MG CAPSULE | 3 | | | | |
| COREG CR 80 MG CAPSULE | 3 | | | | |
| COREMINO ER 135 MG TABLET | 1 | | | ST | |
| COREMINO ER 45 MG TABLET | 1 | | | ST | |
| COREMINO ER 90 MG TABLET | 1 | | | ST | |
| CORGARD 20 MG TABLET | 3 | | | | |
| CORGARD 40 MG TABLET | 3 | | | | |
| CORGARD 80 MG TABLET | 3 | | | | |
| CORLANOR 5 MG TABLET | 3 | | PA | | |
| CORLANOR 5 MG/5 ML ORAL SOLN | 3 | | PA | | SP |
| CORLANOR 7.5 MG TABLET | 3 | | PA | | |
| CORTANE-B LOTION | 3 | | | | |
| CORTEF 10 MG TABLET | 3 | | | | |
| CORTEF 20 MG TABLET | 3 | | | | |
| CORTEF 5 MG TABLET | 3 | | | | |
| CORTENEMA 100 MG/60 ML ENEMA | 3 | | | | |
| CORTIFOAM 10% AEROSOL | 3 | | | | |
| CORTISONE 25 MG TABLET | 1 | | | | |
| CORTISPORIN CREAM | 3 | | | | |
| CORTISPORIN OINTMENT | 3 | | | | |
| CORTISPORIN-TC EAR SUSPENSION | 3 | | | | |
| CORTROPHIN GEL 400 UNIT/5 ML | 3 | | PA | | SP |
| CORTROPHIN GEL 80 UNIT/ML VIAL | 3 | | PA | | SP |
| COSENTYX 125 MG/5 ML VIAL | 3 | | PA | | SP |
| COSENTYX 150 MG/ML SYRINGE | 3 | QL | PA | | SP |
| COSENTYX 300 MG DOSE-2 SYRINGE | 3 | QL | PA | | SP |
| COSENTYX 75 MG/0.5 ML SYRINGE | 3 | QL | PA | | SP |
| COSENTYX SENSOREADY 150 MG PEN | 3 | QL | PA | | SP |
| COSENTYX SNRDY 300MG DOSE-2PEN | 3 | QL | PA | | SP |
| COSENTYX UNOREADY 300 MG PEN | 3 | | PA | | SP |
| COSOPT EYE DROPS | 3 | | | | |
| COSOPT PF EYE DROPS | 3 | | | | |
| COTELLIC 20 MG TABLET | 2 | QL | PA | | SP |
| COTEMPLA XR-ODT 17.3 MG TABLET | 3 | | | ST | |
| COTEMPLA XR-ODT 25.9 MG TABLET | 3 | | | ST | |
| COTEMPLA XR-ODT 8.6 MG TABLET | 3 | | | ST | |
| COVARYX H.S. TABLET | 1 | | | | |
| COVARYX TABLET | 1 | | | | |
| COZAAR 100 MG TABLET | 3 | | | ST | |
| COZAAR 25 MG TABLET | 3 | | | ST | |
| COZAAR 50 MG TABLET | 3 | | | ST | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| CREON DR 12,000 UNIT CAPSULE | 2 | | | | |
| CREON DR 24,000 UNIT CAPSULE | 2 | | | | |
| CREON DR 3,000 UNIT CAPSULE | 2 | | | | |
| CREON DR 36,000 UNIT CAPSULE | 2 | | | | |
| CREON DR 6,000 UNIT CAPSULE | 2 | | | | |
| CRESEMBA 186 MG CAPSULE | 2 | | PA | | |
| CRESEMBA 74.5 MG CAPSULE | 2 | | PA | | |
| CRESTOR 10 MG TABLET | 3 | QL | | ST | |
| CRESTOR 20 MG TABLET | 3 | QL | | ST | |
| CRESTOR 40 MG TABLET | 3 | QL | | ST | |
| CRESTOR 5 MG TABLET | 3 | QL | | ST | |
| CRINONE 4% GEL | 3 | | | | |
| CRIXIVAN 200 MG CAPSULE | 2 | | | | |
| CRIXIVAN 400 MG CAPSULE | 2 | | | | |
| CROMOLYN 100 MG/5 ML ORAL CONC | 1 | | | | |
| CROMOLYN 20 MG/2 ML NEB SOLN | 1 | | | | |
| CROMOLYN 4% EYE DROPS | 1 | | | | |
| CRRT TRISODIUM CITRAT 0.5% SOL | 3 | | | | |
| CRYOSERV SOLUTION | 1 | | | | |
| CRYSELLE-28 TABLET | 1 | | | | |
| CUPRIMINE 250 MG CAPSULE | 3 | | | ST | |
| CURAE 1.5 MG TABLET | 1 | QL | | | |
| CUROSURF 120 MG/1.5 ML VIAL | 3 | | | | |
| CUROSURF 240 MG/3 ML VIAL | 3 | | | | |
| CUTIVATE 0.05% CREAM | 3 | | | ST | |
| CUTIVATE 0.05% LOTION | 3 | | | ST | |
| CUVPOSA 1 MG/5 ML SOLUTION | 3 | | | | |
| CUVRIOR 300 MG TABLET | 3 | | PA | | SP |
| CVS ADVANCED GLUCOSE METER | 3 | | | | |
| CVS ADVANCED GLUCOSE TEST STR | 3 | | | | |
| CVS ALKALINE BATTERIES | 3 | | | | |
| CVS ASPIRIN 81 MG CHEWABLE TAB | 1 | | | | |
| CVS ASPIRIN EC 81 MG TABLET | 1 | | | | |
| CVS AT HOME A1C TEST KIT | 3 | | | | |
| CVS CITRATE OF MAGNESIA SOLN | 1 | | | | |
| CVS FOLIC ACID 800 MCG TABLET | 1 | | | | |
| CVS GENTLE LAXATIVE EC 5 MG TB | 1 | | | | |
| CVS KETONE CARE TEST STRIP | 2 | | | | |
| CVS LANCING DEVICE | 2 | | | | |
| CVS MAGNESIUM CITRATE SOLUTION | 1 | | | | |
| CVS MICRO THIN 33G LANCETS | 2 | | | | |
| CVS MILK OF MAGNESIA SUSP | 1 | | | | |
| CVS PRENATAL MULTI-DHA SOFTGEL | 1 | | | | |
| CVS PRENATAL VITAMINS TABLET | 1 | | | | |
| CVS PURELAX POWDER | 1 | | | | |
| CVS SUPER B-COMPLEX-VIT C CPLT | 1 | | | | |
| CVS THIN 26G LANCETS | 2 | | | | |
| CVS ULTRA THIN 30G LANCETS | 2 | | | | |
| CVS WOMEN'S GENTLE LAX EC 5 MG | 1 | | | | |
| CYANOCOBALAMIN 1,000 MCG/ML VL | 1 | | | | |
| CYANOCOBALAMIN 10,000 MCG/10ML | 1 | | | | |
| CYANOCOBALAMIN 30,000 MCG/30ML | 1 | | | | |
| CYCLAFEM 1-35-28 TABLET | 1 | | | | |
| CYCLAFEM 7-7-7-28 TABLET | 1 | | | | |
| CYCLOBENZAPRINE 10 MG TABLET | 1 | | | | |
| CYCLOBENZAPRINE 5 MG TABLET | 1 | | | | |
| CYCLOBENZAPRINE 7.5 MG TABLET | 1 | | | | |
| CYCLOBENZAPRINE ER 15 MG CAP | 1 | | | ST | |
| CYCLOBENZAPRINE ER 30 MG CAP | 1 | | | ST | |
| CYCLOGYL 0.5% EYE DROPS | 3 | | | | |
| CYCLOGYL 1% EYE DROPS | 3 | | | | |
| CYCLOGYL 2% EYE DROPS | 3 | | | | |
| CYCLOMYDRIL EYE DROPS | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| CYCLOPEN 1%-TROPICA 1%-PE 2.5% | 3 | | | | |
| CYCLOPENTOLATE 0.5% EYE DROPS | 1 | | | | |
| CYCLOPENTOLATE 1% EYE DROP | 1 | | | | |
| CYCLOPENTOLATE 1% EYE DROPS | 1 | | | | |
| CYCLOPENTOLATE HCL 2% DROPS | 1 | | | | |
| CYCLOPHOSPHAMIDE 25 MG CAPSULE | 1 | | | | |
| CYCLOPHOSPHAMIDE 25 MG TABLET | 3 | | | | |
| CYCLOPHOSPHAMIDE 50 MG CAPSULE | 1 | | | | |
| CYCLOPHOSPHAMIDE 50 MG TABLET | 3 | | | | |
| CYCLOSERINE 250 MG CAPSULE | 3 | | | | |
| CYCLOSET 0.8 MG TABLET | 3 | | | | |
| CYCLOSPORINE 0.05% EYE EMULS | 1 | QL | PA | | |
| CYCLOSPORINE 0.1% IN KLARITY | 3 | | | | |
| CYCLOSPORINE 100 MG CAPSULE | 1 | | | | |
| CYCLOSPORINE 25 MG CAPSULE | 1 | | | | |
| CYCLOSPORINE MODIFIED 100 MG | 1 | | | | |
| CYCLOSPORINE MODIFIED 100MG/ML | 1 | | | | |
| CYCLOSPORINE MODIFIED 25 MG | 1 | | | | |
| CYCLOSPORINE MODIFIED 50 MG | 1 | | | | |
| CYLTEZO(CF) 10 MG/0.2 ML SYRNG | 2 | QL | PA | | SP |
| CYLTEZO(CF) 20 MG/0.4 ML SYRNG | 2 | QL | PA | | SP |
| CYLTEZO(CF) 40 MG/0.8 ML SYRNG | 2 | QL | PA | | SP |
| CYLTEZO(CF) PEN 40 MG/0.8 ML | 2 | QL | PA | | SP |
| CYLTEZO(CF) PEN CRH-UC-HS 40MG | 2 | QL | PA | | SP |
| CYLTEZO(CF) PEN PSORIA-UV 40MG | 2 | QL | PA | | SP |
| CYMBALTA 20 MG CAPSULE | 3 | QL | | ST | |
| CYMBALTA 30 MG CAPSULE | 3 | QL | | ST | |
| CYMBALTA 60 MG CAPSULE | 3 | QL | | ST | |
| CYPROHEPTADINE 2 MG/5 ML SOLN | 1 | | | | |
| CYPROHEPTADINE 2 MG/5 ML SYRUP | 1 | | | | |
| CYPROHEPTADINE 4 MG TABLET | 1 | | | | |
| CYRED 28 DAY TABLET | 1 | | | | |
| CYRED EQ 28 DAY TABLET | 1 | | | | |
| CYSTADANE 1 GRAM/SCOOP POWDER | 3 | | PA | | SP |
| CYSTADROPS 0.37% EYE DROPS | 3 | | PA | | SP |
| CYSTAGON 150 MG CAPSULE | 2 | | | | SP |
| CYSTAGON 50 MG CAPSULE | 2 | | | | SP |
| CYSTARAN 0.44% EYE DROPS | 2 | | PA | | SP |
| CYTOMEL 25 MCG TABLET | 3 | | | | |
| CYTOMEL 5 MCG TABLET | 3 | | | | |
| CYTOMEL 50 MCG TABLET | 3 | | | | |
| CYTOTEC 100 MCG TABLET | 3 | | | | |
| CYTOTEC 200 MCG TABLET | 3 | | | | |
| D.H.E.45 1 MG/ML AMPUL | 3 | | | | |
| DABIGATRAN ETEXILATE 150 MG CP | 1 | | PA | | |
| DABIGATRAN ETEXILATE 75 CAP | 1 | | PA | | |
| DALFAMPRIDINE ER 10 MG TABLET | 1 | QL | PA | | SP |
| DALIRESP 250 MCG TABLET | 3 | QL | | ST | |
| DALIRESP 500 MCG TABLET | 3 | | | ST | |
| DANAZOL 100 MG CAPSULE | 1 | | | | |
| DANAZOL 200 MG CAPSULE | 1 | | | | |
| DANAZOL 50 MG CAPSULE | 1 | | | | |
| DANTRIUM 25 MG CAPSULE | 3 | | | | |
| DANTRIUM 50 MG CAPSULE | 3 | | | | |
| DANTROLENE SODIUM 100 MG CAP | 1 | | | | |
| DANTROLENE SODIUM 25 MG CAP | 1 | | | | |
| DANTROLENE SODIUM 50 MG CAP | 1 | | | | |
| DAPSONE 100 MG TABLET | 1 | | | | |
| DAPSONE 25 MG TABLET | 1 | | | | |
| DAPSONE 5% GEL | 1 | | | | |
| DAPSONE 7.5% GEL PUMP | 1 | | | | |
| DARAPRIM 25 MG TABLET | 3 | | PA | | SP |
| DARIFENACIN ER 15 MG TABLET | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| DARIFENACIN ER 7.5 MG TABLET | 1 | | | | |
| DARTISLA ODT 1.7 MG TABLET | 3 | | | | |
| DARUNAVIR 600 MG TABLET | 1 | | | | |
| DARUNAVIR 800 MG TABLET | 1 | | | | |
| DASETTA 1-35-28 TABLET | 1 | | | | |
| DASETTA 7/7/7-28 TABLET | 1 | | | | |
| DAURISMO 100 MG TABLET | 3 | QL | PA | | SP |
| DAURISMO 25 MG TABLET | 3 | QL | PA | | SP |
| DAVOL IRRIG SYRINGE 50 ML | 2 | | | | |
| DAVOL IRRIG SYRINGE 60 ML | 2 | | | | |
| DAXXIFY 100 UNIT VIAL | 3 | | PA | | SP |
| DAYBUE 200 MG/ML SOLUTION | 3 | | PA | | SP |
| DAYPRO 600 MG CAPLET | 3 | | | ST | |
| DAYSEE 0.15-0.03-0.01 MG TAB | 1 | | | | |
| DAYTRANA 10 MG/9 HR PATCH | 3 | | | ST | |
| DAYTRANA 15 MG/9 HR PATCH | 3 | | | ST | |
| DAYTRANA 20 MG/9 HOUR PATCH | 3 | | | ST | |
| DAYTRANA 30 MG/9 HOUR PATCH | 3 | | | ST | |
| DAYVIGO 10 MG TABLET | 3 | | | ST | |
| DAYVIGO 5 MG TABLET | 3 | | | ST | |
| DDAVP 0.01% NASAL SPRAY | 3 | | | | |
| DDAVP 0.1 MG TABLET | 3 | | | | |
| DDAVP 0.2 MG TABLET | 3 | | | | |
| DDAVP 10 MCG/0.1 ML SOLUTION | 2 | | | | |
| DDAVP 4 MCG/ML AMPUL | 3 | | | | SP |
| DDAVP 40 MCG/10 ML VIAL | 3 | | | | SP |
| DEBLITANE 0.35 MG TABLET | 1 | | | | |
| DEFERASIROX 125 MG TB FOR SUSP | 1 | | PA | | SP |
| DEFERASIROX 180 MG GRANULE PKT | 1 | | PA | | SP |
| DEFERASIROX 180 MG TABLET | 1 | | PA | | SP |
| DEFERASIROX 250 MG TB FOR SUSP | 1 | | PA | | SP |
| DEFERASIROX 360 MG GRANULE PKT | 1 | | PA | | SP |
| DEFERASIROX 360 MG TABLET | 1 | | PA | | SP |
| DEFERASIROX 500 MG TB FOR SUSP | 1 | | PA | | SP |
| DEFERASIROX 90 MG GRANULE PKT | 1 | | PA | | SP |
| DEFERASIROX 90 MG TABLET | 1 | | PA | | SP |
| DEFERIPRONE 1,000 MG TB(3X/DY) | 1 | | PA | | SP |
| DEFERIPRONE 500 MG TABLET | 1 | | PA | | SP |
| DELESTROGEN 100 MG/5 ML VIAL | 3 | | | | |
| DELESTROGEN 200 MG/5 ML VIAL | 3 | | | | |
| DELESTROGEN 50 MG/5 ML VIAL | 3 | | | | |
| DELFLEX WITH 1.5% DEXTROSE | 3 | | | | |
| DELFLEX WITH 2.5% DEXTROSE | 1 | | | | |
| DELFLEX WITH 4.25% DEXTROSE | 1 | | | | |
| DELFLEX-2.5% DEXTROSE | 3 | | | | |
| DELSTRIGO 100-300-300 MG TAB | 3 | | | | |
| DELZICOL DR 400 MG CAPSULE | 3 | | | | |
| DEMECLOCYCLINE 150 MG TABLET | 1 | | | | |
| DEMECLOCYCLINE 300 MG TABLET | 1 | | | | |
| DEMSER 250 MG CAPSULE | 3 | | PA | | |
| DENAVIR 1% CREAM | 3 | | | | |
| DENTA 5000 PLUS CREAM | 1 | | | | |
| DENTAGEL 1.1% GEL | 1 | | | | |
| DEPAKOTE DR 125 MG SPRINKLE CP | 3 | | | ST | |
| DEPAKOTE DR 125 MG TABLET | 3 | | | ST | |
| DEPAKOTE DR 250 MG TABLET | 3 | | | ST | |
| DEPAKOTE DR 500 MG TABLET | 3 | | | ST | |
| DEPAKOTE ER 250 MG TABLET | 3 | | | ST | |
| DEPAKOTE ER 500 MG TABLET | 3 | | | ST | |
| DEPEN 250 MG TITRATAB | 3 | | PA | | |
| DEPO-ESTRADIOL 5 MG/ML VIAL | 2 | | | | |
| DEPO-PROVERA 150 MG/ML SYRINGE | 3 | QL | | | |
| DEPO-PROVERA 150 MG/ML VIAL | 3 | QL | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| DEPO-SUBQ PROVERA 104 SYRINGE | 3 | QL | | | |
| DEPO-TESTOSTERONE 1,000MG/10ML | 3 | | PA | | |
| DEPO-TESTOSTERONE 200 MG/ML | 3 | | PA | | |
| DEPO-TESTOSTERONE 200 MG/ML VL | 3 | | PA | | |
| DERMACINRX LIDOCAN 5% PATCH | 1 | | PA | | |
| DERMA-SMOOTHE-FS BODY OIL | 3 | | | ST | |
| DERMA-SMOOTHE-FS SCALP OIL | 3 | | | ST | |
| DERMOTIC OIL 0.01% EAR DROPS | 3 | | | | |
| DESCOVY 120-15 MG TABLET | 2 | | | | |
| DESCOVY 200-25 MG TABLET | 2 | | | | |
| DESFLURANE INHALATION LIQUID | 1 | | | | |
| DESIPRAMINE 10 MG TABLET | 1 | | | | |
| DESIPRAMINE 100 MG TABLET | 1 | | | | |
| DESIPRAMINE 150 MG TABLET | 1 | | | | |
| DESIPRAMINE 25 MG TABLET | 1 | | | | |
| DESIPRAMINE 50 MG TABLET | 1 | | | | |
| DESIPRAMINE 75 MG TABLET | 1 | | | | |
| DESLORATADINE 2.5 MG ODT | 1 | QL | | | |
| DESLORATADINE 5 MG ODT | 1 | QL | | | |
| DESLORATADINE 5 MG TABLET | 1 | QL | | | |
| DESMOPRESSIN 0.01% SOLUTION | 1 | | | | |
| DESMOPRESSIN 1.5 MG/ML SPRAY | 2 | | | | |
| DESMOPRESSIN 10 MCG/0.1 ML SPR | 1 | | | | |
| DESMOPRESSIN 40 MCG/10 ML VIAL | 1 | | | | SP |
| DESMOPRESSIN AC 4 MCG/ML AMPUL | 1 | | | | SP |
| DESMOPRESSIN AC 4 MCG/ML VIAL | 1 | | | | SP |
| DESMOPRESSIN ACETATE 0.1 MG TB | 1 | | | | |
| DESMOPRESSIN ACETATE 0.2 MG TB | 1 | | | | |
| DESOGESTREL-EE 0.15-0.03 MG TB | 1 | | | | |
| DESOGESTR-ETH ESTRAD ETH ESTRA | 1 | | | | |
| DESONATE 0.05% GEL | 3 | | | ST | |
| DESONIDE 0.05% CREAM | 1 | | | | |
| DESONIDE 0.05% GEL | 1 | | | ST | |
| DESONIDE 0.05% LOTION | 1 | | | ST | |
| DESONIDE 0.05% OINTMENT | 1 | | | | |
| DESOWEN 0.05% CREAM | 3 | | | ST | |
| DESOXIMETASONE 0.05% CREAM | 1 | | | ST | |
| DESOXIMETASONE 0.05% GEL | 1 | | | ST | |
| DESOXIMETASONE 0.05% OINTMENT | 1 | | | ST | |
| DESOXIMETASONE 0.25% CREAM | 1 | | | ST | |
| DESOXIMETASONE 0.25% OINTMENT | 1 | | | ST | |
| DESOXIMETASONE 0.25% SPRAY | 1 | | | ST | |
| DESOXYN 5 MG TABLET | 3 | | | | |
| DESRX 0.05% GEL | 1 | | | ST | |
| DESVENLAFAXINE ER 100 MG TAB | 3 | QL | | ST | |
| DESVENLAFAXINE ER 50 MG TAB | 3 | QL | | ST | |
| DESVENLAFAXINE SUCCNT ER 100MG | 1 | QL | | ST | |
| DESVENLAFAXINE SUCCNT ER 25 MG | 1 | QL | | ST | |
| DESVENLAFAXINE SUCCNT ER 50 MG | 1 | QL | | ST | |
| DETROL 1 MG TABLET | 3 | | | ST | |
| DETROL 2 MG TABLET | 3 | | | ST | |
| DETROL LA 2 MG CAPSULE | 3 | | | ST | |
| DETROL LA 4 MG CAPSULE | 3 | | | ST | |
| DEXABLISS 11 DAY 1.5 MG TAB PK | 1 | | | ST | |
| DEXAMETHASONE 0.1% EYE DROP | 1 | | | | |
| DEXAMETHASONE 0.5 MG TABLET | 1 | | | | |
| DEXAMETHASONE 0.5 MG/5 ML ELX | 1 | | | | |
| DEXAMETHASONE 0.5 MG/5 ML LIQ | 1 | | | | |
| DEXAMETHASONE 0.75 MG TABLET | 1 | | | | |
| DEXAMETHASONE 1 MG TABLET | 1 | | | | |
| DEXAMETHASONE 1.5 MG TABLET | 1 | | | | |
| DEXAMETHASONE 10 DAY 1.5 MG TB | 1 | | | ST | |
| DEXAMETHASONE 13 DAY 1.5 MG TB | 1 | | | ST | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| DEXAMETHASONE 2 MG TABLET | 1 | | | | |
| DEXAMETHASONE 4 MG TABLET | 1 | | | | |
| DEXAMETHASONE 6 DAY 1.5 MG TAB | 1 | | | ST | |
| DEXAMETHASONE 6 MG TABLET | 1 | | | | |
| DEXAMETHASONE INTENSOL 1 MG/ML | 1 | | | | |
| DEXAMETHASONE-MOXI 1-5 MG/ML | 3 | | | | |
| DEXA-MOXI-KETO 1-0.5-0.4 MG/ML | 3 | | | | |
| DEXCHLORPHENIRAMINE 2 MG/5 ML | 1 | | | | |
| DEXCOM G4 (PED) RECEIVER KIT | 2 | | PA | | |
| DEXCOM G4 RECEIVER KIT | 2 | | PA | | |
| DEXCOM G4 RECEIVER-SHARE (PED) | 2 | | PA | | |
| DEXCOM G4 RECEIVER-SHARE KIT | 2 | | PA | | |
| DEXCOM G4 TRANSMITTER KIT | 2 | QL | PA | | |
| DEXCOM G5 RECEIVER KIT | 2 | | PA | | |
| DEXCOM G5 TRANSMITTER KIT | 2 | QL | PA | | |
| DEXCOM G5-G4 SENSOR KIT | 2 | | PA | | |
| DEXCOM G6 RECEIVER | 2 | | PA | | |
| DEXCOM G6 SENSOR | 2 | QL | PA | | |
| DEXCOM G6 TRANSMITTER | 2 | QL | PA | | |
| DEXCOM G7 RECEIVER | 2 | | PA | | |
| DEXCOM G7 SENSOR | 2 | QL | PA | | |
| DEXCOM RECEIVER KIT | 2 | | PA | | |
| DEXEDRINE SPANSULE 10 MG | 3 | | | ST | |
| DEXEDRINE SPANSULE 15 MG | 3 | | | ST | |
| DEXEDRINE SPANSULE 5 MG | 3 | | | ST | |
| DEXILANT DR 30 MG CAPSULE | 3 | QL | | ST | |
| DEXILANT DR 60 MG CAPSULE | 3 | | | ST | |
| DEXLANSOPRAZOLE DR 30 MG CAP | 1 | QL | | ST | |
| DEXLANSOPRAZOLE DR 60 MG CAP | 1 | | | ST | |
| DEXMETHYLPHENIDATE 10 MG TAB | 1 | | | | |
| DEXMETHYLPHENIDATE 2.5 MG TAB | 1 | | | | |
| DEXMETHYLPHENIDATE 5 MG TAB | 1 | | | | |
| DEXMETHYLPHENIDATE ER 10 MG CP | 1 | | | | |
| DEXMETHYLPHENIDATE ER 15 MG CP | 1 | | | | |
| DEXMETHYLPHENIDATE ER 20 MG CP | 1 | | | | |
| DEXMETHYLPHENIDATE ER 25 MG CP | 1 | | | | |
| DEXMETHYLPHENIDATE ER 30 MG CP | 1 | | | | |
| DEXMETHYLPHENIDATE ER 35 MG CP | 1 | | | | |
| DEXMETHYLPHENIDATE ER 40 MG CP | 1 | | | | |
| DEXMETHYLPHENIDATE ER 5 MG CAP | 1 | | | | |
| DEXONTO 0.4% SOLUTION | 3 | | | | |
| DEXTENZA 0.4 MG INSERT | 3 | | | | |
| DEXTROAMP-AMPHET ER 10 MG CAP | 1 | | | | |
| DEXTROAMP-AMPHET ER 15 MG CAP | 1 | | | | |
| DEXTROAMP-AMPHET ER 20 MG CAP | 1 | | | | |
| DEXTROAMP-AMPHET ER 25 MG CAP | 1 | | | | |
| DEXTROAMP-AMPHET ER 30 MG CAP | 1 | | | | |
| DEXTROAMP-AMPHET ER 5 MG CAP | 1 | | | | |
| DEXTROAMP-AMPHETAM 12.5 MG TAB | 1 | | | | |
| DEXTROAMP-AMPHETAM 7.5 MG TAB | 1 | | | | |
| DEXTROAMP-AMPHETAMIN 10 MG TAB | 1 | | | | |
| DEXTROAMP-AMPHETAMIN 15 MG TAB | 1 | | | | |
| DEXTROAMP-AMPHETAMIN 20 MG TAB | 1 | | | | |
| DEXTROAMP-AMPHETAMIN 30 MG TAB | 1 | | | | |
| DEXTROAMP-AMPHETAMINE 5 MG TAB | 1 | | | | |
| DEXTROAMPH-AMPHET ER 12.5MG CP | 1 | | | | |
| DEXTROAMPH-AMPHET ER 25 MG CAP | 1 | | | | |
| DEXTROAMPH-AMPHET ER 37.5MG CP | 1 | | | | |
| DEXTROAMPH-AMPHET ER 50 MG CAP | 1 | | | | |
| DEXTROAMPHETAMINE 10 MG TAB | 1 | | | | |
| DEXTROAMPHETAMINE 15 MG TAB | 1 | | | | |
| DEXTROAMPHETAMINE 2.5 MG TAB | 1 | | | | |
| DEXTROAMPHETAMINE 20 MG TAB | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| DEXTROAMPHETAMINE 30 MG TAB | 1 | | | | |
| DEXTROAMPHETAMINE 5 MG TAB | 1 | | | | |
| DEXTROAMPHETAMINE 5 MG/5 ML | 1 | | | | |
| DEXTROAMPHETAMINE 7.5 MG TAB | 1 | | | | |
| DEXTROAMPHETAMINE ER 10 MG CAP | 1 | | | | |
| DEXTROAMPHETAMINE ER 15 MG CAP | 1 | | | | |
| DEXTROAMPHETAMINE ER 5 MG CAP | 1 | | | | |
| DEXYCU 9% VIAL | 3 | | | | |
| DHIVY 25-100 MG TABLET | 3 | | | | |
| DIACOMIT 250 MG CAPSULE | 2 | | PA | | SP |
| DIACOMIT 250 MG POWDER PACKET | 2 | | PA | | SP |
| DIACOMIT 500 MG CAPSULE | 2 | | PA | | SP |
| DIACOMIT 500 MG POWDER PACKET | 2 | | PA | | SP |
| DIALYVITE 800 TABLET | 1 | | | | |
| DIANEAL PD-2 WITH 1.5% DEXT | 3 | | | | |
| DIANEAL PD-2 WITH 2.5% DEXT | 3 | | | | |
| DIANEAL PD-2 WITH 4.25% DEXT | 3 | | | | |
| DIANEAL WITH 1.5% DEXTROSE | 3 | | | | |
| DIANEAL WITH 2.5% DEXTROSE | 3 | | | | |
| DIANEAL WITH 4.25% DEXTROSE | 3 | | | | |
| DIASTAT 2.5 MG PEDI SYSTEM | 3 | | | | |
| DIASTAT ACUDIAL 12.5-15-20 MG | 3 | | | | |
| DIASTAT ACUDIAL 5-7.5-10 MG KT | 3 | | | | |
| DIASTIX REAGENT STRIPS | 2 | | | | |
| DIATRUE LEVEL 1 CONTROL SOLN | 3 | | | | |
| DIATRUE LEVEL 2 CONTROL SOLN | 3 | | | | |
| DIATRUE LEVEL 3 CONTROL SOLN | 3 | | | | |
| DIATRUE PLUS BLOOD GLUCOSE SYS | 3 | | | | |
| DIATRUE PLUS TEST STRIP | 3 | | | | |
| DIAZEPAM 10 MG RECTAL GEL SYST | 1 | | | | |
| DIAZEPAM 10 MG TABLET | 1 | | | ST | |
| DIAZEPAM 2 MG TABLET | 1 | | | ST | |
| DIAZEPAM 2.5 MG RECTAL GEL SYS | 1 | | | | |
| DIAZEPAM 20 MG RECTAL GEL SYST | 1 | | | | |
| DIAZEPAM 25 MG/5 ML ORAL CONC | 1 | | | ST | |
| DIAZEPAM 5 MG TABLET | 1 | | | ST | |
| DIAZEPAM 5 MG/5 ML ORAL CUP | 1 | | | ST | |
| DIAZEPAM 5 MG/5 ML SOLUTION | 1 | | | ST | |
| DIAZEPAM 5 MG/ML ORAL CONC | 1 | | | ST | |
| DIAZOXIDE 50 MG/ML ORAL SUSP | 1 | | | | |
| DIBENZYLINE 10 MG CAPSULE | 3 | | PA | | |
| DICHLORPHENAMIDE 50 MG TABLET | 1 | | PA | | SP |
| DICLEGIS DR 10-10 MG TABLET | 3 | QL | | | |
| DICLOFENAC 0.1% EYE DROPS | 1 | | | | |
| DICLOFENAC 1.5% TOPICAL SOLN | 1 | QL | | | |
| DICLOFENAC 35 MG CAPSULE | 3 | QL | | ST | |
| DICLOFENAC POT 25 MG TABLET | 1 | | | | |
| DICLOFENAC POT 50 MG POWDR PKT | 1 | QL | | ST | |
| DICLOFENAC POT 50 MG TABLET | 1 | | | | |
| DICLOFENAC SOD DR 25 MG TAB | 1 | | | | |
| DICLOFENAC SOD DR 50 MG TAB | 1 | | | | |
| DICLOFENAC SOD DR 75 MG TAB | 1 | | | | |
| DICLOFENAC SOD EC 25 MG TAB | 1 | | | | |
| DICLOFENAC SOD EC 50 MG TAB | 1 | | | | |
| DICLOFENAC SOD EC 75 MG TAB | 1 | | | | |
| DICLOFENAC SOD ER 100 MG TAB | 1 | | | | |
| DICLOFENAC SODIUM 1% GEL | 1 | QL | | ST | |
| DICLOFENAC SODIUM 3% GEL | 1 | QL | PA | | |
| DICLOFENAC-MISOPROST 50-0.2 MG | 1 | | | | |
| DICLOFENAC-MISOPROST 75-0.2 MG | 1 | | | | |
| DICLOXACILLIN 250 MG CAPSULE | 1 | | | | |
| DICLOXACILLIN 500 MG CAPSULE | 1 | | | | |
| DICYCLOMINE 10 MG CAPSULE | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| DICYCLOMINE 10 MG/5 ML SOLN | 1 | | | | |
| DICYCLOMINE 20 MG TABLET | 1 | | | | |
| DIDANOSINE DR 250 MG CAPSULE | 1 | | | | |
| DIDANOSINE DR 400 MG CAPSULE | 1 | | | | |
| DIFFERIN 0.1% CREAM | 3 | | | ST | |
| DIFFERIN 0.1% LOTION | 3 | | | ST | |
| DIFFERIN 0.3% GEL PUMP | 3 | | | ST | |
| DIFICID 200 MG TABLET | 3 | QL | | | |
| DIFICID 40 MG/ML SUSPENSION | 3 | QL | | | |
| DIFLORASONE 0.05% CREAM | 1 | QL | | ST | |
| DIFLORASONE 0.05% OINTMENT | 1 | QL | | ST | |
| DIFLUCAN 10 MG/ML SUSPENSION | 3 | | | | |
| DIFLUCAN 100 MG TABLET | 3 | | | | |
| DIFLUCAN 150 MG TABLET | 3 | QL | | | |
| DIFLUCAN 200 MG TABLET | 3 | | | | |
| DIFLUCAN 40 MG/ML SUSPENSION | 3 | | | | |
| DIFLUCAN 50 MG TABLET | 3 | | | | |
| DIFLUNISAL 500 MG TABLET | 1 | | | | |
| DIFLUPREDNATE 0.05% EYE DROP | 1 | | | | |
| DIGITEK 125 MCG TABLET | 1 | | | | |
| DIGITEK 250 MCG TABLET | 1 | | | | |
| DIGOX 125 MCG TABLET | 1 | | | | |
| DIGOX 250 MCG TABLET | 1 | | | | |
| DIGOXIN 0.05 MG/ML SOLUTION | 1 | | | | |
| DIGOXIN 0.125 MG TABLET | 1 | | | | |
| DIGOXIN 0.25 MG TABLET | 1 | | | | |
| DIGOXIN 125 MCG TABLET | 1 | | | | |
| DIGOXIN 250 MCG TABLET | 1 | | | | |
| DIGOXIN 62.5 MCG TABLET | 1 | | | | |
| DIHYDROERGOTAMINE 1 MG/ML AMP | 1 | | | | |
| DIHYDROERGOTAMINE 4 MG/ML SPRY | 1 | QL | | ST | |
| DILANTIN 100 MG CAPSULE | 3 | | | | |
| DILANTIN 125 MG/5 ML SUSP | 3 | | | | |
| DILANTIN 30 MG CAPSULE | 2 | | | | |
| DILANTIN 50 MG INFATAB | 3 | | | | |
| DILATRATE-SR 40 MG CAPSULE | 2 | | | | |
| DILAUDID 2 MG TABLET | 3 | | PA | | |
| DILAUDID 4 MG TABLET | 3 | | PA | | |
| DILAUDID 5 MG/5 ML ORAL LIQUID | 3 | | PA | | |
| DILAUDID 8 MG TABLET | 3 | | PA | | |
| DILT XR 120 MG CAPSULE | 1 | | | | |
| DILT XR 180 MG CAPSULE | 1 | | | | |
| DILT XR 240 MG CAPSULE | 1 | | | | |
| DILTIAZEM 120 MG TABLET | 1 | | | | |
| DILTIAZEM 12HR ER 120 MG CAP | 1 | | | | |
| DILTIAZEM 12HR ER 60 MG CAP | 1 | | | | |
| DILTIAZEM 12HR ER 90 MG CAP | 1 | | | | |
| DILTIAZEM 24H ER(CD) 120 MG CP | 1 | | | | |
| DILTIAZEM 24H ER(CD) 180 MG CP | 1 | | | | |
| DILTIAZEM 24H ER(CD) 240 MG CP | 1 | | | | |
| DILTIAZEM 24H ER(CD) 300 MG CP | 1 | | | | |
| DILTIAZEM 24H ER(CD) 360 MG CP | 1 | | | | |
| DILTIAZEM 24H ER(LA) 120 MG TB | 1 | | | | |
| DILTIAZEM 24H ER(LA) 180 MG TB | 1 | | | | |
| DILTIAZEM 24H ER(LA) 240 MG TB | 1 | | | | |
| DILTIAZEM 24H ER(LA) 300 MG TB | 1 | | | | |
| DILTIAZEM 24H ER(LA) 360 MG TB | 1 | | | | |
| DILTIAZEM 24H ER(LA) 420 MG TB | 1 | | | | |
| DILTIAZEM 24H ER(XR) 120 MG CP | 1 | | | | |
| DILTIAZEM 24H ER(XR) 180 MG CP | 1 | | | | |
| DILTIAZEM 24H ER(XR) 240 MG CP | 1 | | | | |
| DILTIAZEM 24HR ER 120 MG CAP | 1 | | | | |
| DILTIAZEM 24HR ER 180 MG CAP | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| DILTIAZEM 24HR ER 240 MG CAP | 1 | | | | |
| DILTIAZEM 24HR ER 300 MG CAP | 1 | | | | |
| DILTIAZEM 24HR ER 360 MG CAP | 1 | | | | |
| DILTIAZEM 24HR ER 420 MG CAP | 1 | | | | |
| DILTIAZEM 30 MG TABLET | 1 | | | | |
| DILTIAZEM 60 MG TABLET | 1 | | | | |
| DILTIAZEM 90 MG TABLET | 1 | | | | |
| DILUENT FOR EPOPROSTENOL VIAL | 1 | | | | SP |
| DIMETHYL FUMARATE 30D START PK | 1 | QL | PA | | SP |
| DIMETHYL FUMARATE DR 120 MG CP | 1 | QL | PA | | SP |
| DIMETHYL FUMARATE DR 240 MG CP | 1 | QL | PA | | SP |
| DIOVAN 160 MG TABLET | 3 | | | ST | |
| DIOVAN 320 MG TABLET | 3 | | | ST | |
| DIOVAN 40 MG TABLET | 3 | | | ST | |
| DIOVAN 80 MG TABLET | 3 | | | ST | |
| DIOVAN HCT 160-12.5 MG TAB | 3 | | | ST | |
| DIOVAN HCT 160-25 MG TABLET | 3 | | | ST | |
| DIOVAN HCT 320-12.5 MG TAB | 3 | | | ST | |
| DIOVAN HCT 320-25 MG TABLET | 3 | | | ST | |
| DIOVAN HCT 80-12.5 MG TABLET | 3 | | | ST | |
| DIPENTUM 250 MG CAPSULE | 3 | | | | |
| DIPHENOXYLAT-ATROP 2.5-0.025/5 | 1 | | | | |
| DIPHENOXYLATE-ATROP 2.5-0.025 | 1 | | | | |
| DIPROLENE 0.05% OINTMENT | 3 | | | ST | |
| DIPYRIDAMOLE 25 MG TABLET | 1 | | | | |
| DIPYRIDAMOLE 50 MG TABLET | 1 | | | | |
| DIPYRIDAMOLE 75 MG TABLET | 1 | | | | |
| DISALCID 500 MG TABLET | 3 | | | | |
| DISALCID 750 MG TABLET | 3 | | | | |
| DISCOVISC DISP SYRINGE | 3 | | | | |
| DISKETS 40 MG TABLET DISPR | 1 | | PA | | |
| DISOPYRAMIDE 100 MG CAPSULE | 1 | | | | |
| DISOPYRAMIDE 150 MG CAPSULE | 1 | | | | |
| DISULFIRAM 250 MG TABLET | 1 | | | | |
| DISULFIRAM 500 MG TABLET | 1 | | | | |
| DITROPAN XL 10 MG TABLET | 3 | | | ST | |
| DITROPAN XL 5 MG TABLET | 3 | | | ST | |
| DIURIL 250 MG/5 ML ORAL SUSP | 3 | | | | |
| DIVALPROEX DR 125 MG CAP SPRNK | 1 | | | | |
| DIVALPROEX SOD DR 125 MG TAB | 1 | | | | |
| DIVALPROEX SOD DR 250 MG TAB | 1 | | | | |
| DIVALPROEX SOD DR 500 MG TAB | 1 | | | | |
| DIVALPROEX SOD ER 250 MG TAB | 1 | | | | |
| DIVALPROEX SOD ER 500 MG TAB | 1 | | | | |
| DIVIGEL 0.25 MG GEL PACKET | 3 | QL | | | |
| DIVIGEL 0.5 MG GEL PACKET | 3 | QL | | | |
| DIVIGEL 0.75 MG GEL PACKET | 3 | QL | | | |
| DIVIGEL 1 MG GEL PACKET | 3 | QL | | | |
| DIVIGEL 1.25 MG GEL PACKET | 3 | QL | | | |
| DODEX 1,000 MCG/ML VIAL | 1 | | | | |
| DODEX 10,000 MCG/10 ML VIAL | 1 | | | | |
| DODEX 30,000 MCG/30 ML VIAL | 1 | | | | |
| DOFETILIDE 125 MCG CAPSULE | 1 | | | | |
| DOFETILIDE 250 MCG CAPSULE | 1 | | | | |
| DOFETILIDE 500 MCG CAPSULE | 1 | | | | |
| DOJOLVI LIQUID | 3 | | PA | | SP |
| DOLISHALE 90-20 MCG TABLET | 1 | | | | |
| DONEPEZIL HCL 10 MG TABLET | 1 | | | | |
| DONEPEZIL HCL 23 MG TABLET | 1 | | | ST | |
| DONEPEZIL HCL 5 MG TABLET | 1 | | | | |
| DONEPEZIL HCL ODT 10 MG TABLET | 1 | | | | |
| DONEPEZIL HCL ODT 5 MG TABLET | 1 | | | | |
| DONNATAL ELIXIR | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| DONNATAL ELIXIR 5 ML CUP | 3 | | | | |
| DONNATAL TABLET | 3 | | | | |
| DOPTELET (10 TAB PK) 20 MG TAB | 2 | QL | PA | | SP |
| DOPTELET (15 TAB PK) 20 MG TAB | 2 | QL | PA | | SP |
| DOPTELET (30 TAB PK) 20 MG TAB | 2 | QL | PA | | SP |
| DORAL 15 MG TABLET | 3 | | | | |
| DORYX DR 200 MG TABLET | 3 | | | ST | |
| DORYX DR 50 MG TABLET | 3 | | | ST | |
| DORYX DR 80 MG TABLET | 3 | | | ST | |
| DORYX MPC DR 120 MG TABLET | 3 | | | ST | |
| DORYX MPC DR 60 MG TABLET | 3 | | | ST | |
| DORZOLAMIDE 2% EYE DROP | 3 | | | | |
| DORZOLAMIDE HCL 2% EYE DROPS | 1 | | | | |
| DORZOLAMIDE-TIMOLOL 2%-0.5% | 1 | | | | |
| DORZOLAMIDE-TIMOLOL EYE DROPS | 1 | | | | |
| DOTTI 0.025 MG PATCH | 1 | QL | | | |
| DOTTI 0.0375 MG PATCH | 1 | QL | | | |
| DOTTI 0.05 MG PATCH | 1 | QL | | | |
| DOTTI 0.075 MG PATCH | 1 | QL | | | |
| DOTTI 0.1 MG PATCH | 1 | QL | | | |
| DOVATO 50-300 MG TABLET | 2 | | | | |
| DOVER BULB SYRINGE 60 ML | 3 | | | | |
| DOVONEX 0.005% CREAM | 3 | QL | | ST | |
| DOXAZOSIN MESYLATE 1 MG TAB | 1 | QL | | | |
| DOXAZOSIN MESYLATE 2 MG TAB | 1 | QL | | | |
| DOXAZOSIN MESYLATE 4 MG TAB | 1 | QL | | | |
| DOXAZOSIN MESYLATE 8 MG TAB | 1 | QL | | | |
| DOXEPIN 10 MG CAPSULE | 1 | | | | |
| DOXEPIN 10 MG/ML ORAL CONC | 1 | | | | |
| DOXEPIN 100 MG CAPSULE | 1 | | | | |
| DOXEPIN 150 MG CAPSULE | 1 | | | | |
| DOXEPIN 25 MG CAPSULE | 1 | | | | |
| DOXEPIN 5% CREAM | 1 | QL | | ST | |
| DOXEPIN 50 MG CAPSULE | 1 | | | | |
| DOXEPIN 75 MG CAPSULE | 1 | | | | |
| DOXEPIN HCL 3 MG TABLET | 1 | QL | | ST | |
| DOXEPIN HCL 6 MG TABLET | 1 | QL | | ST | |
| DOXERCALCIFEROL 0.5 MCG CAP | 1 | | | | |
| DOXERCALCIFEROL 1 MCG CAPSULE | 1 | | | | |
| DOXERCALCIFEROL 2.5 MCG CAP | 1 | | | | |
| DOXYCYCLINE 25 MG/5 ML SUSP | 1 | | | | |
| DOXYCYCLINE 50 MG TABLET | 1 | | | ST | |
| DOXYCYCLINE HYC DR 100 MG TAB | 1 | | | ST | |
| DOXYCYCLINE HYC DR 150 MG TAB | 1 | | | ST | |
| DOXYCYCLINE HYC DR 200 MG TAB | 1 | | | ST | |
| DOXYCYCLINE HYC DR 50 MG TAB | 1 | | | ST | |
| DOXYCYCLINE HYC DR 75 MG TAB | 1 | | | ST | |
| DOXYCYCLINE HYC DR 80 MG TAB | 3 | | | ST | |
| DOXYCYCLINE HYCLATE 100 MG CAP | 1 | | | | |
| DOXYCYCLINE HYCLATE 100 MG TAB | 1 | | | | |
| DOXYCYCLINE HYCLATE 150 MG TAB | 1 | | | ST | |
| DOXYCYCLINE HYCLATE 20 MG TAB | 1 | | | | |
| DOXYCYCLINE HYCLATE 50 MG CAP | 1 | | | | |
| DOXYCYCLINE HYCLATE 75 MG TAB | 1 | | | ST | |
| DOXYCYCLINE IR-DR 40 MG CAP | 3 | | | ST | |
| DOXYCYCLINE MONO 100 MG CAP | 1 | | | | |
| DOXYCYCLINE MONO 100 MG TABLET | 1 | | | | |
| DOXYCYCLINE MONO 150 MG CAP | 1 | | | ST | |
| DOXYCYCLINE MONO 150 MG TABLET | 1 | | | | |
| DOXYCYCLINE MONO 50 MG CAP | 1 | | | | |
| DOXYCYCLINE MONO 50 MG TABLET | 1 | | | | |
| DOXYCYCLINE MONO 75 MG CAPSULE | 1 | | | | |
| DOXYCYCLINE MONO 75 MG TABLET | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| DOXYLAMINE-PYRIDOXINE 10-10 MG | 1 | QL | | | |
| D-PENAMINE 125 MG TABLET | 2 | | PA | | |
| DRISDOL 1.25 MG (50,000 UNIT) | 3 | | | | |
| DRIZALMA SPRINKLE DR 20 MG CAP | 3 | QL | | ST | |
| DRIZALMA SPRINKLE DR 30 MG CAP | 3 | QL | | ST | |
| DRIZALMA SPRINKLE DR 40 MG CAP | 3 | QL | | ST | |
| DRIZALMA SPRINKLE DR 60 MG CAP | 3 | QL | | ST | |
| DRONABINOL 10 MG CAPSULE | 1 | | PA | | |
| DRONABINOL 2.5 MG CAPSULE | 1 | | PA | | |
| DRONABINOL 5 MG CAPSULE | 1 | | PA | | |
| DROPLET 0.5 ML 29GX12.5MM(1/2) | 3 | | | | |
| DROPLET 0.5 ML 30GX12.5MM(1/2) | 3 | | | | |
| DROPLET 30G LANCETS | 2 | | | | |
| DROPLET GENTEEL LANCING DEVICE | 2 | | | | |
| DROPLET INS 0.3 ML 29GX12.5MM | 3 | | | | |
| DROPLET INS 0.3ML 30GX12.5MM | 3 | | | | |
| DROPLET INS 0.5ML 30GX6MM(1/2) | 3 | | | | |
| DROPLET INS 0.5ML 30GX8MM(1/2) | 3 | | | | |
| DROPLET INS 0.5ML 31GX6MM(1/2) | 3 | | | | |
| DROPLET INS 0.5ML 31GX8MM(1/2) | 3 | | | | |
| DROPLET INS SYR 0.3 ML 30GX6MM | 3 | | | | |
| DROPLET INS SYR 0.3 ML 30GX8MM | 3 | | | | |
| DROPLET INS SYR 0.3 ML 31GX6MM | 3 | | | | |
| DROPLET INS SYR 0.3 ML 31GX8MM | 3 | | | | |
| DROPLET INS SYR 1 ML 30GX6MM | 3 | | | | |
| DROPLET INS SYR 1 ML 30GX8MM | 3 | | | | |
| DROPLET INS SYR 1 ML 31GX6MM | 3 | | | | |
| DROPLET INS SYR 1 ML 31GX8MM | 3 | | | | |
| DROPLET INS SYR 1ML 29GX12.5MM | 3 | | | | |
| DROPLET INS SYR 1ML 30GX12.5MM | 3 | | | | |
| DROPLET LANCING DEVICE | 2 | | | | |
| DROPLET MICRON 34G X 9/64" | 3 | | | | |
| DROPLET PEN NEEDLE 29GX1/2" | 3 | | | | |
| DROPLET PEN NEEDLE 29GX3/8" | 3 | | | | |
| DROPLET PEN NEEDLE 30GX5/16" | 3 | | | | |
| DROPLET PEN NEEDLE 31GX1/4" | 3 | | | | |
| DROPLET PEN NEEDLE 31GX3/16" | 3 | | | | |
| DROPLET PEN NEEDLE 31GX5/16" | 3 | | | | |
| DROPLET PEN NEEDLE 32GX1/4" | 3 | | | | |
| DROPLET PEN NEEDLE 32GX3/16" | 3 | | | | |
| DROPLET PEN NEEDLE 32GX5/16" | 3 | | | | |
| DROPLET PEN NEEDLE 32GX5/32" | 3 | | | | |
| DROPSAFE INS SYR 0.3ML 31G 6MM | 3 | | | | |
| DROPSAFE INS SYR 0.3ML 31G 8MM | 3 | | | | |
| DROPSAFE INS SYR 0.5ML 31G 6MM | 3 | | | | |
| DROPSAFE INS SYR 0.5ML 31G 8MM | 3 | | | | |
| DROPSAFE INSUL SYR 1ML 31G 6MM | 3 | | | | |
| DROPSAFE INSUL SYR 1ML 31G 8MM | 3 | | | | |
| DROPSAFE INSULN 1ML 29G 12.5MM | 3 | | | | |
| DROPSAFE PEN NEEDLE 31GX1/4" | 3 | | | | |
| DROPSAFE PEN NEEDLE 31GX3/16" | 3 | | | | |
| DROPSAFE PEN NEEDLE 31GX5/16" | 3 | | | | |
| DROSP-EE-LEVOMEF 3-0.02-0.451 | 1 | | | | |
| DROSP-EE-LEVOMEF 3-0.03-0.451 | 1 | | | | |
| DROSPIRENONE-EE 3-0.02 MG TAB | 1 | | | | |
| DROSPIRENONE-EE 3-0.03 MG TAB | 1 | | | | |
| DROXIA 200 MG CAPSULE | 2 | | | | |
| DROXIA 300 MG CAPSULE | 2 | | | | |
| DROXIA 400 MG CAPSULE | 2 | | | | |
| DROXIDOPA 100 MG CAPSULE | 1 | | PA | | SP |
| DROXIDOPA 200 MG CAPSULE | 1 | | PA | | SP |
| DROXIDOPA 300 MG CAPSULE | 1 | | PA | | SP |
| DRUG MART ULTRA COMFORT SYR | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| DRYSOL DAB-O-MATIC SOLUTION | 3 | | | | |
| DRYSOL SOLUTION | 3 | | | | |
| DSUVIA 30 MCG SUBLINGUAL TAB | 3 | | | | |
| DUAKLIR PRESSAIR 400-12MCG INH | 3 | QL | | | |
| DUAVEE 0.45-20 MG TABLET | 2 | | | | |
| DUET DHA 400 COMBO PACK | 3 | | | | |
| DUET DHA BALANCED (25 MG IRON) | 3 | | | | |
| DUETACT 30-2 MG TABLET | 3 | QL | | ST | |
| DUETACT 30-4 MG TABLET | 3 | QL | | ST | |
| DULCOLAX 1,200 MG/15 ML LIQUID | 1 | | | | |
| DULERA 100 MCG-5 MCG INHALER | 2 | QL | | ST | |
| DULERA 200 MCG-5 MCG INHALER | 2 | QL | | ST | |
| DULERA 50 MCG-5 MCG INHALER | 2 | QL | | ST | |
| DULOXETINE HCL DR 20 MG CAP | 1 | QL | | | |
| DULOXETINE HCL DR 30 MG CAP | 1 | QL | | | |
| DULOXETINE HCL DR 40 MG CAP | 1 | QL | | ST | |
| DULOXETINE HCL DR 60 MG CAP | 1 | QL | | | |
| DUOBRII 0.01%-0.045% LOTION | 3 | QL | | ST | |
| DUOPA 4.63 MG-20 MG/ML SUSPENS | 3 | | PA | | SP |
| DUOVISC VISCOELASTIC SYSTEM | 3 | | | | |
| DUPIXENT 100 MG/0.67 ML SYRING | 2 | QL | PA | | SP |
| DUPIXENT 200 MG/1.14 ML PEN | 2 | QL | PA | | SP |
| DUPIXENT 200 MG/1.14 ML SYRING | 2 | QL | PA | | SP |
| DUPIXENT 300 MG/2 ML PEN | 2 | QL | PA | | SP |
| DUPIXENT 300 MG/2 ML SYRINGE | 2 | QL | PA | | SP |
| DURAGESIC 100 MCG/HR PATCH | 3 | QL | PA | | |
| DURAGESIC 12 MCG/HR PATCH | 3 | QL | PA | | |
| DURAGESIC 25 MCG/HR PATCH | 3 | QL | PA | | |
| DURAGESIC 50 MCG/HR PATCH | 3 | QL | PA | | |
| DURAGESIC 75 MCG/HR PATCH | 3 | QL | PA | | |
| DUREX AVANTI REAL FEEL CONDOM | 3 | | | | |
| DUREZOL 0.05% EYE DROPS | 3 | | | ST | |
| DURLAZA ER 162.5 MG CAPSULE | 3 | | | ST | |
| DUTASTERIDE 0.5 MG CAPSULE | 1 | | PA | | |
| DUTASTERIDE-TAMSULOSIN 0.5-0.4 | 1 | | PA | | |
| DUTOPROL 100-12.5 MG TABLET | 3 | | | | |
| DUTOPROL 25-12.5 MG TABLET | 3 | | | | |
| DUTOPROL 50-12.5 MG TABLET | 3 | | | | |
| DVORAH 325-30-16 MG TABLET | 1 | | PA | | |
| DXEVO 11 DAY 1.5 MG TABLET PK | 3 | | | ST | |
| DYANAVEL XR 10 MG TABLET | 3 | | | ST | |
| DYANAVEL XR 15 MG TABLET | 3 | | | ST | |
| DYANAVEL XR 2.5 MG/ML SUSP | 3 | | | ST | |
| DYANAVEL XR 20 MG TABLET | 3 | | | ST | |
| DYANAVEL XR 5 MG TABLET | 3 | | | ST | |
| DYAZIDE 37.5-25 CAPSULE | 3 | | | | |
| DYMISTA NASAL SPRAY | 3 | QL | | ST | |
| DYRENIUM 100 MG CAPSULE | 3 | | | | |
| DYRENIUM 50 MG CAPSULE | 3 | | | | |
| E.E.S. 200 MG/5 ML SUSPENSION | 3 | | | | |
| E.E.S. 400 MG TABLET | 1 | | | | |
| EASIVENT HOLDING CHAMBER | 2 | | | | |
| EASIVENT MASK-LARGE | 2 | | | | |
| EASIVENT MASK-MEDIUM | 2 | | | | |
| EASIVENT MASK-SMALL | 2 | | | | |
| EASY COMFORT 0.3 ML 31G 1/2" | 3 | | | | |
| EASY COMFORT 0.3 ML 31G 5/16" | 3 | | | | |
| EASY COMFORT 0.3 ML SYRINGE | 3 | | | | |
| EASY COMFORT 0.5 ML 30GX1/2" | 3 | | | | |
| EASY COMFORT 0.5 ML 31GX5/16" | 3 | | | | |
| EASY COMFORT 0.5 ML 32GX5/16" | 3 | | | | |
| EASY COMFORT 0.5 ML SYRINGE | 3 | | | | |
| EASY COMFORT 1 ML 31GX5/16" | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| EASY COMFORT 1 ML 32GX5/16" | 3 | | | | |
| EASY COMFORT 30G LANCETS | 2 | | | | |
| EASY COMFORT INSULIN 1 ML SYR | 3 | | | | |
| EASY COMFORT PEN NDL 31GX1/4" | 3 | | | | |
| EASY COMFORT PEN NDL 31GX3/16" | 3 | | | | |
| EASY COMFORT PEN NDL 31GX5/16" | 3 | | | | |
| EASY COMFORT PEN NDL 32GX5/32" | 3 | | | | |
| EASY COMFORT PEN NDL 33G 4MM | 3 | | | | |
| EASY COMFORT PEN NDL 33G 5MM | 3 | | | | |
| EASY COMFORT PEN NDL 33G 6MM | 3 | | | | |
| EASY COMFORT SYR 1 ML 30GX1/2" | 3 | | | | |
| EASY GLIDE CATH TIP 60 ML SYRN | 3 | | | | |
| EASY GLIDE INS 0.3 ML 31GX6MM | 3 | | | | |
| EASY GLIDE INS 0.5 ML 31GX6MM | 3 | | | | |
| EASY GLIDE INS 1 ML 31GX6MM | 3 | | | | |
| EASY GLIDE LUER LOCK 1 ML SYR | 3 | | | | |
| EASY GLIDE LUER LOCK 10 ML SYR | 3 | | | | |
| EASY GLIDE LUER LOCK 3 ML SYR | 3 | | | | |
| EASY GLIDE LUER LOCK 60 ML SYR | 3 | | | | |
| EASY GLIDE LUER SLIP TB 1 ML | 3 | | | | |
| EASY GLIDE PEN NEEDLE 4MM 33G | 3 | | | | |
| EASY MINI EJECT LANCING DEVICE | 2 | | | | |
| EASY PLUS II BLOOD GLUCOSE SYS | 3 | | | | |
| EASY PLUS II CONTROL SOLN HIGH | 3 | | | | |
| EASY PLUS II CONTROL SOLN LOW | 3 | | | | |
| EASY PLUS II TEST STRIP | 3 | | | | |
| EASY STEP BLOOD GLUCOSE METER | 3 | | | | |
| EASY STEP CONTRL SOLN-HIGH | 3 | | | | |
| EASY STEP CONTROL SOLN-LOW | 3 | | | | |
| EASY STEP CONTROL SOLN-NORMAL | 3 | | | | |
| EASY STEP GLUCOSE TEST STRIPS | 3 | | | | |
| EASY TALK BLOOD GLUCOSE METER | 3 | | | | |
| EASY TALK CONTROL SOLN LOW | 3 | | | | |
| EASY TALK GLUCOSE TEST STRIP | 3 | | | | |
| EASY TALK HIGH CONTROL SOLN | 3 | | | | |
| EASY TALK PLUS II HIGH CONTROL | 3 | | | | |
| EASY TALK PLUS II LOW CTRL SLN | 3 | | | | |
| EASY TALK PLUS II TEST STRIP | 3 | | | | |
| EASY TOUCH 0.3 ML SYR 30GX1/2" | 3 | | | | |
| EASY TOUCH 0.5 ML SYR 27GX1/2" | 3 | | | | |
| EASY TOUCH 0.5 ML SYR 29GX1/2" | 3 | | | | |
| EASY TOUCH 0.5 ML SYR 30GX1/2" | 3 | | | | |
| EASY TOUCH 0.5 ML SYR 30GX5/16 | 3 | | | | |
| EASY TOUCH 1 ML SYR 27GX1/2" | 3 | | | | |
| EASY TOUCH 1 ML SYR 29GX1/2" | 3 | | | | |
| EASY TOUCH 1 ML SYR 30GX1/2" | 3 | | | | |
| EASY TOUCH BLU LINK CTRL SOLN | 3 | | | | |
| EASY TOUCH BLU LINK GLUC SYST | 3 | | | | |
| EASY TOUCH BLU LINK TEST STRIP | 3 | | | | |
| EASY TOUCH FLIPLK 10ML 18GX1.5 | 3 | | | | |
| EASY TOUCH FLIPLK 10ML 20GX1.5 | 3 | | | | |
| EASY TOUCH FLIPLK 10ML 21GX1.5 | 3 | | | | |
| EASY TOUCH FLIPLK 10ML 22GX1.5 | 3 | | | | |
| EASY TOUCH FLIPLK 5 ML 20GX1.5 | 3 | | | | |
| EASY TOUCH FLIPLK 5 ML 21GX1.5 | 3 | | | | |
| EASY TOUCH FLIPLK 5 ML 22GX1.5 | 3 | | | | |
| EASY TOUCH FLIPLK 5 ML 25GX5/8 | 3 | | | | |
| EASY TOUCH FLIPLK NDL 30GX5/16 | 3 | | | | |
| EASY TOUCH FLIPLK NDL 31GX5/16 | 3 | | | | |
| EASY TOUCH FLIPLOCK 1 ML 25GX1 | 2 | | | | |
| EASY TOUCH FLIPLOCK 10ML 21GX1 | 3 | | | | |
| EASY TOUCH FLIPLOCK 3 ML 18GX1 | 3 | | | | |
| EASY TOUCH FLIPLOCK 3 ML 19GX1 | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| EASY TOUCH FLIPLOCK 3 ML 20GX1 | 3 | | | | |
| EASY TOUCH FLIPLOCK 3 ML 21GX1 | 3 | | | | |
| EASY TOUCH FLIPLOCK 3 ML 22GX1 | 3 | | | | |
| EASY TOUCH FLIPLOCK 3 ML 23GX1 | 3 | | | | |
| EASY TOUCH FLIPLOCK 3 ML 25GX1 | 3 | | | | |
| EASY TOUCH FLIPLOCK 5 ML 18GX1 | 3 | | | | |
| EASY TOUCH FLIPLOCK 5 ML 21GX1 | 3 | | | | |
| EASY TOUCH FLIPLOCK 5 ML 25GX1 | 3 | | | | |
| EASY TOUCH FLIPLOCK NDL 18GX1" | 3 | | | | |
| EASY TOUCH FLIPLOCK NDL 19GX1" | 3 | | | | |
| EASY TOUCH FLIPLOCK NDL 20GX1" | 3 | | | | |
| EASY TOUCH FLIPLOCK NDL 21GX1" | 3 | | | | |
| EASY TOUCH FLIPLOCK NDL 22GX1 | 3 | | | | |
| EASY TOUCH FLIPLOCK NDL 23GX1" | 3 | | | | |
| EASY TOUCH FLIPLOCK NDL 25GX1" | 3 | | | | |
| EASY TOUCH FLIPLOCK NDL 26GX1" | 3 | | | | |
| EASY TOUCH FLIPLOCK NDL 27GX1" | 3 | | | | |
| EASY TOUCH FLIPLOCK SYR 20GX1" | 3 | | | | |
| EASY TOUCH FLIPLOK 10 ML 18GX1 | 3 | | | | |
| EASY TOUCH FLIPLOK 10 ML 20GX1 | 3 | | | | |
| EASY TOUCH FLIPLOK 10 ML 25GX1 | 3 | | | | |
| EASY TOUCH FLIPLOK 1ML 26GX3/8 | 2 | | | | |
| EASY TOUCH FLIPLOK 1ML 27GX0.5 | 2 | | | | |
| EASY TOUCH FLIPLOK 3ML 18GX1.5 | 3 | | | | |
| EASY TOUCH FLIPLOK 3ML 19GX1.5 | 3 | | | | |
| EASY TOUCH FLIPLOK 3ML 20GX1.5 | 3 | | | | |
| EASY TOUCH FLIPLOK 3ML 21GX1.5 | 3 | | | | |
| EASY TOUCH FLIPLOK 3ML 22GX1.5 | 3 | | | | |
| EASY TOUCH FLIPLOK 3ML 23GX1.5 | 3 | | | | |
| EASY TOUCH FLIPLOK 3ML 25GX5/8 | 3 | | | | |
| EASY TOUCH FLIPLOK NDL 18GX1.5 | 3 | | | | |
| EASY TOUCH FLIPLOK NDL 19GX1.5 | 3 | | | | |
| EASY TOUCH FLIPLOK NDL 20GX1.5 | 3 | | | | |
| EASY TOUCH FLIPLOK NDL 21GX1.5 | 3 | | | | |
| EASY TOUCH FLIPLOK NDL 22GX1.5 | 3 | | | | |
| EASY TOUCH FLIPLOK NDL 22GX3/4 | 3 | | | | |
| EASY TOUCH FLIPLOK NDL 23GX1.5 | 3 | | | | |
| EASY TOUCH FLIPLOK NDL 23GX5/8 | 3 | | | | |
| EASY TOUCH FLIPLOK NDL 25GX1.5 | 3 | | | | |
| EASY TOUCH FLIPLOK NDL 25GX5/8 | 3 | | | | |
| EASY TOUCH FLIPLOK NDL 26GX1/2 | 3 | | | | |
| EASY TOUCH FLIPLOK NDL 27GX1/2 | 3 | | | | |
| EASY TOUCH FLIPLOK NDL 28GX1/2 | 3 | | | | |
| EASY TOUCH FLIPLOK NDL 29GX1/2 | 3 | | | | |
| EASY TOUCH FLIPLOK NDL 30GX1/2 | 3 | | | | |
| EASY TOUCH FLURING 1ML 25GX5/8 | 2 | | | | |
| EASY TOUCH FLURINGE 1 ML 25GX1 | 2 | | | | |
| EASY TOUCH FLURINGE 25GX1 1 ML | 3 | | | | |
| EASY TOUCH FLURINGE 25GX5/8" | 2 | | | | |
| EASY TOUCH GLUCOSE MONITOR SYS | 3 | | | | |
| EASY TOUCH GLUCOSE TEST STRIP | 3 | | | | |
| EASY TOUCH HIGH-LOW CTRL SOLN | 3 | | | | |
| EASY TOUCH HYPODERMIC 16GX1" | 3 | | | | |
| EASY TOUCH HYPODERMIC 16GX1.5" | 3 | | | | |
| EASY TOUCH HYPODERMIC 18GX1" | 3 | | | | |
| EASY TOUCH HYPODERMIC 18GX1.25 | 3 | | | | |
| EASY TOUCH HYPODERMIC 18GX1.5" | 3 | | | | |
| EASY TOUCH HYPODERMIC 19GX1" | 3 | | | | |
| EASY TOUCH HYPODERMIC 19GX1.5" | 3 | | | | |
| EASY TOUCH HYPODERMIC 20GX1" | 3 | | | | |
| EASY TOUCH HYPODERMIC 20GX1.5" | 3 | | | | |
| EASY TOUCH HYPODERMIC 21GX1" | 3 | | | | |
| EASY TOUCH HYPODERMIC 21GX1.5" | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| EASY TOUCH HYPODERMIC 22GX1" | 3 | | | | |
| EASY TOUCH HYPODERMIC 22GX1.5" | 3 | | | | |
| EASY TOUCH HYPODERMIC 23GX1" | 3 | | | | |
| EASY TOUCH HYPODERMIC 23GX1.25 | 3 | | | | |
| EASY TOUCH HYPODERMIC 23GX1.5" | 3 | | | | |
| EASY TOUCH HYPODERMIC 23GX3/4" | 3 | | | | |
| EASY TOUCH HYPODERMIC 24GX1" | 3 | | | | |
| EASY TOUCH HYPODERMIC 24GX1.25 | 3 | | | | |
| EASY TOUCH HYPODERMIC 25GX1" | 3 | | | | |
| EASY TOUCH HYPODERMIC 25GX1.5" | 3 | | | | |
| EASY TOUCH HYPODERMIC 25GX5/8" | 3 | | | | |
| EASY TOUCH HYPODERMIC 26GX1/2" | 3 | | | | |
| EASY TOUCH HYPODERMIC 26GX3/8" | 3 | | | | |
| EASY TOUCH HYPODERMIC 26GX5/8" | 3 | | | | |
| EASY TOUCH HYPODERMIC 27GX1.25 | 3 | | | | |
| EASY TOUCH HYPODERMIC 27GX1.5" | 3 | | | | |
| EASY TOUCH HYPODERMIC 27GX1/2" | 3 | | | | |
| EASY TOUCH HYPODERMIC 30GX1" | 3 | | | | |
| EASY TOUCH HYPODERMIC 30GX1/2" | 3 | | | | |
| EASY TOUCH HYPODERMIC 31GX5/16 | 3 | | | | |
| EASY TOUCH HYPODERMIC 32GX5/16 | 3 | | | | |
| EASY TOUCH INSULIN 1ML 29GX1/2 | 3 | | | | |
| EASY TOUCH INSULIN 1ML 30GX1/2 | 3 | | | | |
| EASY TOUCH INSULIN SYR 0.3 ML | 3 | | | | |
| EASY TOUCH INSULIN SYR 0.5 ML | 3 | | | | |
| EASY TOUCH INSULIN SYR 1 ML | 3 | | | | |
| EASY TOUCH INSULN 1ML 29GX1/2" | 3 | | | | |
| EASY TOUCH INSULN 1ML 30GX1/2" | 3 | | | | |
| EASY TOUCH INSULN 1ML 30GX5/16 | 3 | | | | |
| EASY TOUCH INSULN 1ML 31GX5/16 | 3 | | | | |
| EASY TOUCH LANCING DEVICE | 2 | | | | |
| EASY TOUCH LUER LOCK 1 ML SYR | 3 | | | | |
| EASY TOUCH LUER LOCK 10 ML SYR | 3 | | | | |
| EASY TOUCH LUER LOCK 20 ML SYR | 3 | | | | |
| EASY TOUCH LUER LOCK 3 ML SYR | 3 | | | | |
| EASY TOUCH LUER LOCK 5 ML SYR | 3 | | | | |
| EASY TOUCH LUER LOCK 60 ML SYR | 3 | | | | |
| EASY TOUCH LUER LOK INSUL 1 ML | 3 | | | | |
| EASY TOUCH PEN NEEDLE 29GX1/2" | 3 | | | | |
| EASY TOUCH PEN NEEDLE 30GX5/16 | 3 | | | | |
| EASY TOUCH PEN NEEDLE 31GX1/4" | 3 | | | | |
| EASY TOUCH PEN NEEDLE 31GX3/16 | 3 | | | | |
| EASY TOUCH PEN NEEDLE 31GX5/16 | 3 | | | | |
| EASY TOUCH PEN NEEDLE 32GX1/4" | 3 | | | | |
| EASY TOUCH PEN NEEDLE 32GX3/16 | 3 | | | | |
| EASY TOUCH PEN NEEDLE 32GX5/32 | 3 | | | | |
| EASY TOUCH PULL-TOP 26G LANCET | 2 | | | | |
| EASY TOUCH PULL-TOP 28G LANCET | 2 | | | | |
| EASY TOUCH PULL-TOP 30G LANCET | 2 | | | | |
| EASY TOUCH PULL-TOP 32G LANCET | 2 | | | | |
| EASY TOUCH SAF PEN NDL 29G 5MM | 3 | | | | |
| EASY TOUCH SAF PEN NDL 29G 8MM | 3 | | | | |
| EASY TOUCH SAF PEN NDL 30G 5MM | 3 | | | | |
| EASY TOUCH SAF PEN NDL 30G 8MM | 3 | | | | |
| EASY TOUCH SAFETY 21G LANCETS | 2 | | | | |
| EASY TOUCH SAFETY 23G LANCETS | 2 | | | | |
| EASY TOUCH SAFETY 26G LANCETS | 2 | | | | |
| EASY TOUCH SAFETY 28G LANCETS | 2 | | | | |
| EASY TOUCH SAFETY 30G LANCETS | 2 | | | | |
| EASY TOUCH SAFETY 32G LANCETS | 2 | | | | |
| EASY TOUCH SHEATH 10 ML 25GX1" | 3 | | | | |
| EASY TOUCH SHEATH 10ML 21GX1.5 | 3 | | | | |
| EASY TOUCH SHEATH 10ML 22GX1.5 | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| EASY TOUCH SHEATH 3 ML 21GX1" | 3 | | | | |
| EASY TOUCH SHEATH 3 ML 21GX1.5 | 3 | | | | |
| EASY TOUCH SHEATH 3 ML 22GX1" | 3 | | | | |
| EASY TOUCH SHEATH 3 ML 22GX1.5 | 3 | | | | |
| EASY TOUCH SHEATH 3 ML 23GX1" | 3 | | | | |
| EASY TOUCH SHEATH 3 ML 25GX1" | 3 | | | | |
| EASY TOUCH SHEATH 3 ML 25GX5/8 | 3 | | | | |
| EASY TOUCH SHEATH 5 ML 21GX1.5 | 3 | | | | |
| EASY TOUCH SHEATH 5 ML 22GX1.5 | 3 | | | | |
| EASY TOUCH SHEATH 5 ML 25GX1" | 3 | | | | |
| EASY TOUCH SHEATHLOCK 10ML SYR | 3 | | | | |
| EASY TOUCH SHEATHLOCK 3 ML SYR | 3 | | | | |
| EASY TOUCH SYR 0.5ML 27G12.7MM | 3 | | | | |
| EASY TOUCH SYR 0.5ML 28G12.7MM | 3 | | | | |
| EASY TOUCH SYR 0.5ML 29G12.7MM | 3 | | | | |
| EASY TOUCH SYR 1 ML 25GX5/8" | 2 | | | | |
| EASY TOUCH SYR 1 ML 27G 12.7MM | 3 | | | | |
| EASY TOUCH SYR 1 ML 27G 16MM | 3 | | | | |
| EASY TOUCH SYR 1 ML 28G 12.7MM | 3 | | | | |
| EASY TOUCH SYR 1 ML 29G 12.7MM | 3 | | | | |
| EASY TOUCH SYR 26GX3/8" 1 ML | 3 | | | | |
| EASY TOUCH SYR 27GX1/2" 1 ML | 3 | | | | |
| EASY TOUCH SYR 3 ML 22GX1-1/2" | 2 | | | | |
| EASY TOUCH SYR 3 ML 25GX5/8" | 2 | | | | |
| EASY TOUCH SYRINGE 1 ML 25GX1" | 2 | | | | |
| EASY TOUCH SYRINGE 3 ML 20GX1" | 2 | | | | |
| EASY TOUCH SYRINGE 3 ML 21GX1" | 2 | | | | |
| EASY TOUCH SYRINGE 3 ML 22GX1" | 2 | | | | |
| EASY TOUCH SYRINGE 3 ML 23GX1" | 2 | | | | |
| EASY TOUCH SYRINGE 3 ML 25GX1" | 2 | | | | |
| EASY TOUCH TB FLP 1 ML 26GX5/8 | 2 | | | | |
| EASY TOUCH TB FLP 1 ML 27GX1/2 | 2 | | | | |
| EASY TOUCH TB FLP 1 ML 28GX1/2 | 2 | | | | |
| EASY TOUCH TB SHLK 1ML 25GX5/8 | 2 | | | | |
| EASY TOUCH TB SHLK 1ML 26GX5/8 | 2 | | | | |
| EASY TOUCH TB SHLK 1ML 27GX1/2 | 2 | | | | |
| EASY TOUCH TB SHLK 1ML 28GX1/2 | 2 | | | | |
| EASY TOUCH TWIST 26G LANCETS | 2 | | | | |
| EASY TOUCH TWIST 28G LANCETS | 2 | | | | |
| EASY TOUCH TWIST 30G LANCETS | 2 | | | | |
| EASY TOUCH TWIST 32G LANCETS | 2 | | | | |
| EASY TOUCH TWIST 33G LANCETS | 2 | | | | |
| EASY TOUCH UNI-SLIP 10 ML SYR | 3 | | | | |
| EASY TOUCH UNI-SLIP 3 ML SYR | 3 | | | | |
| EASY TOUCH UNI-SLIP 5 ML SYR | 3 | | | | |
| EASY TOUCH UNI-SLIP SYR 1 ML | 3 | | | | |
| EASY TRAK BLOOD GLUCOSE METER | 3 | | | | |
| EASY TRAK CONTROL SOLN HIGH | 3 | | | | |
| EASY TRAK CONTROL SOLN LOW | 3 | | | | |
| EASY TRAK GLUCOSE TEST STRIP | 3 | | | | |
| EASY TRAK II BLOOD GLUCOSE MTR | 3 | | | | |
| EASY TRAK II CTRL SOLN-NORMAL | 3 | | | | |
| EASY TRAK II TEST STRIP | 3 | | | | |
| EASY TWIST & CAP 28G LANCETS | 2 | | | | |
| EASYGLUCO METER | 3 | | | | |
| EASYGLUCO METER STARTER KIT | 3 | | | | |
| EASYGLUCO PLUS CTRL SOL NORMAL | 3 | | | | |
| EASYGLUCO PLUS TEST STRIPS | 3 | | | | |
| EASYGLUCO TEST STRIPS | 3 | | | | |
| EASYMAX 15 GLUCOSE TEST STRIP | 3 | | | | |
| EASYMAX 15 LEVEL 2 SOLUTION | 3 | | | | |
| EASYMAX GLUCOSE TEST STRIPS | 3 | | | | |
| EASYMAX NG BLOOD GLUCOSE SYS | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| EASYMAX NG GLUCOSE SYSTEM KIT | 3 | | | | |
| EASYMAX NORMAL CONTROL SOLN | 3 | | | | |
| EASYMAX V SPEAKING GLUCOSE SYS | 3 | | | | |
| EASYPOINT NEEDLE 18G X 1" | 3 | | | | |
| EASYPOINT NEEDLE 18G X 1-1/2" | 3 | | | | |
| EASYPOINT NEEDLE 20G X 1" | 3 | | | | |
| EASYPOINT NEEDLE 20G X 1-1/2" | 3 | | | | |
| EASYPOINT NEEDLE 21G X 1" | 3 | | | | |
| EASYPOINT NEEDLE 21G X 1-1/2" | 3 | | | | |
| EASYPOINT NEEDLE 22G X 1" | 3 | | | | |
| EASYPOINT NEEDLE 22G X 1-1/2" | 3 | | | | |
| EASYPOINT NEEDLE 23G X 1" | 3 | | | | |
| EASYPOINT NEEDLE 25G 1.5" | 3 | | | | |
| EASYPOINT NEEDLE 25G 16MM | 3 | | | | |
| EASYPOINT NEEDLE 25G X 1" | 3 | | | | |
| EASYPOINT NEEDLE 25G X 5/8" | 3 | | | | |
| EASY-TOUCH BLOOD GLUCOSE METEI | 3 | | | | |
| EASY-TOUCH INS 1 ML 31GX5/16" | 3 | | | | |
| EASYTOUCH SAF PEN NDL 30G 6MM | 3 | | | | |
| EC-NAPROSYN EC 375 MG TABLET | 3 | | | ST | |
| EC-NAPROSYN EC 500 MG TABLET | 3 | | | ST | |
| EC-NAPROXEN DR 375 MG TABLET | 1 | | | | |
| EC-NAPROXEN DR 500 MG TABLET | 1 | | | | |
| ECONAZOLE NITRATE 1% CREAM | 1 | QL | | | |
| ECONTRA EZ 1.5 MG TABLET | 1 | QL | | | |
| ECONTRA ONE-STEP 1.5 MG TABLET | 1 | QL | | | |
| ECOTRIN EC 81 MG TABLET | 1 | | | | |
| ECOZA 1% FOAM | 3 | QL | | | |
| EDARBI 40 MG TABLET | 3 | | | ST | |
| EDARBI 80 MG TABLET | 3 | | | ST | |
| EDARBYCLOR 40-12.5 MG TABLET | 3 | | | ST | |
| EDARBYCLOR 40-25 MG TABLET | 3 | | | ST | |
| EDECRIN 25 MG TABLET | 3 | | | ST | |
| EDLUAR 10 MG SL TABLET | 3 | QL | | ST | |
| EDLUAR 5 MG SL TABLET | 3 | QL | | ST | |
| ED-SPAZ 0.125 MG ODT | 1 | | | | |
| EDURANT 25 MG TABLET | 2 | | | | |
| EEMT DS 1.25-2.5 MG TABLET | 1 | | | | |
| EEMT HS 0.625-1.25 MG TABLET | 1 | | | | |
| EFAVIR-EMTRI-TENOF 600-200-300 | 1 | | | | |
| EFAVIRENZ 200 MG CAPSULE | 1 | | | | |
| EFAVIRENZ 50 MG CAPSULE | 1 | | | | |
| EFAVIRENZ 600 MG TABLET | 1 | | | | |
| EFAVIR-LAMIV-TENOF 400-300-300 | 1 | | | | |
| EFAVIR-LAMIV-TENOF 600-300-300 | 1 | | | | |
| EFFER-K 10 MEQ TABLET EFF | 3 | | | | |
| EFFER-K 20 MEQ TABLET EFF | 3 | | | | |
| EFFER-K 25 MEQ TABLET EFF | 1 | | | | |
| EFFEXOR XR 150 MG CAPSULE | 3 | QL | | ST | |
| EFFEXOR XR 37.5 MG CAPSULE | 3 | QL | | ST | |
| EFFEXOR XR 75 MG CAPSULE | 3 | QL | | ST | |
| EFFIENT 10 MG TABLET | 3 | | | | |
| EFFIENT 5 MG TABLET | 3 | | | | |
| EFUDEX 5% CREAM | 3 | | | | |
| EGRIFTA 1 MG VIAL | 2 | | PA | | SP |
| EGRIFTA SV 2 MG VIAL | 2 | | PA | | SP |
| ELEMENT COMPACT GLUCOSE METER | 3 | | | | |
| ELEMENT COMPACT SOLN HIGH | 3 | | | | |
| ELEMENT COMPACT SOLN NORMAL | 3 | | | | |
| ELEMENT COMPACT TEST STRIPS | 3 | | | | |
| ELEMENT COMPACT V GLUCOSE MTR | 3 | | | | |
| ELEMENT CONTROL SOLN NORMAL | 3 | | | | |
| ELEMENT CONTROL SOLUTION HIGH | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| ELEMENT CONTROL SOLUTION LOW | 3 | | | | |
| ELEMENT PLUS BLOOD GLUCOSE KIT | 3 | | | | |
| ELEMENT TEST STRIPS | 3 | | | | |
| ELEPSIA XR 1,000 MG TABLET | 3 | | | ST | |
| ELEPSIA XR 1,500 MG TABLET | 3 | | | ST | |
| ELESTRIN 0.06% GEL | 3 | QL | | | |
| ELETRIPTAN HBR 20 MG TABLET | 1 | QL | | | |
| ELETRIPTAN HBR 40 MG TABLET | 1 | QL | | | |
| ELEVIDYS 10.5-11.4 KG(10MLX11) | 3 | | PA | | SP |
| ELEVIDYS 10-10.4 KG (10ML X10) | 3 | | PA | | SP |
| ELEVIDYS 11.5-12.4 KG(10MLX12) | 3 | | PA | | SP |
| ELEVIDYS 12.5-13.4 KG(10MLX13) | 3 | | PA | | SP |
| ELEVIDYS 13.5-14.4 KG(10MLX14) | 3 | | PA | | SP |
| ELEVIDYS 14.5-15.4 KG(10MLX15) | 3 | | PA | | SP |
| ELEVIDYS 15.5-16.4 KG(10MLX16) | 3 | | PA | | SP |
| ELEVIDYS 16.5-17.4 KG(10MLX17) | 3 | | PA | | SP |
| ELEVIDYS 17.5-18.4 KG(10MLX18) | 3 | | PA | | SP |
| ELEVIDYS 18.5-19.4 KG(10MLX19) | 3 | | PA | | SP |
| ELEVIDYS 19.5-20.4 KG(10MLX20) | 3 | | PA | | SP |
| ELEVIDYS 20.5-21.4 KG(10MLX21) | 3 | | PA | | SP |
| ELEVIDYS 21.5-22.4 KG(10MLX22) | 3 | | PA | | SP |
| ELEVIDYS 22.5-23.4 KG(10MLX23) | 3 | | PA | | SP |
| ELEVIDYS 23.5-24.4 KG(10MLX24) | 3 | | PA | | SP |
| ELEVIDYS 24.5-25.4 KG(10MLX25) | 3 | | PA | | SP |
| ELEVIDYS 25.5-26.4 KG(10MLX26) | 3 | | PA | | SP |
| ELEVIDYS 26.5-27.4 KG(10MLX27) | 3 | | PA | | SP |
| ELEVIDYS 27.5-28.4 KG(10MLX28) | 3 | | PA | | SP |
| ELEVIDYS 28.5-29.4 KG(10MLX29) | 3 | | PA | | SP |
| ELEVIDYS 29.5-30.4 KG(10MLX30) | 3 | | PA | | SP |
| ELEVIDYS 30.5-31.4 KG(10MLX31) | 3 | | PA | | SP |
| ELEVIDYS 31.5-32.4 KG(10MLX32) | 3 | | PA | | SP |
| ELEVIDYS 32.5-33.4 KG(10MLX33) | 3 | | PA | | SP |
| ELEVIDYS 33.5-34.4 KG(10MLX34) | 3 | | PA | | SP |
| ELEVIDYS 34.5-35.4 KG(10MLX35) | 3 | | PA | | SP |
| ELEVIDYS 35.5-36.4 KG(10MLX36) | 3 | | PA | | SP |
| ELEVIDYS 36.5-37.4 KG(10MLX37) | 3 | | PA | | SP |
| ELEVIDYS 37.5-38.4 KG(10MLX38) | 3 | | PA | | SP |
| ELEVIDYS 38.5-39.4 KG(10MLX39) | 3 | | PA | | SP |
| ELEVIDYS 39.5-40.4 KG(10MLX40) | 3 | | PA | | SP |
| ELEVIDYS 40.5-41.4 KG(10MLX41) | 3 | | PA | | SP |
| ELEVIDYS 41.5-42.4 KG(10MLX42) | 3 | | PA | | SP |
| ELEVIDYS 42.5-43.4 KG(10MLX43) | 3 | | PA | | SP |
| ELEVIDYS 43.5-44.4 KG(10MLX44) | 3 | | PA | | SP |
| ELEVIDYS 44.5-45.4 KG(10MLX45) | 3 | | PA | | SP |
| ELEVIDYS 45.5-46.4 KG(10MLX46) | 3 | | PA | | SP |
| ELEVIDYS 46.5-47.4 KG(10MLX47) | 3 | | PA | | SP |
| ELEVIDYS 47.5-48.4 KG(10MLX48) | 3 | | PA | | SP |
| ELEVIDYS 48.5-49.4 KG(10MLX49) | 3 | | PA | | SP |
| ELEVIDYS 49.5-50.4 KG(10MLX50) | 3 | | PA | | SP |
| ELEVIDYS 50.5-51.4 KG(10MLX51) | 3 | | PA | | SP |
| ELEVIDYS 51.5-52.4 KG(10MLX52) | 3 | | PA | | SP |
| ELEVIDYS 52.5-53.4 KG(10MLX53) | 3 | | PA | | SP |
| ELEVIDYS 53.5-54.4 KG(10MLX54) | 3 | | PA | | SP |
| ELEVIDYS 54.5-55.4 KG(10MLX55) | 3 | | PA | | SP |
| ELEVIDYS 55.5-56.4 KG(10MLX56) | 3 | | PA | | SP |
| ELEVIDYS 56.5-57.4 KG(10MLX57) | 3 | | PA | | SP |
| ELEVIDYS 57.5-58.4 KG(10MLX58) | 3 | | PA | | SP |
| ELEVIDYS 58.5-59.4 KG(10MLX59) | 3 | | PA | | SP |
| ELEVIDYS 59.5-60.4 KG(10MLX60) | 3 | | PA | | SP |
| ELEVIDYS 60.5-61.4 KG(10MLX61) | 3 | | PA | | SP |
| ELEVIDYS 61.5-62.4 KG(10MLX62) | 3 | | PA | | SP |
| ELEVIDYS 62.5-63.4 KG(10MLX63) | 3 | | PA | | SP |
| ELEVIDYS 63.5-64.4 KG(10MLX64) | 3 | | PA | | SP |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| ELEVIDYS 64.5-65.4 KG(10MLX65) | 3 | | PA | | SP |
| ELEVIDYS 65.5-66.4 KG(10MLX66) | 3 | | PA | | SP |
| ELEVIDYS 66.5-67.4 KG(10MLX67) | 3 | | PA | | SP |
| ELEVIDYS 67.5-68.4 KG(10MLX68) | 3 | | PA | | SP |
| ELEVIDYS 68.5-69.4 KG(10MLX69) | 3 | | PA | | SP |
| ELEVIDYS 69.5KG-ABOVE(10MLX70) | 3 | | PA | | SP |
| ELFABRIO 20 MG/10 ML VIAL | 2 | | PA | | SP |
| ELIDEL 1% CREAM | 3 | QL | | ST | |
| ELIGARD 22.5 MG SYRINGE KIT | 2 | | PA | | SP |
| ELIGARD 30 MG SYRINGE KIT | 2 | | PA | | SP |
| ELIGARD 45 MG SYRINGE KIT | 2 | | PA | | SP |
| ELIGARD 7.5 MG SYRINGE KIT | 2 | | PA | | SP |
| ELIMITE 5% CREAM | 3 | | | | |
| ELINEST-28 TABLET | 1 | | | | |
| ELIQUIS 2.5 MG TABLET | 2 | | PA | | |
| ELIQUIS 5 MG TABLET | 2 | | PA | | |
| ELIQUIS DVT-PE TREAT START 5MG | 2 | | PA | | |
| ELITE-OB CAPLET | 1 | | | | |
| ELIXOPHYLLIN 80 MG/15 ML ELIX | 3 | | | | |
| ELLA 30 MG TABLET | 2 | QL | | | |
| ELMIRON 100 MG CAPSULE | 2 | | | | |
| ELREXFIO 44 MG/1.1 ML VIAL | 3 | | PA | | SP |
| ELREXFIO 76 MG/1.9 ML VIAL | 3 | | PA | | SP |
| ELURYNG VAGINAL RING | 1 | | | | |
| ELYXYB 120 MG/4.8 ML SOLUTION | 3 | QL | PA | | |
| ELZONRIS 1,000 MCG/ML VIAL | 2 | | PA | | SP |
| EMBRACE 21G SAFETY LANCET | 2 | | | | |
| EMBRACE 28G SAFETY LANCET | 2 | | | | |
| EMBRACE 30G LANCETS | 2 | | | | |
| EMBRACE BLOOD GLUCOSE SYSTEM | 3 | | | | |
| EMBRACE EVO BLOOD GLUCOSE KIT | 3 | | | | |
| EMBRACE EVO BLOOD GLUCOSE MTR | 3 | | | | |
| EMBRACE EVO LEVEL 1 CTRL SOLN | 3 | | | | |
| EMBRACE EVO TEST STRIPS | 3 | | | | |
| EMBRACE GLUC CONTROL SOLN HIGH | 3 | | | | |
| EMBRACE GLUC CONTROL SOLN LOW | 3 | | | | |
| EMBRACE GLUCOSE TEST STRIPS | 3 | | | | |
| EMBRACE LANCING DEVICE | 2 | | | | |
| EMBRACE PEN NEEDLE 29G 12MM | 3 | | | | |
| EMBRACE PEN NEEDLE 30G 5MM | 3 | | | | |
| EMBRACE PEN NEEDLE 30G 8MM | 3 | | | | |
| EMBRACE PEN NEEDLE 31G 5MM | 3 | | | | |
| EMBRACE PEN NEEDLE 31G 6MM | 3 | | | | |
| EMBRACE PEN NEEDLE 31G 8MM | 3 | | | | |
| EMBRACE PEN NEEDLE 32G 4MM | 3 | | | | |
| EMBRACE PRO BLOOD GLUCOSE MTR | 3 | | | | |
| EMBRACE PRO CONTROL SOLUTION | 3 | | | | |
| EMBRACE PRO TEST STRIP | 3 | | | | |
| EMBRACE TALK BLOOD GLUCOSE MTF | 3 | | | | |
| EMBRACE TALK BLOOD GLUCOSE SYS | 3 | | | | |
| EMBRACE TALK CTRL SOL-HIGH(L2) | 3 | | | | |
| EMBRACE TALK CTRL SOLN-LOW(L1) | 3 | | | | |
| EMBRACE TALK TEST STRIP | 3 | | | | |
| EMBRACE TEST STRIPS | 3 | | | | |
| EMBRACE WAVE GLUCOSE TEST STRI | 3 | | | | |
| EMBRACE WAVE PLUS GLUCOSE MTR | 3 | | | | |
| EMCYT 140 MG CAPSULE | 2 | | | | |
| EMEND 125 MG POWDER PACKET | 3 | QL | | | |
| EMEND 40 MG CAPSULE | 3 | QL | | | |
| EMEND 80 MG CAPSULE | 3 | QL | | | |
| EMEND TRIPACK | 3 | QL | | | |
| EMFLAZA 18 MG TABLET | 3 | | PA | | SP |
| EMFLAZA 22.75 MG/ML ORAL SUSP | 3 | | PA | | SP |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| EMFLAZA 30 MG TABLET | 3 | | PA | | SP |
| EMFLAZA 36 MG TABLET | 3 | | PA | | SP |
| EMFLAZA 6 MG TABLET | 3 | | PA | | SP |
| EMGALITY 100 MG/ML SYR(1 OF 3) | 2 | QL | | | |
| EMGALITY 120 MG/ML PEN | 2 | QL | | | |
| EMGALITY 120 MG/ML SYRINGE | 2 | QL | | | |
| EMGALITY 300 MG (100 MG X3SYR) | 2 | QL | | | |
| EMOQUETTE 28 DAY TABLET | 1 | | | | |
| EMPAVELI 1,080 MG/20 ML VIAL | 2 | | PA | | SP |
| EMSAM 12 MG/24 HOURS PATCH | 3 | | | | |
| EMSAM 6 MG/24 HOURS PATCH | 3 | | | | |
| EMSAM 9 MG/24 HOURS PATCH | 3 | | | | |
| EMTRICITABINE 200 MG CAPSULE | 1 | | | | |
| EMTRICITABINE-TENOFV 100-150MG | 1 | | | | |
| EMTRICITABINE-TENOFV 133-200MG | 1 | | | | |
| EMTRICITABINE-TENOFV 167-250MG | 1 | | | | |
| EMTRICITABINE-TENOFV 200-300MG | 1 | | | | |
| EMTRIVA 10 MG/ML SOLUTION | 2 | | | | |
| EMTRIVA 200 MG CAPSULE | 3 | | | | |
| EMVERM 100 MG TABLET CHEW | 2 | QL | | | |
| ENALAPRIL 1 MG/ML ORAL SOLN | 1 | | | | |
| ENALAPRIL MALEATE 10 MG TAB | 1 | | | | |
| ENALAPRIL MALEATE 2.5 MG TAB | 1 | | | | |
| ENALAPRIL MALEATE 20 MG TAB | 1 | | | | |
| ENALAPRIL MALEATE 5 MG TABLET | 1 | | | | |
| ENALAPRIL-HCTZ 10-25 MG TABLET | 1 | | | | |
| ENALAPRIL-HCTZ 5-12.5 MG TAB | 1 | | | | |
| ENBRACE HR SOFTGEL | 3 | | | | |
| ENBREL 25 MG KIT | 2 | QL | PA | | SP |
| ENBREL 25 MG/0.5 ML SYRINGE | 2 | QL | PA | | SP |
| ENBREL 25 MG/0.5 ML VIAL | 2 | QL | PA | | SP |
| ENBREL 50 MG/ML MINI CARTRIDGE | 2 | QL | PA | | SP |
| ENBREL 50 MG/ML SURECLICK | 2 | QL | PA | | SP |
| ENBREL 50 MG/ML SYRINGE | 2 | QL | PA | | SP |
| ENDARI 5 GRAM POWDER PACKET | 3 | | PA | | SP |
| ENDO-AVITENE 10MM SHEET | 3 | | | | |
| ENDO-AVITENE 5MM SHEET | 3 | | | | |
| ENDOCET 10-325 MG TABLET | 1 | | PA | | |
| ENDOCET 2.5-325 MG TABLET | 1 | | PA | | |
| ENDOCET 5-325 MG TABLET | 1 | | PA | | |
| ENDOCET 7.5-325 MG TABLET | 1 | | PA | | |
| ENFAMIL 5% GLUCOSE IN WATER | 2 | | | | |
| ENILLORING VAGINAL RING | 1 | | | | |
| ENLITE GLUCOSE SENSOR | 3 | | | | |
| ENLITE SERTER | 3 | | | | |
| ENLITE SYSTEM KIT | 3 | | | | |
| ENOXAPARIN 100 MG/ML SYRINGE | 1 | | | | SP |
| ENOXAPARIN 120 MG/0.8 ML SYR | 1 | | | | SP |
| ENOXAPARIN 150 MG/ML SYRINGE | 1 | | | | SP |
| ENOXAPARIN 30 MG/0.3 ML SYR | 1 | | | | SP |
| ENOXAPARIN 300 MG/3 ML VIAL | 1 | | | | SP |
| ENOXAPARIN 40 MG/0.4 ML SYR | 1 | | | | SP |
| ENOXAPARIN 60 MG/0.6 ML SYR | 1 | | | | SP |
| ENOXAPARIN 80 MG/0.8 ML SYR | 1 | | | | SP |
| ENPRESSE-28 TABLET | 1 | | | | |
| ENSKYCE 28 TABLET | 1 | | | | |
| ENSPRYNG 120 MG/ML SYRINGE | 2 | | PA | | SP |
| ENSTILAR 0.005%-0.064% FOAM | 2 | QL | | ST | |
| ENTACAPONE 200 MG TABLET | 1 | | | | |
| ENTADFI 5-5 MG CAPSULE | 3 | QL | PA | | |
| ENTECAVIR 0.5 MG TABLET | 1 | | | | |
| ENTECAVIR 1 MG TABLET | 1 | | | | |
| ENTEREG 12 MG CAPSULE | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| ENTOCORT EC 3 MG CAPSULE | 3 | | | | |
| ENTRESTO 24 MG-26 MG TABLET | 2 | QL | | | |
| ENTRESTO 49 MG-51 MG TABLET | 2 | QL | | | |
| ENTRESTO 97 MG-103 MG TABLET | 2 | QL | | | |
| ENULOSE 10 GM/15 ML SOLUTION | 1 | | | | |
| ENVARSUS XR 0.75 MG TABLET | 3 | | | ST | |
| ENVARSUS XR 1 MG TABLET | 3 | | | ST | |
| ENVARSUS XR 4 MG TABLET | 3 | | | ST | |
| ENZOCLEAR 9.8% FOAM | 3 | | | ST | |
| EPANED 1 MG/ML ORAL SOLUTION | 3 | | | | |
| EPCLUSA 150-37.5 MG PELLET PKT | 2 | QL | PA | | SP |
| EPCLUSA 200 MG-50 MG TABLET | 2 | QL | PA | | SP |
| EPCLUSA 200-50 MG PELLET PACK | 2 | QL | PA | | SP |
| EPCLUSA 400 MG-100 MG TABLET | 2 | QL | PA | | SP |
| EPIDIOLEX 100 MG/ML SOLN PACK | 2 | | PA | | SP |
| EPIDIOLEX 100 MG/ML SOLUTION | 2 | | PA | | SP |
| EPIDUO 0.1-2.5% GEL PUMP | 3 | | | ST | |
| EPIDUO FORTE 0.3-2.5% GEL PUMP | 3 | | | ST | |
| EPIFOAM FOAM | 3 | | | ST | |
| EPINASTINE HCL 0.05% EYE DROPS | 1 | | | | |
| EPINEPH-LIDO 0.25-7.5MG/ML-BSS | 3 | | | | |
| EPINEPHRINE 0.15 MG AUTO-INJCT | 1 | QL | | | |
| EPINEPHRINE 0.3 MG AUTO-INJECT | 1 | QL | | | |
| EPINEPHRINE 10 MG/10 ML NASAL | 1 | | | | |
| EPINEPHRINE 30 MG/30 ML NASAL | 1 | | | | |
| EPIPEN 0.3 MG AUTO-INJECTOR | 2 | QL | | | |
| EPIPEN 2-PAK 0.3 MG AUTO-INJCT | 2 | QL | | | |
| EPIPEN JR 0.15 MG AUTO-INJECTR | 2 | QL | | | |
| EPIPEN JR 2-PAK 0.15 MG INJCTR | 2 | QL | | | |
| EPISIL LIQUID | 3 | | | | |
| EPITOL 200 MG TABLET | 1 | | | | |
| EPIVIR 10 MG/ML ORAL SOLN | 3 | | | | |
| EPIVIR 150 MG TABLET | 3 | | | | |
| EPIVIR 300 MG TABLET | 3 | | | | |
| EPIVIR HBV 100 MG TABLET | 3 | | | | |
| EPIVIR HBV 25 MG/5 ML SOLN | 2 | | | | |
| EPKINLY 4 MG/0.8 ML VIAL | 3 | | PA | | SP |
| EPKINLY 48 MG/0.8 ML VIAL | 3 | | PA | | SP |
| EPLERENONE 25 MG TABLET | 1 | | | | |
| EPLERENONE 50 MG TABLET | 1 | | | | |
| EPOGEN 10,000 UNITS/ML VIAL | 3 | | PA | | SP |
| EPOGEN 2,000 UNITS/ML VIAL | 3 | | PA | | SP |
| EPOGEN 20,000 UNITS/2 ML VIAL | 3 | | PA | | SP |
| EPOGEN 20,000 UNITS/ML VIAL | 3 | | PA | | SP |
| EPOGEN 3,000 UNITS/ML VIAL | 3 | | PA | | SP |
| EPOGEN 4,000 UNITS/ML VIAL | 3 | | PA | | SP |
| EPOPROSTENOL SODIUM 0.5 MG VL | 1 | | PA | | SP |
| EPOPROSTENOL SODIUM 1.5 MG VL | 1 | | PA | | SP |
| EPRONTIA 25 MG/ML SOLUTION | 3 | | | ST | |
| EPROSARTAN MESYLATE 600 MG TAB | 1 | | | | |
| EPSOLAY 5% CREAM PUMP | 3 | | | ST | |
| EPZICOM TABLET | 3 | | | | |
| EQ ASPIRIN 81 MG CHEWABLE TAB | 1 | | | | |
| EQ ASPIRIN EC 81 MG TABLET | 1 | | | | |
| EQ BLOOD GLUCOSE TEST STRIP | 3 | | | | |
| EQ CLEARLAX POWDER | 1 | | | | |
| EQ MAGNESIUM CITRATE SOLUTION | 1 | | | | |
| EQ SPACE CHAMBER | 2 | | | | |
| EQ SPACE CHAMBER-LARGE MASK | 2 | | | | |
| EQ SPACE CHAMBER-MEDIUM MASK | 2 | | | | |
| EQ SPACE CHAMBER-SMALL MASK | 2 | | | | |
| EQL ASPIRIN 81 MG CHEWABLE TAB | 1 | | | | |
| EQL ASPIRIN EC 81 MG TABLET | 1 | | | | |

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|---|---|---|---|---|---|
| EQL CLEARLAX POWDER | 1 | | | | |
| EQL GENTLE LAXATIVE EC 5 MG TB | 1 | | | | |
| EQL INS SYR 1 ML 29GX1/2" | 3 | | | | |
| EQL INSUL SYR 0.3 ML 31GX5/16" | 3 | | | | |
| EQL INSUL SYR 0.5 ML 31GX5/16" | 3 | | | | |
| EQL INSULIN 0.3 ML SYRINGE | 3 | | | | |
| EQL INSULIN 0.5 ML SYRINGE | 3 | | | | |
| EQL INSULIN 1 ML SYRINGE | 3 | | | | |
| EQL INSULIN SYR 1 ML 31GX5/16" | 3 | | | | |
| EQL MICRO THIN 33G LANCETS | 2 | | | | |
| EQL MILK OF MAGNESIA SUSP | 1 | | | | |
| EQL PEN 8MM 31G X 5/16" NEEDLE | 3 | | | | |
| EQUETRO 100 MG CAPSULE | 3 | | | | |
| EQUETRO 200 MG CAPSULE | 3 | | | | |
| EQUETRO 300 MG CAPSULE | 3 | | | | |
| ERGOLOID MESYLATES 1 MG TAB | 1 | | | | |
| ERGOMAR 2 MG TABLET SL | 3 | | | | |
| ERGOTAMINE-CAFFEINE 1-100MG TB | 1 | | | | |
| ERIVEDGE 150 MG CAPSULE | 2 | QL | PA | | SP |
| ERLEADA 240 MG TABLET | 2 | QL | PA | | SP |
| ERLEADA 60 MG TABLET | 2 | QL | PA | | SP |
| ERLOTINIB HCL 100 MG TABLET | 1 | QL | PA | | SP |
| ERLOTINIB HCL 150 MG TABLET | 1 | QL | PA | | SP |
| ERLOTINIB HCL 25 MG TABLET | 1 | QL | PA | | SP |
| ERMEZA 150 MCG/5 ML SOLUTION | 3 | | | | |
| ERRIN 0.35 MG TABLET | 1 | | | | |
| ERTACZO 2% CREAM | 3 | QL | | | |
| ERY 2% PADS | 1 | | | | |
| ERYGEL 2% GEL | 1 | | | | |
| ERYPED 200 MG/5 ML SUSPENSION | 3 | | | | |
| ERYPED 400 MG/5 ML SUSPENSION | 3 | | | | |
| ERY-TAB DR 250 MG TABLET | 1 | | | | |
| ERY-TAB DR 333 MG TABLET | 1 | | | | |
| ERY-TAB DR 500 MG TABLET | 3 | | | | |
| ERYTHROCIN 250 MG TABLET | 1 | | | | |
| ERYTHROMYCIN 0.5% EYE OINTMENT | 1 | | | | |
| ERYTHROMYCIN 2% GEL | 1 | | | | |
| ERYTHROMYCIN 2% SOLUTION | 1 | | | | |
| ERYTHROMYCIN 200 MG/5 ML SUSP | 1 | | | | |
| ERYTHROMYCIN 250 MG TABLET | 1 | | | | |
| ERYTHROMYCIN 400 MG/5 ML SUSP | 1 | | | | |
| ERYTHROMYCIN 500 MG TABLET | 1 | | | | |
| ERYTHROMYCIN DR 250 MG CAP | 1 | | | | |
| ERYTHROMYCIN DR 250 MG TABLET | 1 | | | | |
| ERYTHROMYCIN DR 333 MG TABLET | 1 | | | | |
| ERYTHROMYCIN DR 500 MG TABLET | 1 | | | | |
| ERYTHROMYCIN ES 400 MG TAB | 1 | | | | |
| ERYTHROMYCIN-BENZOYL GEL | 1 | | | | |
| ESBRIET 267 MG CAPSULE | 3 | QL | PA | | SP |
| ESBRIET 267 MG TABLET | 3 | QL | PA | | SP |
| ESBRIET 801 MG TABLET | 3 | QL | PA | | SP |
| ESCITALOPRAM 10 MG TABLET | 1 | QL | | | |
| ESCITALOPRAM 20 MG TABLET | 1 | QL | | | |
| ESCITALOPRAM 5 MG TABLET | 1 | QL | | | |
| ESCITALOPRAM OXALATE 5 MG/5 ML | 1 | | PA | | |
| ESGIC 50-325-40 MG CAPSULE | 3 | | | ST | |
| ESGIC 50-325-40 MG TABLET | 3 | | | ST | |
| ESOMEPRAZOLE DR 10 MG PACKET | 1 | QL | | ST | |
| ESOMEPRAZOLE DR 20 MG PACKET | 1 | QL | | ST | |
| ESOMEPRAZOLE DR 40 MG PACKET | 1 | | | ST | |
| ESOMEPRAZOLE DR 49.3 MG CAP | 3 | | | ST | |
| ESOMEPRAZOLE MAG DR 20 MG CAP | 1 | QL | | | |
| ESOMEPRAZOLE MAG DR 40 MG CAP | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| ESTARYLLA 0.25-0.035 MG TABLET | 1 | | | | |
| ESTAZOLAM 1 MG TABLET | 1 | | | | |
| ESTAZOLAM 2 MG TABLET | 1 | | | | |
| ESTRACE 0.01% CREAM | 3 | | | | |
| ESTRACE 0.5 MG TABLET | 3 | | | | |
| ESTRACE 1 MG TABLET | 3 | | | | |
| ESTRACE 2 MG TABLET | 3 | | | | |
| ESTRADIOL 0.01% CREAM | 1 | | | | |
| ESTRADIOL 0.025 MG PATCH(1/WK) | 1 | QL | | | |
| ESTRADIOL 0.025 MG PATCH(2/WK) | 1 | QL | | | |
| ESTRADIOL 0.0375MG PATCH(1/WK) | 1 | QL | | | |
| ESTRADIOL 0.0375MG PATCH(2/WK) | 1 | QL | | | |
| ESTRADIOL 0.05 MG PATCH (1/WK) | 1 | QL | | | |
| ESTRADIOL 0.05 MG PATCH (2/WK) | 1 | QL | | | |
| ESTRADIOL 0.06 MG PATCH (1/WK) | 1 | QL | | | |
| ESTRADIOL 0.075 MG PATCH(1/WK) | 1 | QL | | | |
| ESTRADIOL 0.075 MG PATCH(2/WK) | 1 | QL | | | |
| ESTRADIOL 0.1 MG PATCH (1/WK) | 1 | QL | | | |
| ESTRADIOL 0.1 MG PATCH (2/WK) | 1 | QL | | | |
| ESTRADIOL 0.1% (0.25MG) GEL PK | 1 | QL | | | |
| ESTRADIOL 0.1% (0.5MG) GEL PKT | 1 | QL | | | |
| ESTRADIOL 0.1% (0.75MG) GEL PK | 1 | QL | | | |
| ESTRADIOL 0.1% (1 MG) GEL PKT | 1 | QL | | | |
| ESTRADIOL 0.1% (1.25MG) GEL PK | 1 | QL | | | |
| ESTRADIOL 0.5 MG TABLET | 1 | | | | |
| ESTRADIOL 1 MG TABLET | 1 | | | | |
| ESTRADIOL 10 MCG VAGINAL INSRT | 1 | | | | |
| ESTRADIOL 2 MG TABLET | 1 | | | | |
| ESTRADIOL VALERATE 100 MG/5 ML | 1 | | | | |
| ESTRADIOL VALERATE 200 MG/5 ML | 1 | | | | |
| ESTRADIOL VALERATE 50 MG/5 ML | 1 | | | | |
| ESTRADIOL-NORETH 0.5-0.1 MG TB | 1 | | | | |
| ESTRADIOL-NORETH 1-0.5 MG TAB | 1 | | | | |
| ESTRING 2 MG VAGINAL RING | 3 | | | | |
| ESTRING 7.5 MCG/DAY (2MG) RING | 3 | | | | |
| ESTROGEL 0.06% GEL | 3 | QL | | | |
| ESTROGEN-METHYLTESTOS F.S. TAB | 1 | | | | |
| ESTROGEN-METHYLTESTOS H.S. TAB | 1 | | | | |
| ESTROSTEP FE-28 TABLET | 3 | | | | |
| ESZOPICLONE 1 MG TABLET | 1 | QL | | ST | |
| ESZOPICLONE 2 MG TABLET | 1 | QL | | ST | |
| ESZOPICLONE 3 MG TABLET | 1 | QL | | ST | |
| ETHACRYNIC ACID 25 MG TABLET | 1 | | | | |
| ETHAMBUTOL HCL 100 MG TABLET | 1 | | | | |
| ETHAMBUTOL HCL 400 MG TABLET | 1 | | | | |
| ETHOSUXIMIDE 250 MG CAPSULE | 1 | | | | |
| ETHOSUXIMIDE 250 MG/5 ML SOLN | 1 | | | | |
| ETHYNODIOL-ETH ESTRA 1MG-35MCG | 1 | | | | |
| ETHYNODIOL-ETH ESTRA 1MG-50MCG | 1 | | | | |
| ETODOLAC 200 MG CAPSULE | 1 | | | | |
| ETODOLAC 300 MG CAPSULE | 1 | | | | |
| ETODOLAC 400 MG TABLET | 1 | | | | |
| ETODOLAC 500 MG TABLET | 1 | | | | |
| ETODOLAC ER 400 MG TABLET | 1 | | | | |
| ETODOLAC ER 500 MG TABLET | 1 | | | | |
| ETODOLAC ER 600 MG TABLET | 1 | | | | |
| ETONOGESTREL-EE VAGINAL RING | 1 | | | | |
| ETOPOSIDE 50 MG CAPSULE | 1 | | | | |
| ETRAVIRINE 100 MG TABLET | 1 | | | | |
| ETRAVIRINE 200 MG TABLET | 1 | | | | |
| EUCRISA 2% OINTMENT | 3 | QL | | ST | |
| EULEXIN 125 MG CAPSULE | 3 | | | | |
| EUTHYROX 100 MCG TABLET | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| EUTHYROX 112 MCG TABLET | 1 | | | | |
| EUTHYROX 125 MCG TABLET | 1 | | | | |
| EUTHYROX 137 MCG TABLET | 1 | | | | |
| EUTHYROX 150 MCG TABLET | 1 | | | | |
| EUTHYROX 175 MCG TABLET | 1 | | | | |
| EUTHYROX 200 MCG TABLET | 1 | | | | |
| EUTHYROX 25 MCG TABLET | 1 | | | | |
| EUTHYROX 50 MCG TABLET | 1 | | | | |
| EUTHYROX 75 MCG TABLET | 1 | | | | |
| EUTHYROX 88 MCG TABLET | 1 | | | | |
| EVAMIST 1.53 MG/SPRAY | 3 | QL | | | |
| EVEKEO 10 MG TABLET | 3 | | | | |
| EVEKEO 5 MG TABLET | 3 | | | | |
| EVEKEO ODT 10 MG | 3 | | | | |
| EVEKEO ODT 15 MG | 3 | | | | |
| EVEKEO ODT 20 MG | 3 | | | | |
| EVEKEO ODT 5 MG | 3 | | | | |
| EVENCARE G2 BLOOD GLUCOSE SYS | 3 | | | | |
| EVENCARE G2 CONTROL SOLUTION | 3 | | | | |
| EVENCARE G2 TEST STRIP | 3 | | | | |
| EVENCARE G3 BLOOD GLUCOSE SYS | 3 | | | | |
| EVENCARE G3 CONTROL SOLUTION | 3 | | | | |
| EVENCARE G3 TEST STRIP | 3 | | | | |
| EVENCARE MINI GLUCOSE TEST STR | 3 | | | | |
| EVENCARE MINI MONITOR SYSTEM | 3 | | | | |
| EVENCARE PROVIEW TEST STRIP | 3 | | | | |
| EVEROLIMUS 0.25 MG TABLET | 1 | | | | |
| EVEROLIMUS 0.5 MG TABLET | 1 | | | | |
| EVEROLIMUS 0.75 MG TABLET | 1 | | | | |
| EVEROLIMUS 1 MG TABLET | 1 | | | | |
| EVEROLIMUS 10 MG TABLET | 1 | QL | PA | | SP |
| EVEROLIMUS 2 MG TAB FOR SUSP | 1 | QL | PA | | SP |
| EVEROLIMUS 2.5 MG TABLET | 1 | QL | PA | | SP |
| EVEROLIMUS 3 MG TAB FOR SUSP | 1 | QL | PA | | SP |
| EVEROLIMUS 5 MG TAB FOR SUSP | 1 | QL | PA | | SP |
| EVEROLIMUS 5 MG TABLET | 1 | QL | PA | | SP |
| EVEROLIMUS 7.5 MG TABLET | 1 | QL | PA | | SP |
| EVERSENSE E3 SENSOR-HLDR | 3 | | PA | | |
| EVERSENSE E3 SMART TRANSMITTER | 3 | QL | PA | | |
| EVERSENSE SENSOR-HOLDER | 3 | | PA | | |
| EVERSENSE SMART TRANSMITTER | 3 | QL | PA | | |
| EVICEL FIBRIN 2X2 ML SEALANT | 3 | | | | |
| EVICEL FIBRIN 2X5 ML SEALANT | 3 | | | | |
| EVISTA 60 MG TABLET | 3 | | | | |
| EVOCLIN 1% FOAM | 3 | QL | | ST | |
| EVOLUTION BLOOD GLUCOSE METER | 3 | | | | |
| EVOLUTION CONTROL SOLN NORMAL | 3 | | | | |
| EVOLUTION TEST STRIPS | 3 | | | | |
| EVOTAZ 300 MG-150 MG TABLET | 3 | | | | |
| EVOXAC 30 MG CAPSULE | 3 | | | | |
| EVRYSDI 60 MG/80 ML(0.75MG/ML) | 3 | QL | PA | | SP |
| EVZIO 2 MG AUTO-INJECTOR | 3 | QL | | | |
| EXEL 3 ML SYRN 27G X 1 1/4" | 2 | | | | |
| EXEL HUBER 22GX3/4" NEEDLE | 1 | | | | |
| EXEL HUBER NEEDLE 22GX1" | 2 | | | | |
| EXEL HYPO NEEDLE 16GX1" | 2 | | | | |
| EXEL HYPO NEEDLE 18GX1" | 2 | | | | |
| EXEL HYPO NEEDLE 18GX1.5" | 2 | | | | |
| EXEL HYPO NEEDLE 19GX1" | 2 | | | | |
| EXEL HYPO NEEDLE 19GX1.5" | 2 | | | | |
| EXEL HYPO NEEDLE 20GX0.75" | 2 | | | | |
| EXEL HYPO NEEDLE 20GX1" | 2 | | | | |
| EXEL HYPO NEEDLE 20GX1.5" | 2 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| EXEL HYPO NEEDLE 21GX1" | 2 | | | | |
| EXEL HYPO NEEDLE 21GX1.5" | 2 | | | | |
| EXEL HYPO NEEDLE 22GX0.75" | 2 | | | | |
| EXEL HYPO NEEDLE 22GX1" | 2 | | | | |
| EXEL HYPO NEEDLE 22GX1.5" | 2 | | | | |
| EXEL HYPO NEEDLE 23GX0.75" | 2 | | | | |
| EXEL HYPO NEEDLE 23GX1" | 2 | | | | |
| EXEL HYPO NEEDLE 25GX0.625" | 2 | | | | |
| EXEL HYPO NEEDLE 25GX0.75" | 2 | | | | |
| EXEL HYPO NEEDLE 25GX1" | 2 | | | | |
| EXEL HYPO NEEDLE 25GX1.5" | 2 | | | | |
| EXEL HYPO NEEDLE 26GX0.375" | 2 | | | | |
| EXEL HYPO NEEDLE 26GX0.5" | 2 | | | | |
| EXEL HYPO NEEDLE 26GX0.625" | 2 | | | | |
| EXEL HYPO NEEDLE 26GX1.5" | 2 | | | | |
| EXEL HYPO NEEDLE 27GX0.5" | 2 | | | | |
| EXEL HYPO NEEDLE 30GX0.5" | 2 | | | | |
| EXEL INS SYR U100 1 ML 28GX1/2 | 3 | | | | |
| EXEL MTI DRAWING NDL 20GX1" | 2 | | | | |
| EXEL MTI DRAWING NDL 21GX1" | 2 | | | | |
| EXEL MTI DRAWING NDL 22GX1" | 2 | | | | |
| EXEL SYRINGE 10 ML | 2 | | | | |
| EXEL SYRINGE 20 ML | 2 | | | | |
| EXEL SYRINGE 20GX1" 3 ML | 2 | | | | |
| EXEL SYRINGE 20GX1-1/2" 3 ML | 2 | | | | |
| EXEL SYRINGE 21GX1" 3 ML | 2 | | | | |
| EXEL SYRINGE 21GX1-1/2" 3 ML | 2 | | | | |
| EXEL SYRINGE 22GX1" 3 ML | 2 | | | | |
| EXEL SYRINGE 22GX1-1/2" 3 ML | 2 | | | | |
| EXEL SYRINGE 22GX3/4" 3 ML | 2 | | | | |
| EXEL SYRINGE 23GX1" 3 ML | 2 | | | | |
| EXEL SYRINGE 25GX1" 3 ML | 2 | | | | |
| EXEL SYRINGE 3 ML | 2 | | | | |
| EXEL SYRINGE 30 ML | 2 | | | | |
| EXEL SYRINGE 5 ML | 2 | | | | |
| EXEL SYRINGE 50 ML | 2 | | | | |
| EXEL TB WITH NEEDLE 25GX5/8" | 2 | | | | |
| EXEL TB WITH NEEDLE 26GX3/8" | 2 | | | | |
| EXEL TB WITH NEEDLE 27GX1/2" | 2 | | | | |
| EXEL TUBERCULIN SYRINGE 1 ML | 2 | | | | |
| EXEL U100 0.3 ML 29GX1/2" | 3 | | | | |
| EXEL U100 0.3 ML 30GX5/16" | 3 | | | | |
| EXEL U100 0.5 ML 28GX1/2" | 3 | | | | |
| EXEL U100 0.5 ML 29GX1/2" | 3 | | | | |
| EXEL U100 0.5 ML 30GX5/16" | 3 | | | | |
| EXEL U100 1 ML 30GX5/16" | 3 | | | | |
| EXEL U100 INS SYR 1 ML 29GX1/2 | 3 | | | | |
| EXELDERM 1% CREAM | 3 | QL | | | |
| EXELDERM 1% SOLUTION | 3 | QL | | | |
| EXELON 13.3 MG/24HR PATCH | 3 | | | ST | |
| EXELON 4.6 MG/24HR PATCH | 3 | | | ST | |
| EXELON 9.5 MG/24HR PATCH | 3 | | | ST | |
| EXEMESTANE 25 MG TABLET | 1 | | | | |
| EXFORGE 10-160 MG TABLET | 3 | | | ST | |
| EXFORGE 10-320 MG TABLET | 3 | | | ST | |
| EXFORGE 5-160 MG TABLET | 3 | | | ST | |
| EXFORGE 5-320 MG TABLET | 3 | | | ST | |
| EXFORGE HCT 10-160-12.5 MG TAB | 3 | | | ST | |
| EXFORGE HCT 10-160-25 MG TAB | 3 | | | ST | |
| EXFORGE HCT 10-320-25 MG TAB | 3 | | | ST | |
| EXFORGE HCT 5-160-12.5 MG TAB | 3 | | | ST | |
| EXFORGE HCT 5-160-25 MG TAB | 3 | | | ST | |
| EXJADE 125 MG TABLET | 3 | | PA | | SP |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| EXJADE 250 MG TABLET | 3 | | PA | | SP |
| EXJADE 500 MG TABLET | 3 | | PA | | SP |
| EXKIVITY 40 MG CAPSULE | 2 | QL | PA | | SP |
| EXSERVAN 50 MG FILM | 3 | | PA | | SP |
| EXTAVIA 0.3 MG KIT | 3 | QL | PA | | SP |
| EXTAVIA 0.3 MG VIAL | 3 | QL | PA | | SP |
| EXTINA 2% FOAM | 3 | QL | | ST | |
| EXTRANEAL ICODEXTRIN DIAL SOLN | 2 | | | | |
| EYSUVIS 0.25% EYE DROPS | 3 | QL | PA | | |
| E-Z JECT COLORED LANCETS | 1 | | | | |
| E-Z JECT LANCETS | 1 | | | | |
| E-Z PULL & CLICK LANCING DEV | 2 | | | | |
| EZ SMART 28G LANCETS | 2 | | | | |
| EZ SMART PLUS SYSTEM KIT | 3 | | | | |
| EZ SMART PLUS TEST STRIPS | 3 | | | | |
| EZ SMART SYSTEM KIT | 3 | | | | |
| EZ SMART TEST STRIPS | 3 | | | | |
| EZALLOR SPRINKLE 10 MG CAPSULE | 3 | QL | | ST | |
| EZALLOR SPRINKLE 20 MG CAPSULE | 3 | QL | | ST | |
| EZALLOR SPRINKLE 40 MG CAPSULE | 3 | QL | | ST | |
| EZALLOR SPRINKLE 5 MG CAPSULE | 3 | QL | | ST | |
| EZETIMIBE 10 MG TABLET | 1 | | | | |
| EZETIMIBE-ATORVASTATIN 10-10MG | 1 | QL | | ST | |
| EZETIMIBE-ATORVASTATIN 10-20MG | 1 | QL | | ST | |
| EZETIMIBE-ATORVASTATIN 10-40MG | 1 | QL | | ST | |
| EZETIMIBE-ATORVASTATIN 10-80MG | 1 | QL | | ST | |
| EZETIMIBE-SIMVASTATIN 10-10 MG | 1 | QL | | | |
| EZETIMIBE-SIMVASTATIN 10-20 MG | 1 | QL | | | |
| EZETIMIBE-SIMVASTATIN 10-40 MG | 1 | QL | | | |
| EZETIMIBE-SIMVASTATIN 10-80 MG | 1 | QL | | | |
| E-ZJECT COLOR 32G LANCETS | 1 | | | | |
| E-ZJECT COLOR 33G LANCETS | 1 | | | | |
| E-ZJECT SUPER THIN 30G LANCETS | 1 | | | | |
| E-ZJECT THIN LANCETS | 2 | | | | |
| EZ-LETS 26G LANCETS | 2 | | | | |
| EZ-VAC | 3 | | | | |
| FABIOR 0.1% FOAM | 3 | | PA | | |
| FACTIVE 320 MG TABLET | 3 | | | | |
| FALMINA-28 TABLET | 1 | | | | |
| FAMCICLOVIR 125 MG TABLET | 1 | QL | | | |
| FAMCICLOVIR 250 MG TABLET | 1 | QL | | | |
| FAMCICLOVIR 500 MG TABLET | 1 | QL | | | |
| FAMOTIDINE 40 MG TABLET | 1 | | | | |
| FAMOTIDINE 40 MG/5 ML SUSP | 1 | | | | |
| FANAPT 1 MG TABLET | 3 | QL | | | |
| FANAPT 10 MG TABLET | 3 | QL | | | |
| FANAPT 12 MG TABLET | 3 | QL | | | |
| FANAPT 2 MG TABLET | 3 | QL | | | |
| FANAPT 4 MG TABLET | 3 | QL | | | |
| FANAPT 6 MG TABLET | 3 | QL | | | |
| FANAPT 8 MG TABLET | 3 | QL | | | |
| FANAPT TITRATION PACK | 3 | QL | | | |
| FANTASY CONDOM | 2 | | | | |
| FARESTON 60 MG TABLET | 3 | | | | |
| FARXIGA 10 MG TABLET | 2 | QL | | ST | |
| FARXIGA 5 MG TABLET | 2 | QL | | ST | |
| FARYDAK 10 MG CAPSULE | 3 | QL | PA | | |
| FARYDAK 15 MG CAPSULE | 3 | QL | PA | | |
| FARYDAK 20 MG CAPSULE | 3 | QL | PA | | |
| FASENRA 30 MG/ML SYRINGE | 2 | QL | PA | | SP |
| FASENRA PEN 30 MG/ML | 2 | QL | PA | | SP |
| FC2 FEMALE CONDOM | 2 | | | | |
| FEBUXOSTAT 40 MG TABLET | 1 | | | ST | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| FEBUXOSTAT 80 MG TABLET | 1 | | | ST | |
| FELBAMATE 400 MG TABLET | 1 | | | | |
| FELBAMATE 600 MG TABLET | 1 | | | | |
| FELBAMATE 600 MG/5 ML SUSP | 1 | | | | |
| FELBAMATE 600 MG/5 ML SUSP CUP | 1 | | | | |
| FELBATOL 400 MG TABLET | 3 | | | | |
| FELBATOL 600 MG TABLET | 3 | | | | |
| FELBATOL 600 MG/5 ML SUSP | 3 | | | | |
| FELDENE 10 MG CAPSULE | 3 | | | ST | |
| FELDENE 20 MG CAPSULE | 3 | | | ST | |
| FELODIPINE ER 10 MG TABLET | 1 | | | | |
| FELODIPINE ER 2.5 MG TABLET | 1 | | | | |
| FELODIPINE ER 5 MG TABLET | 1 | | | | |
| FEM PH VAGINAL JELLY | 1 | | | | |
| FEMARA 2.5 MG TABLET | 3 | | | | |
| FEMCAP 22 MM CERVICAL CAP | 2 | | | | |
| FEMCAP 26 MM CERVICAL CAP | 2 | | | | |
| FEMCAP 30 MM CERVICAL CAP | 2 | | | | |
| FEMHRT 0.5 MG-2.5 MCG TABLET | 3 | | | | |
| FEMRING 0.05 MG/DAY VAG RING | 3 | | | | |
| FEMRING 0.10 MG/DAY VAG RING | 3 | | | | |
| FEMYNOR 28 TABLET | 1 | | | | |
| FENOFIBRATE 120 MG TABLET | 1 | | | ST | |
| FENOFIBRATE 130 MG CAPSULE | 1 | | | | |
| FENOFIBRATE 134 MG CAPSULE | 1 | | | | |
| FENOFIBRATE 145 MG TABLET | 1 | | | | |
| FENOFIBRATE 150 MG CAPSULE | 3 | | | ST | |
| FENOFIBRATE 160 MG TABLET | 1 | | | | |
| FENOFIBRATE 200 MG CAPSULE | 1 | | | | |
| FENOFIBRATE 30 MG CAPSULE | 3 | | | ST | |
| FENOFIBRATE 40 MG TABLET | 1 | | | ST | |
| FENOFIBRATE 43 MG CAPSULE | 1 | | | | |
| FENOFIBRATE 48 MG TABLET | 1 | | | | |
| FENOFIBRATE 50 MG CAPSULE | 3 | | | ST | |
| FENOFIBRATE 54 MG TABLET | 1 | | | | |
| FENOFIBRATE 67 MG CAPSULE | 1 | | | | |
| FENOFIBRATE 90 MG CAPSULE | 3 | | | ST | |
| FENOFIBRIC ACID 105 MG TABLET | 1 | | | | |
| FENOFIBRIC ACID 35 MG TABLET | 1 | | | | |
| FENOFIBRIC ACID DR 135 MG CAP | 1 | | | | |
| FENOFIBRIC ACID DR 45 MG CAP | 1 | | | | |
| FENOGLIDE 120 MG TABLET | 3 | | | ST | |
| FENOGLIDE 40 MG TABLET | 3 | | | ST | |
| FENOPROFEN 200 MG CAPSULE | 3 | | | ST | |
| FENOPROFEN 400 MG CAPSULE | 1 | | | ST | |
| FENOPROFEN 600 MG TABLET | 1 | | | ST | |
| FENORTHO 200 MG CAPSULE | 3 | | | ST | |
| FENTANYL 100 MCG/HR PATCH | 1 | QL | PA | | |
| FENTANYL 12 MCG/HR PATCH | 1 | QL | PA | | |
| FENTANYL 25 MCG/HR PATCH | 1 | QL | PA | | |
| FENTANYL 37.5 MCG/HR PATCH | 1 | QL | PA | | |
| FENTANYL 50 MCG/HR PATCH | 1 | QL | PA | | |
| FENTANYL 62.5 MCG/HR PATCH | 1 | QL | PA | | |
| FENTANYL 75 MCG/HR PATCH | 1 | QL | PA | | |
| FENTANYL 87.5 MCG/HR PATCH | 1 | QL | PA | | |
| FENTANYL CIT 100 MCG BUCCAL TB | 3 | QL | PA | | |
| FENTANYL CIT 200 MCG BUCCAL TB | 3 | QL | PA | | |
| FENTANYL CIT 400 MCG BUCCAL TB | 3 | QL | PA | | |
| FENTANYL CIT 600 MCG BUCCAL TB | 3 | QL | PA | | |
| FENTANYL CIT 800 MCG BUCCAL TB | 3 | QL | PA | | |
| FENTANYL CIT OTFC 1,200 MCG | 1 | QL | PA | | |
| FENTANYL CIT OTFC 1,600 MCG | 1 | QL | PA | | |
| FENTANYL CITRATE OTFC 200 MCG | 1 | QL | PA | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| FENTANYL CITRATE OTFC 400 MCG | 1 | QL | PA | | |
| FENTANYL CITRATE OTFC 600 MCG | 1 | QL | PA | | |
| FENTANYL CITRATE OTFC 800 MCG | 1 | QL | PA | | |
| FENTORA 100 MCG BUCCAL TABLET | 3 | QL | PA | | |
| FENTORA 200 MCG BUCCAL TABLET | 3 | QL | PA | | |
| FENTORA 400 MCG BUCCAL TABLET | 3 | QL | PA | | |
| FENTORA 600 MCG BUCCAL TABLET | 3 | QL | PA | | |
| FENTORA 800 MCG BUCCAL TABLET | 3 | QL | PA | | |
| FEROCON CAPSULE | 1 | | | | |
| FERRIPROX 1,000 MG TAB(2X/DAY) | 2 | | PA | | SP |
| FERRIPROX 1,000 MG TAB(3X/DAY) | 3 | | PA | | SP |
| FERRIPROX 1,000 MG TABLET | 3 | | PA | | SP |
| FERRIPROX 100 MG/ML SOLUTION | 2 | | PA | | SP |
| FERRIPROX 500 MG TABLET | 3 | | PA | | SP |
| FESOTERODINE ER 4 MG TABLET | 1 | | | | |
| FESOTERODINE ER 8 MG TABLET | 1 | | | | |
| FETZIMA 20-40 MG TITRATION PAK | 2 | QL | | ST | |
| FETZIMA ER 120 MG CAPSULE | 2 | QL | | ST | |
| FETZIMA ER 20 MG CAPSULE | 2 | QL | | ST | |
| FETZIMA ER 40 MG CAPSULE | 2 | QL | | ST | |
| FETZIMA ER 80 MG CAPSULE | 2 | QL | | ST | |
| FEXMID 7.5 MG TABLET | 3 | | | ST | |
| FIASP 100 UNIT/ML FLEXTOUCH | 3 | | | | |
| FIASP 100 UNIT/ML VIAL | 3 | | | | |
| FIASP PENFILL 100 UNIT/ML CART | 3 | | | | |
| FIASP PUMPCART 100 UNIT/ML | 3 | | | | |
| FIBRICOR 105 MG TABLET | 3 | | | ST | |
| FIBRICOR 35 MG TABLET | 3 | | | ST | |
| FIFTY50 2.0 GLUCOSE METER | 3 | | | | |
| FIFTY50 GLUCOSE CONTROL SOLN | 3 | | | | |
| FIFTY50 GLUCOSE TEST STRIP | 3 | | | | |
| FIFTY50 INS 0.3 ML 31GX5/16" | 3 | | | | |
| FIFTY50 INS 0.5 ML 31GX5/16" | 3 | | | | |
| FIFTY50 INS SYR 1 ML 31GX5/16" | 3 | | | | |
| FIFTY50 LANCING DEVICE | 2 | | | | |
| FIFTY50 PEN 31G X 3/16" NEEDLE | 3 | | | | |
| FIFTY50 PEN 31G X 5/16" NEEDLE | 3 | | | | |
| FIFTY50 PEN NEEDLE 32G X 1/4" | 3 | | | | |
| FIFTY50 PEN NEEDLE 32G X 5/32" | 3 | | | | |
| FIFTY50 SAFETY SEAL 30G LANCET | 2 | | | | |
| FIFTY50 SAFETY SEAL 32G LANCET | 2 | | | | |
| FIFTY50 UNILET 33G LANCETS | 2 | | | | |
| FILSPARI 200 MG TABLET | 3 | QL | PA | | SP |
| FILSPARI 400 MG TABLET | 3 | QL | PA | | SP |
| FILTER ASPIRATOR NEEDLE | 2 | | | | |
| FILTER NEEDLE | 2 | | | | |
| FILTER NEEDLE 19GX1-1/2" | 2 | | | | |
| FILTER NEEDLE 5 MICRON | 2 | | | | |
| FILTER, MILLEX-OR SYRINGE | 3 | | | | |
| FINACEA 15% FOAM | 2 | | | ST | |
| FINACEA 15% GEL | 3 | | | ST | |
| FINASTERIDE 5 MG TABLET | 1 | | | | |
| FINE 30 UNIVERSAL 30G LANCETS | 2 | | | | |
| FINGERSTIX LANCETS | 2 | | | | |
| FINGOLIMOD 0.5 MG CAPSULE | 1 | QL | PA | | SP |
| FINTEPLA 2.2 MG/ML SOLUTION | 3 | QL | PA | | SP |
| FINZALA 1-0.02(24)-75 CHEW TAB | 1 | | | | |
| FIORICET 50-300-40 MG CAPSULE | 3 | | | ST | |
| FIORINAL 50-325-40 MG CAPSULE | 3 | | | ST | |
| FIRAZYR 30 MG/3 ML SYRINGE | 3 | QL | PA | | SP |
| FIRDAPSE 10 MG TABLET | 2 | | | | SP |
| FIRST-MOUTHWASH BLM SUSPENSION | 3 | | | | |
| FIRVANQ 25 MG/ML SOLUTION | 3 | QL | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| FIRVANQ 50 MG/ML SOLUTION | 3 | QL | | | |
| FLAC OTIC OIL 0.01% EAR DROP | 1 | | | | |
| FLAGYL 250 MG TABLET | 3 | | | | |
| FLAGYL 375 CAPSULE | 3 | | | | |
| FLAGYL 500 MG TABLET | 3 | | | | |
| FLAREX 0.1% EYE DROPS | 3 | | | ST | |
| FLAVOXATE HCL 100 MG TABLET | 1 | | | | |
| FLECAINIDE ACETATE 100 MG TAB | 1 | | | | |
| FLECAINIDE ACETATE 150 MG TAB | 1 | | | | |
| FLECAINIDE ACETATE 50 MG TAB | 1 | | | | |
| FLECTOR 1.3% PATCH | 2 | QL | | ST | |
| FLEET BISACODYL EC 5 MG TAB | 1 | | | | |
| FLEQSUVY 25 MG/5 ML SUSPENSION | 3 | | | ST | |
| FLEXICHAMBER | 2 | | | | |
| FLEXICHAMBER-LG CHILD MASK | 2 | | | | |
| FLEXICHAMBER-SM ADULT MASK | 2 | | | | |
| FLEXICHAMBER-SM CHILD MASK | 2 | | | | |
| FLOLAN 0.5 MG VIAL | 2 | | PA | | SP |
| FLOLAN 1.5 MG VIAL | 2 | | PA | | SP |
| FLOLIPID 20 MG/5 ML ORAL SUSP | 3 | QL | | ST | |
| FLOLIPID 40 MG/5 ML ORAL SUSP | 3 | QL | | ST | |
| FLOMAX 0.4 MG CAPSULE | 3 | | | ST | |
| FLOVENT 100 MCG DISKUS | 3 | QL | | | |
| FLOVENT 250 MCG DISKUS | 3 | QL | | | |
| FLOVENT 50 MCG DISKUS | 3 | QL | | | |
| FLOVENT HFA 110 MCG INHALER | 3 | QL | | | |
| FLOVENT HFA 220 MCG INHALER | 3 | QL | | | |
| FLOVENT HFA 44 MCG INHALER | 3 | QL | | | |
| FLOW-EZE VENTED NEEDLE | 2 | | | | |
| FLUCONAZOLE 10 MG/ML SUSP | 1 | | | | |
| FLUCONAZOLE 100 MG TABLET | 1 | | | | |
| FLUCONAZOLE 150 MG TABLET | 1 | QL | | | |
| FLUCONAZOLE 200 MG TABLET | 1 | | | | |
| FLUCONAZOLE 40 MG/ML SUSP | 1 | | | | |
| FLUCONAZOLE 50 MG TABLET | 1 | | | | |
| FLUDROCORTISONE 0.1 MG TABLET | 1 | | | | |
| FLUMADINE 100 MG TABLET | 3 | | | | |
| FLUNISOLIDE 0.025% SPRAY | 1 | QL | | ST | |
| FLUOCINOLONE 0.01% BODY OIL | 1 | | | | |
| FLUOCINOLONE 0.01% CREAM | 1 | | | | |
| FLUOCINOLONE 0.01% SCALP OIL | 1 | | | | |
| FLUOCINOLONE 0.01% SOLUTION | 1 | | | | |
| FLUOCINOLONE 0.025% CREAM | 1 | | | | |
| FLUOCINOLONE 0.025% OINTMENT | 1 | | | | |
| FLUOCINOLONE OIL 0.01% EAR DRP | 1 | | | | |
| FLUOCINONIDE 0.05% CREAM | 1 | QL | | | |
| FLUOCINONIDE 0.05% GEL | 1 | QL | | | |
| FLUOCINONIDE 0.05% OINTMENT | 1 | QL | | | |
| FLUOCINONIDE 0.05% SOLUTION | 1 | QL | | | |
| FLUOCINONIDE 0.1% CREAM | 1 | QL | | ST | |
| FLUOCINONIDE-E 0.05% CREAM | 1 | QL | | | |
| FLURESCEIN-BENOXIN 0.3%-0.4% | 3 | | | | |
| FLURESCEIN-PROPARACAINE DROPS | 1 | | | | |
| FLUORIDE 0.25 MG TABLET CHEW | 1 | | | | |
| FLUORIDE 0.5 MG TABLET CHEW | 1 | | | | |
| FLUORIDE 1 MG TABLET CHEWABLE | 1 | | | | |
| FLUORIDEX DAILY DEFENSE 1.1% | 3 | | | | |
| FLUORIDEX SENSITIV RLF PASTE | 3 | | | | |
| FLUORIMAX 5000 1.1% TOOTHPASTE | 3 | | | | |
| FLUORITAB 0.5 MG TABLET CHEW | 1 | | | | |
| FLUORITAB 1 MG TABLET CHEW | 1 | | | | |
| FLUOROMETHOLONE 0.1% EYE DROP | 1 | | | | |
| FLUOROPLEX 1% CREAM | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| FLUOROURACIL 0.5% CREAM | 3 | | | | |
| FLUOROURACIL 2% TOPICAL SOLN | 1 | | | | |
| FLUOROURACIL 5% CREAM | 1 | | | | |
| FLUOROURACIL 5% TOPICAL SOLN | 1 | | | | |
| FLUOXETINE 20 MG/5 ML SOLUTION | 1 | | | | |
| FLUOXETINE DR 90 MG CAPSULE | 1 | QL | PA | | |
| FLUOXETINE HCL 10 MG CAPSULE | 1 | QL | | | |
| FLUOXETINE HCL 20 MG CAPSULE | 1 | | | | |
| FLUOXETINE HCL 40 MG CAPSULE | 1 | QL | | | |
| FLUPHENAZINE 1 MG TABLET | 1 | | | | |
| FLUPHENAZINE 10 MG TABLET | 1 | | | | |
| FLUPHENAZINE 2.5 MG TABLET | 1 | | | | |
| FLUPHENAZINE 2.5 MG/5 ML ELIX | 1 | | | | |
| FLUPHENAZINE 5 MG TABLET | 1 | | | | |
| FLUPHENAZINE 5 MG/ML CONC | 1 | | | | |
| FLURANDRENOLIDE 0.05% CREAM | 1 | QL | | ST | |
| FLURANDRENOLIDE 0.05% LOTION | 1 | QL | | ST | |
| FLURANDRENOLIDE 0.05% OINTMENT | 1 | QL | | ST | |
| FLURAZEPAM 15 MG CAPSULE | 1 | | | | |
| FLURAZEPAM 30 MG CAPSULE | 1 | | | | |
| FLURBIPROFEN 0.03% EYE DROP | 1 | | | | |
| FLURBIPROFEN 100 MG TABLET | 1 | | | | |
| FLUTAMIDE 125 MG CAPSULE | 1 | | | | |
| FLUTICASONE PROP 0.005% OINT | 1 | | | | |
| FLUTICASONE PROP 0.05% CREAM | 1 | | | | |
| FLUTICASONE PROP 0.05% LOTION | 1 | | | ST | |
| FLUTICASONE PROP 100MCG DISKUS | 3 | QL | | | |
| FLUTICASONE PROP 250 MCG DISK | 3 | QL | | | |
| FLUTICASONE PROP 50 MCG DISKUS | 3 | QL | | | |
| FLUTICASONE PROP 50 MCG SPRAY | 1 | QL | | | |
| FLUTICASONE PROP HFA 110 MCG | 3 | QL | | | |
| FLUTICASONE PROP HFA 220 MCG | 3 | QL | | | |
| FLUTICASONE PROP HFA 44 MCG | 3 | QL | | | |
| FLUTICASONE-SALMETEROL 100-50 | 1 | QL | | ST | |
| FLUTICASONE-SALMETEROL 113-14 | 3 | QL | | ST | |
| FLUTICASONE-SALMETEROL 115-21 | 3 | QL | | ST | |
| FLUTICASONE-SALMETEROL 230-21 | 3 | QL | | ST | |
| FLUTICASONE-SALMETEROL 232-14 | 3 | QL | | ST | |
| FLUTICASONE-SALMETEROL 250-50 | 1 | QL | | ST | |
| FLUTICASONE-SALMETEROL 45-21 | 3 | QL | | ST | |
| FLUTICASONE-SALMETEROL 500-50 | 1 | QL | | ST | |
| FLUTICASONE-SALMETEROL 55-14 | 3 | QL | | ST | |
| FLUVASTATIN ER 80 MG TABLET | 1 | QL | | | |
| FLUVASTATIN SODIUM 20 MG CAP | 1 | QL | | | |
| FLUVASTATIN SODIUM 40 MG CAP | 1 | QL | | | |
| FLUVOXAMINE ER 100 MG CAPSULE | 1 | QL | PA | | |
| FLUVOXAMINE ER 150 MG CAPSULE | 1 | QL | PA | | |
| FLUVOXAMINE MALEATE 100 MG TAB | 1 | QL | | | |
| FLUVOXAMINE MALEATE 25 MG TAB | 1 | QL | | | |
| FLUVOXAMINE MALEATE 50 MG TAB | 1 | QL | | | |
| FML FORTE 0.25% EYE DROPS | 3 | | | ST | |
| FML LIQUIFILM 0.1% EYE DROP | 3 | | | ST | |
| FOCALIN 10 MG TABLET | 3 | | | | |
| FOCALIN 2.5 MG TABLET | 3 | | | | |
| FOCALIN 5 MG TABLET | 3 | | | | |
| FOCALIN XR 10 MG CAPSULE | 3 | | | ST | |
| FOCALIN XR 15 MG CAPSULE | 3 | | | ST | |
| FOCALIN XR 20 MG CAPSULE | 3 | | | ST | |
| FOCALIN XR 25 MG CAPSULE | 3 | | | ST | |
| FOCALIN XR 30 MG CAPSULE | 3 | | | ST | |
| FOCALIN XR 35 MG CAPSULE | 3 | | | ST | |
| FOCALIN XR 40 MG CAPSULE | 3 | | | ST | |
| FOCALIN XR 5 MG CAPSULE | 3 | | | ST | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| FOLIC ACID 0.4 MG TABLET | 1 | | | | |
| FOLIC ACID 0.8 MG TABLET | 1 | | | | |
| FOLIC ACID 1 MG TABLET | 1 | | | | |
| FOLIC ACID 400 MCG TABLET | 1 | | | | |
| FOLIC ACID 800 MCG TABLET | 1 | | | | |
| FOLITAB 500 CAPLET | 1 | | | | |
| FOLIVANE-OB CAPSULE | 1 | | | | |
| FOLTABS 800 TABLET | 1 | | | | |
| FONDAPARINUX 10 MG/0.8 ML SYR | 1 | | | | SP |
| FONDAPARINUX 2.5 MG/0.5 ML SYR | 1 | | | | SP |
| FONDAPARINUX 5 MG/0.4 ML SYR | 1 | | | | SP |
| FONDAPARINUX 7.5 MG/0.6 ML SYR | 1 | | | | SP |
| FORA 30G LANCETS | 2 | | | | |
| FORA 6 CONNECT GLUCOSE STRIP | 3 | | | | |
| FORA 6 CONNECT MULTIFUNCTN MTR | 3 | | | | |
| FORA 6CONN-GTEL-TN'G ADV STRIP | 3 | | | | |
| FORA BLOOD GLUCOSE TEST STRIP | 3 | | | | |
| FORA D10 BLOOD GLUCOSE SYSTEM | 3 | | | | |
| FORA D15 GLUCOSE-BP MONITOR | 3 | | | | |
| FORA D15G GLUCOSE TEST STRIPS | 3 | | | | |
| FORA D20 BLOOD GLUCOSE SYSTEM | 3 | | | | |
| FORA D20 GLUCOSE TEST STRIPS | 3 | | | | |
| FORA D40D GLUCOSE-BP MONITOR | 3 | | | | |
| FORA D40G GLUCOSE-BP MONITOR | 3 | | | | |
| FORA D40-G31 TEST STRIPS | 3 | | | | |
| FORA G20 BLOOD GLUCOSE SYSTEM | 3 | | | | |
| FORA G20 GLUCOSE TEST STRIPS | 3 | | | | |
| FORA G30A BLOOD GLUCOSE SYSTEM | 3 | | | | |
| FORA G30-PREMIUM V10 TEST STRP | 3 | | | | |
| FORA GD50 BLOOD GLUCOSE SYSTEM | 3 | | | | |
| FORA GD50 TEST STRIPS | 3 | | | | |
| FORA GTEL GLUCOSE TEST STRIP | 3 | | | | |
| FORA GTEL KETONE TEST STRIP | 3 | | | | |
| FORA GTEL MULTIFUNCTN MONITOR | 3 | | | | |
| FORA HIGH CONTROL SOLUTION | 3 | | | | |
| FORA KETONE CONTROL SOLN-L1 | 3 | | | | |
| FORA LANCING DEVICE | 2 | | | | |
| FORA LOW CONTROL SOLUTION | 3 | | | | |
| FORA NORMAL CONTROL SOLUTION | 3 | | | | |
| FORA PREMIUM V10 GLUCOSE METER | 3 | | | | |
| FORA TEST N'GO VOICE SYSTEM | 3 | | | | |
| FORA TN'G ADV VOICE KETO STRIP | 3 | | | | |
| FORA TN'G ADVAN PRO TEST STRIP | 3 | | | | |
| FORA TN'G ADVANCE PRO MONITOR | 3 | | | | |
| FORA TN'G VOICE GLUCOSE METER | 3 | | | | |
| FORA TN'G VOICE TEST STRIPS | 3 | | | | |
| FORA TN'GO ADVANCE MONITOR | 3 | | | | |
| FORA V10 BLOOD GLUCOSE SYSTEM | 3 | | | | |
| FORA V10 GLUCOSE TEST STRIP | 3 | | | | |
| FORA V10-V12-D10-D20 STRIPS | 3 | | | | |
| FORA V10-V12-D10-D20 STRP-LNCT | 3 | | | | |
| FORA V12 BLOOD GLUCOSE SYSTEM | 3 | | | | |
| FORA V12 GLUCOSE TEST STRIP | 3 | | | | |
| FORA V20 BLOOD GLUCOSE SYSTEM | 3 | | | | |
| FORA V20 GLUCOSE TEST STRIPS | 3 | | | | |
| FORA V30A BLOOD GLUCOSE SYSTEM | 3 | | | | |
| FORA V30A GLUCOSE TEST STRIP | 3 | | | | |
| FORACARE 30G LANCETS | 2 | | | | |
| FORACARE GD20 GLUCOSE SYSTEM | 3 | | | | |
| FORACARE GD20 TEST STRIPS | 3 | | | | |
| FORACARE GD40 GLUCOSE STRIPS | 3 | | | | |
| FORACARE GD40A GLUCOSE SYSTEM | 3 | | | | |
| FORACARE GD40B GLUCOSE SYSTEM | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| FORACARE GDH HIGH CONTROL SOLN | 3 | | | | |
| FORACARE GDH LOW CONTROL SOLN | 3 | | | | |
| FORACARE GDH NORM CONTROL SOL | 3 | | | | |
| FORANE LIQUID | 1 | | | | |
| FORFIVO XL 450 MG TABLET | 3 | QL | | ST | |
| FORMOTEROL 20 MCG/2 ML NEB VL | 1 | QL | | | |
| FORTAMET ER 1,000 MG TABLET | 3 | QL | | ST | |
| FORTAMET ER 500 MG TABLET | 3 | QL | | ST | |
| FORTEO 600 MCG/2.4 ML PEN INJ | 2 | QL | PA | | SP |
| FORTESTA 10 MG GEL PUMP | 3 | QL | PA | | |
| FORTISCARE CONTROL SOLN HIGH | 3 | | | | |
| FORTISCARE CONTROL SOLN LOW | 3 | | | | |
| FORTISCARE CONTROL SOLN NORMAL | 3 | | | | |
| FORTISCARE G1 TEST STRIP | 3 | | | | |
| FORTISCARE GLUCOSE TEST STRIPS | 3 | | | | |
| FORTISCARE T1 BLOOD GLUC SYS | 3 | | | | |
| FOSAMAX 70 MG TABLET | 3 | QL | | ST | |
| FOSAMAX PLUS D 70 MG-2800 UNIT | 3 | QL | | ST | |
| FOSAMAX PLUS D 70 MG-5600 UNIT | 3 | QL | | ST | |
| FOSAMPRENAVIR 700 MG TABLET | 1 | | | | |
| FOSFOMYCIN 3 GM SACHET | 1 | | | | |
| FOSINOPRIL SODIUM 10 MG TAB | 1 | | | | |
| FOSINOPRIL SODIUM 20 MG TAB | 1 | | | | |
| FOSINOPRIL SODIUM 40 MG TAB | 1 | | | | |
| FOSINOPRIL-HCTZ 10-12.5 MG TAB | 1 | | | | |
| FOSINOPRIL-HCTZ 20-12.5 MG TAB | 1 | | | | |
| FOSRENOL 1,000 MG POWDER PACK | 3 | QL | | | |
| FOSRENOL 1,000 MG TABLET CHEW | 3 | QL | | | |
| FOSRENOL 500 MG TABLET CHEW | 3 | QL | | | |
| FOSRENOL 750 MG POWDER PACKET | 3 | QL | | | |
| FOSRENOL 750 MG TABLET CHEW | 3 | QL | | | |
| FOTIVDA 0.89 MG CAPSULE | 3 | QL | PA | | SP |
| FOTIVDA 1.34 MG CAPSULE | 3 | QL | PA | | SP |
| FRAGMIN 10,000 UNIT/4 ML VIAL | 2 | | | | SP |
| FRAGMIN 10,000 UNIT/ML SYRINGE | 2 | | | | SP |
| FRAGMIN 12,500 UNIT/0.5 ML SYR | 2 | | | | SP |
| FRAGMIN 15,000 UNIT/0.6 ML SYR | 2 | | | | SP |
| FRAGMIN 18,000 UNIT/0.72 ML | 2 | | | | SP |
| FRAGMIN 2,500 UNIT/0.2 ML SYR | 2 | | | | SP |
| FRAGMIN 5,000 UNIT/0.2 ML SYR | 2 | | | | SP |
| FRAGMIN 7,500 UNIT/0.3 ML SYR | 2 | | | | SP |
| FRAGMIN 95,000 UNIT/3.8 ML VL | 2 | | | | SP |
| FREESTYLE 28G LANCETS | 2 | | | | |
| FREESTYLE CONTROL SOLUTION | 2 | | | | |
| FREESTYLE FLASH SYSTEM KIT | 3 | | | | |
| FREESTYLE FREEDOM KIT | 2 | | | | |
| FREESTYLE FREEDOM LITE METER | 2 | | | | |
| FREESTYLE FREEDOM LITE NFRS | 2 | | | | |
| FREESTYLE INSULINX GLUCOSE SYS | 2 | | | | |
| FREESTYLE INSULINX STRIP NFRS | 2 | | | | |
| FREESTYLE INSULINX TEST STRIP | 2 | | | | |
| FREESTYLE INSULINX TEST STRIPS | 2 | | | | |
| FREESTYLE LIBRE 14 DAY READER | 2 | | PA | | |
| FREESTYLE LIBRE 14 DAY SENSOR | 2 | QL | PA | | |
| FREESTYLE LIBRE 2 READER | 2 | | PA | | |
| FREESTYLE LIBRE 2 SENSOR | 2 | QL | PA | | |
| FREESTYLE LIBRE 3 READER | 2 | | PA | | |
| FREESTYLE LIBRE 3 SENSOR | 2 | QL | PA | | |
| FREESTYLE LITE METER | 2 | | | | |
| FREESTYLE LITE METER NFRS | 2 | | | | |
| FREESTYLE LITE TEST STRIP | 2 | | | | |
| FREESTYLE LITE TEST STRIP NFRS | 2 | | | | |
| FREESTYLE PREC 0.5 ML 30GX5/16 | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| FREESTYLE PREC 0.5 ML 31GX5/16 | 3 | | | | |
| FREESTYLE PREC 1 ML 30GX5/16" | 3 | | | | |
| FREESTYLE PREC 1 ML 31GX5/16" | 3 | | | | |
| FREESTYLE PREC NEO TEST STRIPS | 3 | | | | |
| FREESTYLE PRECISION NEO METER | 3 | | | | |
| FREESTYLE SIDEKICK II VALPK | 3 | | | | |
| FREESTYLE SYSTEM KIT | 3 | | | | |
| FREESTYLE TEST STRIPS | 2 | | | | |
| FREESTYLE TEST STRIPS NFRS | 2 | | | | |
| FREESTYLE UNISTIK 2 LANCETS | 2 | | | | |
| FROVA 2.5 MG TABLET | 3 | QL | | ST | |
| FROVATRIPTAN SUCC 2.5 MG TAB | 1 | QL | | | |
| FT ASPIRIN EC 81 MG TABLET | 1 | | | | |
| FT CLEARLAX POWDER | 1 | | | | |
| FT LAXATIVE EC 5 MG TABLET | 1 | | | | |
| FT MAGNESIUM CITRATE SOLUTION | 1 | | | | |
| FT MILK OF MAGNESIA SUSPENSION | 1 | | | | |
| FULL SPECTRUM B WITH VIT C TAB | 1 | | | | |
| FULPHILA 6 MG/0.6 ML SYRINGE | 2 | QL | PA | | SP |
| FURADANTIN 25 MG/5 ML SUSP | 3 | | | | |
| FUROSCIX 80 MG/10ML ON-BODY KT | 3 | | | ST | |
| FUROSEMIDE 10 MG/ML SOLUTION | 1 | | | | |
| FUROSEMIDE 20 MG TABLET | 1 | | | | |
| FUROSEMIDE 40 MG TABLET | 1 | | | | |
| FUROSEMIDE 40 MG/5 ML SOLN | 1 | | | | |
| FUROSEMIDE 80 MG TABLET | 1 | | | | |
| FUZEON 90 MG VIAL | 2 | QL | | | |
| FYAVOLV 0.5 MG-2.5 MCG TABLET | 1 | | | | |
| FYAVOLV 1 MG-5 MCG TABLET | 1 | | | | |
| FYCOMPA 0.5 MG/ML ORAL SUSP | 2 | | | | |
| FYCOMPA 10 MG TABLET | 2 | | | | |
| FYCOMPA 12 MG TABLET | 2 | | | | |
| FYCOMPA 2 MG TABLET | 2 | | | | |
| FYCOMPA 4 MG TABLET | 2 | | | | |
| FYCOMPA 6 MG TABLET | 2 | | | | |
| FYCOMPA 8 MG TABLET | 2 | | | | |
| FYLNETRA 6 MG/0.6 ML SYRINGE | 3 | QL | PA | | SP |
| G TUSSIN AC LIQUID | 1 | | | | |
| GABAPENTIN 100 MG CAPSULE | 1 | | | | |
| GABAPENTIN 250 MG/5 ML SOLN | 1 | | | | |
| GABAPENTIN 250 MG/5ML SOLN CUP | 1 | | | | |
| GABAPENTIN 300 MG CAPSULE | 1 | | | | |
| GABAPENTIN 300 MG/6 ML SOLN | 1 | | | | |
| GABAPENTIN 300 MG/6ML SOLN CUP | 1 | | | | |
| GABAPENTIN 400 MG CAPSULE | 1 | | | | |
| GABAPENTIN 600 MG TABLET | 1 | | | | |
| GABAPENTIN 800 MG TABLET | 1 | | | | |
| GABITRIL 12 MG TABLET | 3 | | | | |
| GABITRIL 16 MG TABLET | 3 | | | | |
| GABITRIL 2 MG TABLET | 3 | | | | |
| GABITRIL 4 MG TABLET | 3 | | | | |
| GALAFOLD 123 MG CAPSULE | 3 | QL | PA | | SP |
| GALANTAMINE 4 MG/ML ORAL SOLN | 1 | | | | |
| GALANTAMINE ER 16 MG CAPSULE | 1 | | | | |
| GALANTAMINE ER 24 MG CAPSULE | 1 | | | | |
| GALANTAMINE ER 8 MG CAPSULE | 1 | | | | |
| GALANTAMINE HBR 12 MG TABLET | 1 | | | | |
| GALANTAMINE HBR 4 MG TABLET | 1 | | | | |
| GALANTAMINE HBR 8 MG TABLET | 1 | | | | |
| GALZIN 25 MG CAPSULE | 3 | | | | |
| GALZIN 50 MG CAPSULE | 3 | | | | |
| GASTROCROM 100 MG/5 ML CONC | 3 | | | | |
| GATIFLOXACIN 0.5% EYE DROPS | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| GATTEX 5 MG 30-VIAL KIT | 3 | | PA | | SP |
| GATTEX 5 MG ONE-VIAL KIT | 3 | | PA | | SP |
| GATTEX 5 MG VIAL | 3 | | PA | | SP |
| GAVILAX POWDER | 1 | | | | |
| GAVILYTE-C SOLUTION | 1 | | | | |
| GAVILYTE-G SOLUTION | 1 | | | | |
| GAVILYTE-N SOLUTION | 1 | | | | |
| GAVRETO 100 MG CAPSULE | 2 | QL | PA | | SP |
| GE LANCING DEVICE | 2 | | | | |
| GE100 BLOOD GLUCOSE SYSTEM | 3 | | | | |
| GE100 BLOOD GLUCOSE TEST STRIP | 3 | | | | |
| GE100 CONTROL SOLUTION NORMAL | 3 | | | | |
| GE333 BLOOD GLUCOSE SYSTEM | 3 | | | | |
| GE333 BLOOD GLUCOSE TEST STRIP | 3 | | | | |
| GEFITINIB 250 MG TABLET | 1 | QL | PA | | SP |
| GELCLAIR ORAL GEL PACKET | 3 | | | | |
| GELFILM | 3 | | | | |
| GELFILM OPHTHALMIC 25X50MM | 3 | | | | |
| GEL-FLOW KIT | 3 | | | | |
| GEL-FLOW NT SYRINGE | 3 | | | | |
| GELFOAM 12-7MM SPONGE | 3 | | | | |
| GELFOAM COMPRESSED SPONGE | 3 | | | | |
| GELFOAM DENTAL SPONGE SZ 4 | 3 | | | | |
| GELFOAM JMI POWDER KIT | 3 | | | | |
| GELFOAM JMI SPONGE KIT | 3 | | | | |
| GELFOAM POWDER | 3 | | | | |
| GELFOAM SIZE 100 SPONGE | 3 | | | | |
| GELFOAM SIZE 200 SPONGE | 3 | | | | |
| GELFOAM SIZE 50 SPONGE | 3 | | | | |
| GELNIQUE 10% GEL SACHET | 2 | QL | | | |
| GELX ORAL GEL | 3 | | | | |
| GEMFIBROZIL 600 MG TABLET | 1 | | | | |
| GEMMILY 1 MG-20 MCG CAPSULE | 1 | | | | |
| GEMTESA 75 MG TABLET | 3 | | | | |
| GENERESS FE CHEWABLE TABLET | 3 | | | | |
| GENERLAC 10 GM/15 ML SOLUTION | 1 | | | | |
| GENGRAF 100 MG CAPSULE | 1 | | | | |
| GENGRAF 100 MG/ML SOLUTION | 1 | | | | |
| GENGRAF 25 MG CAPSULE | 1 | | | | |
| GENOTROPIN 12 MG CARTRIDGE | 2 | | PA | | SP |
| GENOTROPIN 5 MG CARTRIDGE | 2 | | PA | | SP |
| GENOTROPIN MINIQUICK 0.2 MG | 2 | | PA | | SP |
| GENOTROPIN MINIQUICK 0.4 MG | 2 | | PA | | SP |
| GENOTROPIN MINIQUICK 0.6 MG | 2 | | PA | | SP |
| GENOTROPIN MINIQUICK 0.8 MG | 2 | | PA | | SP |
| GENOTROPIN MINIQUICK 1 MG | 2 | | PA | | SP |
| GENOTROPIN MINIQUICK 1.2 MG | 2 | | PA | | SP |
| GENOTROPIN MINIQUICK 1.4 MG | 2 | | PA | | SP |
| GENOTROPIN MINIQUICK 1.6 MG | 2 | | PA | | SP |
| GENOTROPIN MINIQUICK 1.8 MG | 2 | | PA | | SP |
| GENOTROPIN MINIQUICK 2 MG | 2 | | PA | | SP |
| GENSTRIP GLUCOSE TEST STRIP | 3 | | | | |
| GENTAK 0.3 % EYE OINTMENT | 1 | | | | |
| GENTAMICIN 0.1% CREAM | 1 | QL | | | |
| GENTAMICIN 0.1% OINTMENT | 1 | QL | | | |
| GENTAMICIN 0.3% EYE DROP | 1 | | | | |
| GENTEEL VACUUM LANCING DEVICE | 3 | | | | |
| GENTLE LAXATIVE EC 5 MG TABLET | 1 | | | | |
| GENVOYA TABLET | 2 | | | | |
| GEODON 20 MG CAPSULE | 3 | QL | | | |
| GEODON 40 MG CAPSULE | 3 | QL | | | |
| GEODON 60 MG CAPSULE | 3 | QL | | | |
| GEODON 80 MG CAPSULE | 3 | QL | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| GHT BLOOD GLUCOSE TEST STRIP | 3 | | | | |
| GIANVI 3 MG-0.02 MG TABLET | 1 | | | | |
| GILENYA 0.25 MG CAPSULE | 3 | QL | PA | | SP |
| GILENYA 0.5 MG CAPSULE | 3 | QL | PA | | SP |
| GILOTRIF 20 MG TABLET | 2 | QL | PA | | SP |
| GILOTRIF 30 MG TABLET | 2 | QL | PA | | SP |
| GILOTRIF 40 MG TABLET | 2 | QL | PA | | SP |
| GIMOTI 15 MG NASAL SPRAY | 3 | | | | SP |
| GLATIRAMER 20 MG/ML SYRINGE | 1 | QL | PA | | SP |
| GLATIRAMER 40 MG/ML SYRINGE | 1 | QL | PA | | SP |
| GLATOPA 20 MG/ML SYRINGE | 1 | QL | PA | | SP |
| GLATOPA 40 MG/ML SYRINGE | 1 | QL | PA | | SP |
| GLEEVEC 100 MG TABLET | 3 | QL | PA | | SP |
| GLEEVEC 400 MG TABLET | 3 | QL | PA | | SP |
| GLEOSTINE 10 MG CAPSULE | 2 | | | | |
| GLEOSTINE 100 MG CAPSULE | 2 | | | | |
| GLEOSTINE 40 MG CAPSULE | 2 | | | | |
| GLIMEPIRIDE 1 MG TABLET | 1 | | | | |
| GLIMEPIRIDE 2 MG TABLET | 1 | | | | |
| GLIMEPIRIDE 4 MG TABLET | 1 | | | | |
| GLIPIZIDE 10 MG TABLET | 1 | | | | |
| GLIPIZIDE 2.5 MG TABLET | 3 | | | | |
| GLIPIZIDE 5 MG TABLET | 1 | | | | |
| GLIPIZIDE ER 10 MG TABLET | 1 | | | | |
| GLIPIZIDE ER 2.5 MG TABLET | 1 | | | | |
| GLIPIZIDE ER 5 MG TABLET | 1 | | | | |
| GLIPIZIDE XL 10 MG TABLET | 1 | | | | |
| GLIPIZIDE XL 2.5 MG TABLET | 1 | | | | |
| GLIPIZIDE XL 5 MG TABLET | 1 | | | | |
| GLIPIZIDE-METFORMIN 2.5-250 MG | 1 | | | | |
| GLIPIZIDE-METFORMIN 2.5-500 MG | 1 | | | | |
| GLIPIZIDE-METFORMIN 5-500 MG | 1 | | | | |
| GLOPERBA 0.6 MG/5 ML SOLUTION | 3 | | | | |
| GLUCAGEN 1 MG HYPOKIT | 3 | QL | | | |
| GLUCAGON 1 MG EMERGENCY KIT | 2 | QL | | | |
| GLUCO NAVII GLUCOSE MONITOR KT | 3 | | | | |
| GLUCO NAVII GLUCOSE TEST STRIP | 3 | | | | |
| GLUCOCARD 01 CONTROL SOLUTION | 3 | | | | |
| GLUCOCARD 01 METER KIT | 3 | | | | |
| GLUCOCARD 01 SENSOR PLUS STRIP | 3 | | | | |
| GLUCOCARD EXPRESSION CNTRL SLN | 3 | | | | |
| GLUCOCARD EXPRESSION METER | 3 | | | | |
| GLUCOCARD EXPRESSION METER KIT | 3 | | | | |
| GLUCOCARD EXPRESSION TEST STRP | 3 | | | | |
| GLUCOCARD SHINE CONNEX METER | 3 | | | | |
| GLUCOCARD SHINE CONTROL SOLN | 3 | | | | |
| GLUCOCARD SHINE EXPRESS METER | 3 | | | | |
| GLUCOCARD SHINE METER | 3 | | | | |
| GLUCOCARD SHINE METER KIT | 3 | | | | |
| GLUCOCARD SHINE TEST STRIPS | 3 | | | | |
| GLUCOCARD SHINE XL METER | 3 | | | | |
| GLUCOCARD VITAL METER KIT | 3 | | | | |
| GLUCOCARD VITAL SENSOR STRIP | 3 | | | | |
| GLUCOCARD VITAL TEST STRIPS | 3 | | | | |
| GLUCOCOM 28G LANCETS | 2 | | | | |
| GLUCOCOM 30G LANCETS | 2 | | | | |
| GLUCOCOM 33G LANCETS | 2 | | | | |
| GLUCOCOM AUTOLINK SYSTEM | 3 | | | | |
| GLUCOCOM BLOOD GLUCOSE KIT | 3 | | | | |
| GLUCOCOM BLOOD GLUCOSE METER | 3 | | | | |
| GLUCOCOM CONTROL SOLUTION | 3 | | | | |
| GLUCOCOM GLUCOSE TEST STRIP | 3 | | | | |
| GLUCOCOM VALUE KIT | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| GLUCOSE CONTROL SOLN NORMAL | 3 | | | | |
| GLUCOSE CONTROL SOLUTION | 3 | | | | |
| GLUCOTROL 10 MG TABLET | 3 | | | | |
| GLUCOTROL 5 MG TABLET | 3 | | | | |
| GLUCOTROL XL 10 MG TABLET | 3 | | | | |
| GLUCOTROL XL 2.5 MG TABLET | 3 | | | | |
| GLUCOTROL XL 5 MG TABLET | 3 | | | | |
| GLUMETZA ER 1,000 MG TABLET | 3 | QL | | ST | |
| GLUMETZA ER 500 MG TABLET | 3 | QL | | ST | |
| GLUTOL GEL | 2 | | | | |
| GLYBURIDE 1.25 MG TABLET | 1 | | | | |
| GLYBURIDE 2.5 MG TABLET | 1 | | | | |
| GLYBURIDE 5 MG TABLET | 1 | | | | |
| GLYBURIDE MICRO 1.5 MG TAB | 1 | | | | |
| GLYBURIDE MICRO 3 MG TABLET | 1 | | | | |
| GLYBURIDE MICRO 6 MG TABLET | 1 | | | | |
| GLYBURIDE-METFORMIN 2.5-500 MG | 1 | | | | |
| GLYBURIDE-METFORMIN 5-500 MG | 1 | | | | |
| GLYBURID-METFORMIN 1.25-250 MG | 1 | | | | |
| GLYCATE 1.5 MG TABLET | 3 | | | | |
| GLYCINE 1.5% IRRIGATION | 1 | | | | |
| GLYCOPYRROLATE 1 MG TABLET | 1 | | | | |
| GLYCOPYRROLATE 1 MG/5 ML SOLN | 1 | | | | |
| GLYCOPYRROLATE 1.5 MG TABLET | 1 | | | | |
| GLYCOPYRROLATE 2 MG TABLET | 1 | | | | |
| GLYDO 2% JELLY SYRINGE | 1 | QL | | | |
| GLYNASE 1.5 MG PRESTAB | 3 | | | | |
| GLYNASE 3 MG PRESTAB | 3 | | | | |
| GLYNASE 6 MG PRESTAB | 3 | | | | |
| GLYSET 100 MG TABLET | 3 | | | | |
| GLYSET 25 MG TABLET | 3 | | | | |
| GLYSET 50 MG TABLET | 3 | | | | |
| GLYXAMBI 10 MG-5 MG TABLET | 2 | QL | | ST | |
| GLYXAMBI 25 MG-5 MG TABLET | 2 | QL | | ST | |
| GNP ASPIRIN 81 MG CHEWABLE TAB | 1 | | | | |
| GNP ASPIRIN EC 81 MG TABLET | 1 | | | | |
| GNP CITRATE OF MAGNESIA SOLN | 1 | | | | |
| GNP CLEARLAX POWDER | 1 | | | | |
| GNP CLICKFINE 31G X 1/4" NDL | 3 | | | | |
| GNP CLICKFINE 31G X 5/16" NDL | 3 | | | | |
| GNP EASY TOUCH GLUC TEST STRIP | 3 | | | | |
| GNP EASY TOUCH GLUCOSE MONITOR | 3 | | | | |
| GNP EASY TOUCH HIGH-LOW SOLN | 3 | | | | |
| GNP FOLIC ACID 400 MCG TABLET | 1 | | | | |
| GNP GENTLE LAXATIVE EC 5 MG TB | 1 | | | | |
| GNP INS SYR 0.3 ML 29GX1/2" | 3 | | | | |
| GNP INS SYRINGE 1 ML 28G 1/2" | 3 | | | | |
| GNP INSUL SYR 0.3 ML 31GX5/16" | 3 | | | | |
| GNP INSUL SYR 0.5 ML 31GX5/16" | 3 | | | | |
| GNP INSULIN SYR 1 ML 31GX5/16" | 3 | | | | |
| GNP LANCING SYSTEM DEVICE | 2 | | | | |
| GNP LAXATIVE EC 5 MG TABLET | 1 | | | | |
| GNP MAGNESIUM CITRATE SOLUTION | 1 | | | | |
| GNP MILK OF MAGNESIA SUSP | 1 | | | | |
| GNP PRENATAL VITAMINS TABLET | 1 | | | | |
| GNP STERILE 33G LANCET | 2 | | | | |
| GNP TRUE METRIX TEST STRIP | 3 | | | | |
| GNP TRUETRACK GLUCOSE TEST STR | 3 | | | | |
| GNP ULT C 0.3ML 29GX1/2" (1/2) | 3 | | | | |
| GNP ULT CMFRT 0.5 ML 29GX1/2" | 3 | | | | |
| GNP ULTICARE PEN NDL 31G 5MM | 3 | | | | |
| GNP ULTICARE PEN NDL 31G 8MM | 3 | | | | |
| GNP ULTICARE PEN NDL 32G 4MM | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| GNP ULTICARE PEN NDL 32G 6MM | 3 | | | | |
| GNP ULTIGUARD SAFEPACK 31G 5MM | 3 | | | | |
| GNP ULTIGUARD SAFEPACK 31G 8MM | 3 | | | | |
| GNP ULTIGUARD SAFEPACK 32G 4MM | 3 | | | | |
| GNP ULTIGUARD SAFEPACK 32G 6MM | 3 | | | | |
| GNP ULTR CMFRT 0.5 ML 28GX1/2" | 3 | | | | |
| GNP ULTR COMFORT 1 ML 29GX1/2" | 3 | | | | |
| GNP ULTRA COMFORT 0.5 ML SYR | 3 | | | | |
| GNP ULTRA COMFORT 1 ML SYRINGE | 3 | | | | |
| GNP ULTRA COMFORT 3/10 ML SYR | 3 | | | | |
| GNP ULTRA COMFRT 1 ML 28GX1/2" | 3 | | | | |
| GNP UNIVERSAL 1 STANDARD 21G | 2 | | | | |
| GNP UNIVERSAL 1 THIN 26G LANCT | 2 | | | | |
| GOCOVRI ER 137 MG CAPSULE | 3 | QL | PA | | SP |
| GOCOVRI ER 68.5 MG CAPSULE | 3 | QL | PA | | SP |
| GOJJI BLOOD GLUCOSE TEST STRIP | 3 | | | | |
| GOJJI BLOOD KETONE TEST STRIP | 3 | | | | |
| GOJJI GLUCOSE CONTROL SOL-NRML | 3 | | | | |
| GOJJI KETONE CONTROL SOLN-L1 | 3 | | | | |
| GOJJI LANCET 30G-GLUC TST STRP | 3 | | | | |
| GOJJI LANCETS 30G | 2 | | | | |
| GOJJI LANCING DEVICE | 2 | | | | |
| GOJJI MULTI-FUNCTIONAL METER | 3 | | | | |
| GOJJI MULTIFUNCTIONAL METER KT | 3 | | | | |
| GOLYTELY SOLUTION | 3 | | | | |
| GONITRO 0.4 MG SUBLINGUAL PWD | 3 | | | | |
| GOPRELTO 4% NASAL SOLUTION | 3 | | | | |
| GRALISE ER 300 MG TABLET | 3 | | | ST | |
| GRALISE ER 450 MG TABLET | 3 | | | ST | |
| GRALISE ER 600 MG TABLET | 3 | | | ST | |
| GRALISE ER 750 MG TABLET | 3 | | | ST | |
| GRALISE ER 900 MG TABLET | 3 | | | ST | |
| GRANISETRON HCL 1 MG TABLET | 1 | QL | | | |
| GRANIX 300 MCG/0.5 ML SAFE SYR | 3 | | PA | | SP |
| GRANIX 300 MCG/0.5 ML SYRINGE | 3 | | PA | | SP |
| GRANIX 300 MCG/ML VIAL | 3 | | PA | | SP |
| GRANIX 480 MCG/0.8 ML SAFE SYR | 3 | | PA | | SP |
| GRANIX 480 MCG/0.8 ML SYRINGE | 3 | | PA | | SP |
| GRANIX 480 MCG/1.6 ML VIAL | 3 | | PA | | SP |
| GRISEOFULVIN 125 MG/5 ML SUSP | 1 | | | | |
| GRISEOFULVIN MICRO 500 MG TAB | 1 | | | | |
| GRISEOFULVIN ULTRA 125 MG TAB | 1 | | | | |
| GRISEOFULVIN ULTRA 250 MG TAB | 1 | | | | |
| GS ASPIRIN 81 MG CHEWABLE TAB | 1 | | | | |
| GS BISACODYL EC 5 MG TABLET | 1 | | | | |
| GS BLOOD GLUCOSE MONITOR SYS | 3 | | | | |
| GS BLOOD GLUCOSE TEST STRIP | 3 | | | | |
| GS CLEARLAX POWDER | 1 | | | | |
| GS MILK OF MAGNESIA SUSPENSION | 1 | | | | |
| GS PEN NEEDLE 31G X 5/16" | 3 | | | | |
| GS PEN NEEDLE 31G X 5MM | 3 | | | | |
| GS PEN NEEDLE 31G X 6MM | 3 | | | | |
| GS PEN NEEDLE 31G X 8MM | 3 | | | | |
| GS PEN NEEDLE 32G X 4MM | 3 | | | | |
| GS PEN NEEDLE 32G X 6MM | 3 | | | | |
| GS UNIVERSAL 1 MICRO THIN 33G | 2 | | | | |
| GS UNIVERSAL 1 THIN 26G LANCET | 2 | | | | |
| GS UNIVERSAL 1 ULTRA THIN 30G | 2 | | | | |
| GUAIACOL LIQUID PURIFIED | 2 | | | | |
| GUAIATUSSIN AC LIQUID | 1 | | | | |
| GUAIFEN-CODEINE 100-10 MG/5 ML | 1 | | | | |
| GUAIFEN-CODEINE 200-20 MG/10ML | 3 | | | | |
| GUAIFENESIN AC COUGH SYRUP | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| GUAIFENESIN DAC ORAL SOLUTION | 1 | | | | |
| GUANFACINE 1 MG TABLET | 1 | | | | |
| GUANFACINE 2 MG TABLET | 1 | | | | |
| GUANFACINE HCL ER 1 MG TABLET | 1 | | | | |
| GUANFACINE HCL ER 2 MG TABLET | 1 | | | | |
| GUANFACINE HCL ER 3 MG TABLET | 1 | | | | |
| GUANFACINE HCL ER 4 MG TABLET | 1 | | | | |
| GUANIDINE HCL 125 MG TABLET | 1 | | | | |
| GUARDIAN 4 GLUCOSE SENSOR | 3 | QL | PA | | |
| GUARDIAN 4 TRANSMITTER | 3 | QL | PA | | |
| GUARDIAN CONNECT TRANSMITTER | 3 | QL | PA | | |
| GUARDIAN LINK 3 TRANSMITTER | 3 | QL | PA | | |
| GUARDIAN REAL-TIME GLU MONITOR | 3 | | PA | | |
| GUARDIAN RT REPLACE CHARGER | 3 | | | | |
| GUARDIAN RT REPLACE MONITOR | 3 | | | | |
| GUARDIAN RT REPLACE TEST PLUG | 3 | | | | |
| GUARDIAN SENSOR 3 | 3 | QL | PA | | |
| GUARDIAN TEST PLUG | 3 | | | | |
| GUARDIAN TRANSMITTER TAPE | 3 | | | | |
| GVOKE 1 MG/0.2 ML KIT | 2 | QL | | | |
| GVOKE 1 MG/0.2 ML VIAL | 2 | QL | | | |
| GVOKE HYPOPEN 1PK 0.5MG/0.1 ML | 2 | QL | | | |
| GVOKE HYPOPEN 1-PK 1 MG/0.2 ML | 2 | QL | | | |
| GVOKE HYPOPEN 2PK 0.5MG/0.1 ML | 2 | QL | | | |
| GVOKE HYPOPEN 2-PK 1 MG/0.2 ML | 2 | QL | | | |
| GVOKE PFS 1PK 0.5MG/0.1 ML SYR | 2 | QL | | | |
| GVOKE PFS 1-PK 1 MG/0.2 ML SYR | 2 | QL | | | |
| GVOKE PFS 2PK 0.5MG/0.1 ML SYR | 2 | QL | | | |
| GVOKE PFS 2-PK 1 MG/0.2 ML SYR | 2 | QL | | | |
| GYNAZOLE 1 2% CREAM | 3 | | | | |
| GYNOL II 3% GEL | 1 | | | | |
| HADLIMA 40 MG/0.8 ML SYRINGE | 3 | QL | PA | | SP |
| HADLIMA PUSHTOUCH 40 MG/0.8 ML | 3 | QL | PA | | SP |
| HADLIMA(CF) 40 MG/0.4 ML SYRNG | 3 | QL | PA | | SP |
| HADLIMA(CF) PUSHTOUCH 40MG/0.4 | 3 | QL | PA | | SP |
| HAEGARDA 2,000 UNIT VIAL | 3 | QL | PA | | SP |
| HAEGARDA 3,000 UNIT VIAL | 3 | QL | PA | | SP |
| HAILEY 21 1.5 MG-30 MCG TAB | 1 | | | | |
| HAILEY 24 FE 1 MG-20 MCG TAB | 1 | | | | |
| HAILEY FE 1.5-30 TABLET | 1 | | | | |
| HAILEY FE 1-20 TABLET | 1 | | | | |
| HALCINONIDE 0.1% CREAM | 1 | | | ST | |
| HALCION 0.25 MG TABLET | 3 | | | | |
| HALOBETASOL PROP 0.05% CREAM | 1 | | | | |
| HALOBETASOL PROP 0.05% FOAM | 1 | | | | |
| HALOBETASOL PROP 0.05% OINTMNT | 1 | | | | |
| HALOETTE VAGINAL RING | 1 | | | | |
| HALOG 0.1% CREAM | 3 | | | ST | |
| HALOG 0.1% OINTMENT | 3 | | | ST | |
| HALOG 0.1% SOLUTION | 3 | | | ST | |
| HALOPERIDOL 0.5 MG TABLET | 1 | | | | |
| HALOPERIDOL 1 MG TABLET | 1 | | | | |
| HALOPERIDOL 10 MG TABLET | 1 | | | | |
| HALOPERIDOL 2 MG TABLET | 1 | | | | |
| HALOPERIDOL 20 MG TABLET | 1 | | | | |
| HALOPERIDOL 5 MG TABLET | 1 | | | | |
| HALOPERIDOL LAC 10 MG/5 ML CUP | 1 | | | | |
| HALOPERIDOL LAC 2 MG/ML CONC | 1 | | | | |
| HARMONY GLUCOSE TEST STRIP | 3 | | | | |
| HARVONI 33.75-150 MG PELLET PK | 2 | QL | PA | | SP |
| HARVONI 45-200 MG PELLET PACKT | 2 | QL | PA | | SP |
| HARVONI 45-200 MG TABLET | 2 | QL | PA | | SP |
| HARVONI 90-400 MG TABLET | 2 | QL | PA | | SP |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| HEALTHPRO CONTROL SOLN-L1, L3 | 3 | | | | |
| HEALTHPRO GLUCOSE MONITOR SYS | 3 | | | | |
| HEALTHPRO GLUCOSE TEST STRIPS | 3 | | | | |
| HEALTHWISE INS 0.3ML 30GX5/16" | 3 | | | | |
| HEALTHWISE INS 0.3ML 31GX5/16" | 3 | | | | |
| HEALTHWISE INS 0.5ML 30GX5/16" | 3 | | | | |
| HEALTHWISE INS 0.5ML 31GX5/16" | 3 | | | | |
| HEALTHWISE INS 1 ML 30GX5/16" | 3 | | | | |
| HEALTHWISE INS 1 ML 31GX5/16" | 3 | | | | |
| HEALTHWISE PEN NEEDLE 31G 5MM | 3 | | | | |
| HEALTHWISE PEN NEEDLE 31G 8MM | 3 | | | | |
| HEALTHWISE PEN NEEDLE 32G 4MM | 3 | | | | |
| HEALTHY ACCENTS AUTOLET DEVICE | 2 | | | | |
| HEALTHY ACCENTS PENTIP 4MM 32G | 3 | | | | |
| HEALTHY ACCENTS PENTIP 5MM 31G | 3 | | | | |
| HEALTHY ACCENTS PENTIP 6MM 31G | 3 | | | | |
| HEALTHY ACCENTS PENTIP 8MM 31G | 3 | | | | |
| HEALTHY ACCENTS PENTP 12MM 29G | 3 | | | | |
| HEALTHY ACCENTS UNILET 30G | 2 | | | | |
| HEATHER 0.35 MG TABLET | 1 | | | | |
| HEB MICRO THIN 33G LANCETS | 2 | | | | |
| HEB UNIFINE PNTP PLUS 31GX3/16 | 3 | | | | |
| HELIDAC THERAPY PACK | 3 | | | | |
| HEMA-COMBISTIX REAGENT STRIPS | 2 | | | | |
| HEMADY 20 MG TABLET | 3 | | | ST | |
| HEMANGEOL 4.28 MG/ML ORAL SOLN | 3 | | | ST | SP |
| HEMMOREX-HC 25 MG SUPPOSITORY | 1 | | | | |
| HEMMOREX-HC 30 MG SUPPOSITORY | 1 | | | | |
| HEPARIN 1,000 UNIT/10 (100/ML) | 1 | | | | |
| HEPARIN 1,000 UNIT/500 ML-NS | 1 | | | | |
| HEPARIN 10 UNIT/10 ML (1/ML) | 1 | | | | |
| HEPARIN 10,000 UNIT/10 ML VIAL | 1 | | | | |
| HEPARIN 100 UNIT/10 ML (10/ML) | 1 | | | | |
| HEPARIN 12,500 UNIT/250-1/2 NS | 3 | | | | |
| HEPARIN 2 UNIT/2 ML (1/ML) SYR | 1 | | | | |
| HEPARIN 2,000 UNIT/1,000 ML-NS | 1 | | | | |
| HEPARIN 2,000 UNIT/2 ML VIAL | 1 | | | | |
| HEPARIN 2,500 UNIT/500 ML-NS | 3 | | | | |
| HEPARIN 20 UNITS/2 ML (10/ML) | 1 | | | | |
| HEPARIN 20,000 UNIT/500 ML-D5W | 1 | | | | |
| HEPARIN 200 UNIT/2 ML (100/ML) | 1 | | | | |
| HEPARIN 25,000 UNIT/250 ML-D5W | 1 | | | | |
| HEPARIN 25,000 UNIT/250-1/2 NS | 1 | | | | |
| HEPARIN 25,000 UNIT/500 ML-D5W | 1 | | | | |
| HEPARIN 25,000 UNIT/500-1/2 NS | 1 | | | | |
| HEPARIN 3 UNIT/3 ML (1/ML) SYR | 1 | | | | |
| HEPARIN 30 UNIT/3 ML (10/ML) | 1 | | | | |
| HEPARIN 30 UNITS/3 ML (10/ML) | 1 | | | | |
| HEPARIN 30,000 UNIT/1,000-NS | 3 | | | | |
| HEPARIN 30,000 UNIT/30 ML VIAL | 1 | | | | |
| HEPARIN 300 UNIT/3 ML (100/ML) | 1 | | | | |
| HEPARIN 40,000 UNIT/4 ML VIAL | 1 | | | | |
| HEPARIN 5 UNIT/5 ML (1/ML) SYR | 1 | | | | |
| HEPARIN 5,000 UNIT/1,000 ML-NS | 3 | | | | |
| HEPARIN 5,000 UNIT/500 ML-NS | 3 | | | | |
| HEPARIN 5,000 UNIT/ML CARPUJCT | 1 | | | | |
| HEPARIN 50 UNITS/5 ML (10/ML) | 1 | | | | |
| HEPARIN 50,000 UNIT/10 ML VIAL | 1 | | | | |
| HEPARIN 50,000 UNIT/5 ML VIAL | 1 | | | | |
| HEPARIN 500 UNIT/5 ML (100/ML) | 1 | | | | |
| HEPARIN 60 UNITS/6 ML (10/ML) | 1 | | | | |
| HEPARIN FLUSH 10 UNITS/ML SYR | 1 | | | | |
| HEPARIN IV FLUSH 1 UNIT/ML SYR | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| HEPARIN IV FLUSH 100 UNITS/ML | 1 | | | | |
| HEPARIN LOCK FLUSH 10 UNITS/ML | 1 | | | | |
| HEPARIN LOCK FLUSH 100 UNIT/ML | 1 | | | | |
| HEPARIN SOD 1,000 UNIT/ML VIAL | 1 | | | | |
| HEPARIN SOD 10,000 UNIT/ML VL | 1 | | | | |
| HEPARIN SOD 20,000 UNIT/ML VL | 1 | | | | |
| HEPARIN SOD 5,000 UNIT/0.5 ML | 3 | | | | |
| HEPARIN SOD 5,000 UNIT/ML SYRG | 3 | | | | |
| HEPARIN SOD 5,000 UNIT/ML VIAL | 1 | | | | |
| HEP-LOCK FLUSH 100 UNIT/ML KIT | 1 | | | | |
| HEPSERA 10 MG TABLET | 3 | | | | |
| HER STYLE 1.5 MG TABLET | 1 | QL | | | |
| HETLIOZ 20 MG CAPSULE | 3 | QL | PA | | SP |
| HETLIOZ LQ 4 MG/ML SUSPENSION | 3 | QL | PA | | SP |
| HIDEX 6 DAY 1.5 MG TABLET | 1 | | | ST | |
| HIPREX 1 GM TABLET | 3 | | | | |
| HISTEX-AC SYRUP | 3 | | | | |
| HM ASPIRIN 81 MG CHEWABLE TAB | 1 | | | | |
| HM ASPIRIN EC 81 MG TABLET | 1 | | | | |
| HM CLEARLAX POWDER | 1 | | | | |
| HM LAXATIVE EC 5 MG TABLET | 1 | | | | |
| HM MAGNESIUM CITRATE SOLUTION | 1 | | | | |
| HM MILK OF MAGNESIA SUSPENSION | 1 | | | | |
| HM ULTICARE PEN NEEDLE 4MM 32G | 3 | | | | |
| HM ULTICARE PEN NEEDLE 5MM 31G | 3 | | | | |
| HM ULTICARE PEN NEEDLE 6MM 31G | 3 | | | | |
| HM ULTICARE PEN NEEDLE 8MM 31G | 3 | | | | |
| HOMAPIN 10 TABLET | 3 | | | | |
| HOMATROPAIRE 5% EYE DROPS | 1 | | | | |
| HORIZANT ER 300 MG TABLET | 3 | | | ST | |
| HORIZANT ER 600 MG TABLET | 3 | | | ST | |
| HULIO(CF) 20 MG/0.4 ML SYRINGE | 3 | QL | PA | | SP |
| HULIO(CF) 40 MG/0.8 ML SYRINGE | 3 | QL | PA | | SP |
| HULIO(CF) PEN 40 MG/0.8 ML | 3 | QL | PA | | SP |
| HUMALOG 100 UNIT/ML CARTRIDGE | 2 | | | | |
| HUMALOG 100 UNIT/ML KWIKPEN | 2 | | | | |
| HUMALOG 100 UNIT/ML VIAL | 2 | | | | |
| HUMALOG 200 UNIT/ML KWIKPEN | 2 | | | | |
| HUMALOG JR 100 UNIT/ML KWIKPEN | 2 | | | | |
| HUMALOG MIX 50-50 KWIKPEN | 2 | | | | |
| HUMALOG MIX 50-50 VIAL | 2 | | | | |
| HUMALOG MIX 75-25 KWIKPEN | 2 | | | | |
| HUMALOG MIX 75-25 VIAL | 2 | | | | |
| HUMALOG TEMPO PEN 100 UNIT/ML | 2 | | | | |
| HUMANA TRUE METRIX AIR GLU MTR | 3 | | | | |
| HUMANA TRUE METRIX AIR METER | 3 | | | | |
| HUMANA TRUE METRIX TEST STRIP | 3 | | | | |
| HUMATIN 250 MG CAPSULE | 3 | | | | SP |
| HUMATROPE 12 MG CARTRIDGE | 3 | | PA | | SP |
| HUMATROPE 24 MG CARTRIDGE | 3 | | PA | | SP |
| HUMATROPE 5 MG VIAL | 3 | | PA | | SP |
| HUMATROPE 6 MG CARTRIDGE | 3 | | PA | | SP |
| HUMIRA 40 MG/0.8 ML SYRINGE | 2 | QL | PA | | SP |
| HUMIRA PEN 40 MG/0.8 ML | 2 | QL | PA | | SP |
| HUMIRA PEN CROHN-UC-HS 40 MG | 2 | QL | PA | | SP |
| HUMIRA PEN PS-UV-ADOL HS 40 MG | 2 | QL | PA | | SP |
| HUMIRA(CF) 10 MG/0.1 ML SYRING | 2 | QL | PA | | SP |
| HUMIRA(CF) 20 MG/0.2 ML SYRING | 2 | QL | PA | | SP |
| HUMIRA(CF) 40 MG/0.4 ML SYRING | 2 | QL | PA | | SP |
| HUMIRA(CF) PEDI CROHN 80-40 MG | 2 | QL | PA | | SP |
| HUMIRA(CF) PEDI CROHN 80MG/0.8 | 2 | QL | PA | | SP |
| HUMIRA(CF) PEN 40 MG/0.4 ML | 2 | QL | PA | | SP |
| HUMIRA(CF) PEN 80 MG/0.8 ML | 2 | QL | PA | | SP |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| HUMIRA(CF) PEN CRHN-UC-HS 80MG | 2 | QL | PA | | SP |
| HUMIRA(CF) PEN PEDI UC 80 MG | 2 | QL | PA | | SP |
| HUMIRA(CF) PEN PS-UV-AHS 80-40 | 2 | QL | PA | | SP |
| HUMULIN 70/30 KWIKPEN | 2 | | | | |
| HUMULIN 70-30 VIAL | 2 | | | | |
| HUMULIN N 100 UNIT/ML KWIKPEN | 2 | | | | |
| HUMULIN N 100 UNIT/ML VIAL | 2 | | | | |
| HUMULIN R 100 UNIT/ML VIAL | 2 | | | | |
| HUMULIN R 500 UNIT/ML KWIKPEN | 2 | | | | |
| HUMULIN R 500 UNIT/ML VIAL | 2 | | | | |
| HURRICAINE LUER-LOCK DISP CAP | 2 | | | | |
| HV MILK OF MAGNESIA SUSPENSION | 1 | | | | |
| HYALURONIDASE 175 UNIT/ML VIAL | 3 | | | | |
| HYCAMTIN 0.25 MG CAPSULE | 2 | | PA | | SP |
| HYCAMTIN 1 MG CAPSULE | 2 | | PA | | SP |
| HYCODAN 5 MG-1.5 MG TABLET | 3 | | | | |
| HYCODAN 5 MG-1.5 MG/5 ML CUP | 3 | | | | |
| HYCODAN 5 MG-1.5 MG/5 ML SOLN | 3 | | | | |
| HYDRALAZINE 10 MG TABLET | 1 | | | | |
| HYDRALAZINE 100 MG TABLET | 1 | | | | |
| HYDRALAZINE 25 MG TABLET | 1 | | | | |
| HYDRALAZINE 50 MG TABLET | 1 | | | | |
| HYDREA 500 MG CAPSULE | 3 | | | | |
| HYDROCHLOROTHIAZIDE 12.5 MG CP | 1 | | | | |
| HYDROCHLOROTHIAZIDE 12.5 MG TB | 1 | | | | |
| HYDROCHLOROTHIAZIDE 25 MG TAB | 1 | | | | |
| HYDROCHLOROTHIAZIDE 50 MG TAB | 1 | | | | |
| HYDROCODONE ER 10 MG CAPSULE | 1 | QL | PA | | |
| HYDROCODONE ER 100 MG TABLET | 1 | QL | PA | | |
| HYDROCODONE ER 120 MG TABLET | 1 | QL | PA | | |
| HYDROCODONE ER 15 MG CAPSULE | 1 | QL | PA | | |
| HYDROCODONE ER 20 MG CAPSULE | 1 | QL | PA | | |
| HYDROCODONE ER 20 MG TABLET | 1 | QL | PA | | |
| HYDROCODONE ER 30 MG CAPSULE | 1 | QL | PA | | |
| HYDROCODONE ER 30 MG TABLET | 1 | QL | PA | | |
| HYDROCODONE ER 40 MG CAPSULE | 1 | QL | PA | | |
| HYDROCODONE ER 40 MG TABLET | 1 | QL | PA | | |
| HYDROCODONE ER 50 MG CAPSULE | 1 | QL | PA | | |
| HYDROCODONE ER 60 MG TABLET | 1 | QL | PA | | |
| HYDROCODONE ER 80 MG TABLET | 1 | QL | PA | | |
| HYDROCODONE-ACETAMIN 10-300 MG | 1 | | PA | | |
| HYDROCODONE-ACETAMIN 10-325 MG | 1 | | PA | | |
| HYDROCODONE-ACETAMIN 10-325/15 | 1 | | PA | | |
| HYDROCODONE-ACETAMIN 2.5-108/5 | 3 | | PA | | |
| HYDROCODONE-ACETAMIN 5-217/10 | 3 | | PA | | |
| HYDROCODONE-ACETAMIN 5-300 MG | 1 | | PA | | |
| HYDROCODONE-ACETAMIN 5-325 MG | 1 | | PA | | |
| HYDROCODONE-ACETAMIN 7.5-300 | 1 | | PA | | |
| HYDROCODONE-ACETAMIN 7.5-325 | 1 | | PA | | |
| HYDROCODONE-ACETAMN 7.5-325/15 | 1 | | PA | | |
| HYDROCODONE-CHLORPHEN ER SUSI | 1 | | | | |
| HYDROCODONE-HOMATROP 5 ML CUP | 1 | | | | |
| HYDROCODONE-HOMATROPINE 5-1.5 | 1 | | | | |
| HYDROCODONE-HOMATROPINE SOLN | 1 | | | | |
| HYDROCODONE-IBUPROFEN 10-200 | 1 | | PA | | |
| HYDROCODONE-IBUPROFEN 5-200 MG | 1 | | PA | | |
| HYDROCODONE-IBUPROFEN 7.5-200 | 1 | | PA | | |
| HYDROCORT BUTY 0.1% LIPID CRM | 1 | QL | | | |
| HYDROCORT BUTY 0.1% LIPO CREAM | 1 | QL | | | |
| HYDROCORTISON-ACETIC ACID SOLN | 1 | | | | |
| HYDROCORTISONE 1% CREAM | 1 | | | | |
| HYDROCORTISONE 10 MG TABLET | 1 | | | | |
| HYDROCORTISONE 100 MG/60 ML | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| HYDROCORTISONE 2.5% CREAM | 1 | | | | |
| HYDROCORTISONE 2.5% LOTION | 1 | | | | |
| HYDROCORTISONE 2.5% OINTMENT | 1 | | | | |
| HYDROCORTISONE 20 MG TABLET | 1 | | | | |
| HYDROCORTISONE 5 MG TABLET | 1 | | | | |
| HYDROCORTISONE AC 25 MG SUPP | 1 | | | | |
| HYDROCORTISONE AC 30 MG SUPP | 1 | | | | |
| HYDROCORTISONE BUTY 0.1% CREAM | 1 | QL | | | |
| HYDROCORTISONE BUTYR 0.1% LOTN | 1 | QL | | ST | |
| HYDROCORTISONE BUTYR 0.1% OINT | 1 | QL | | ST | |
| HYDROCORTISONE BUTYR 0.1% SOLN | 1 | QL | | ST | |
| HYDROCORTISONE VAL 0.2% CREAM | 1 | | | | |
| HYDROCORTISONE VAL 0.2% OINTMT | 1 | | | | |
| HYDROCORT-PRAMOXINE 1%-1% CRM | 1 | | | | |
| HYDROCORT-PRAMOXINE 2.5-1% CRM | 1 | | | ST | |
| HYDROCORT-PRAMOXINE 25-18 MG | 3 | | | | |
| HYDROGEN PEROXIDE 3% SOLUTION | 1 | | | | |
| HYDROMET 5 MG-1.5 MG/5 ML SOLN | 1 | | | | |
| HYDROMORPHONE 1 MG/ML SOLUTION | 1 | | PA | | |
| HYDROMORPHONE 2 MG TABLET | 1 | | PA | | |
| HYDROMORPHONE 3 MG SUPPOS | 1 | | PA | | |
| HYDROMORPHONE 4 MG TABLET | 1 | | PA | | |
| HYDROMORPHONE 5 MG/5 ML SOLN | 1 | | PA | | |
| HYDROMORPHONE 8 MG TABLET | 1 | | PA | | |
| HYDROMORPHONE HCL ER 12 MG TAB | 1 | QL | PA | | |
| HYDROMORPHONE HCL ER 16 MG TAB | 1 | QL | PA | | |
| HYDROMORPHONE HCL ER 32 MG TAB | 1 | QL | PA | | |
| HYDROMORPHONE HCL ER 8 MG TAB | 1 | QL | PA | | |
| HYDROXOCOBALAMIN 1,000 MCG/ML | 1 | | | | |
| HYDROXYCHLOROQUINE 100 MG TAB | 1 | | | | |
| HYDROXYCHLOROQUINE 200 MG TAB | 1 | | | | |
| HYDROXYCHLOROQUINE 300 MG TAB | 1 | | | | |
| HYDROXYCHLOROQUINE 400 MG TAB | 1 | | | | |
| HYDROXYPROPYLCELLULOSE POWDE | 2 | | | | |
| HYDROXYUREA 500 MG CAPSULE | 1 | | | | |
| HYDROXYZINE 10 MG/5 ML SOLN | 1 | | | | |
| HYDROXYZINE 10 MG/5 ML SYRUP | 1 | | | | |
| HYDROXYZINE 50 MG/25 ML CUP | 3 | | | | |
| HYDROXYZINE HCL 10 MG TABLET | 1 | | | | |
| HYDROXYZINE HCL 25 MG TABLET | 1 | | | | |
| HYDROXYZINE HCL 50 MG TABLET | 1 | | | | |
| HYDROXYZINE PAM 100 MG CAP | 1 | | | | |
| HYDROXYZINE PAM 25 MG CAP | 1 | | | | |
| HYDROXYZINE PAM 50 MG CAP | 1 | | | | |
| HYFTOR 0.2% GEL | 3 | | PA | | SP |
| HYOPHEN TABLET | 1 | | | | |
| HYOSCYAMINE 0.125 MG ODT | 1 | | | | |
| HYOSCYAMINE 0.125 MG TAB SL | 1 | | | | |
| HYOSCYAMINE 0.125 MG/5 ML ELIX | 1 | | | | |
| HYOSCYAMINE 0.125 MG/ML DROP | 1 | | | | |
| HYOSCYAMINE ER 0.375 MG TAB | 1 | | | | |
| HYOSCYAMINE SR 0.375 MG TAB | 1 | | | | |
| HYOSCYAMINE SULF 0.125 MG TAB | 1 | | | | |
| HYOSYNE 0.125 MG/ML DROP | 1 | | | | |
| HYOSYNE 125 MCG/5 ML ELIXIR | 1 | | | | |
| HYPER-SAL 3.5% VIAL | 3 | | | | |
| HYPER-SAL 7% VIAL | 3 | | | | |
| HYPO NEEDLE,POLYPROPYL HUB | 2 | | | | |
| HYPODERMIC NEEDLE,ALUM HUB | 2 | | | | |
| HYPOLANCE AST LANCING KIT | 2 | | | | |
| HYPROMELLOSE POWDER | 2 | | | | |
| HYRIMOZ 40 MG/0.8 ML SYRINGE | 3 | QL | PA | | SP |
| HYRIMOZ PEN 40 MG/0.8 ML | 3 | QL | PA | | SP |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| HYRIMOZ(CF) 10 MG/0.1 ML SYRNG | 2 | QL | PA | | SP |
| HYRIMOZ(CF) 20 MG/0.2 ML SYRNG | 2 | QL | PA | | SP |
| HYRIMOZ(CF) 40 MG/0.4 ML SYRNG | 2 | QL | PA | | SP |
| HYRIMOZ(CF) PEDI CROHN 80 MG | 2 | QL | PA | | SP |
| HYRIMOZ(CF) PEDI CROHN 80-40MG | 2 | QL | PA | | SP |
| HYRIMOZ(CF) PEN 40 MG/0.4 ML | 2 | QL | PA | | SP |
| HYRIMOZ(CF) PEN 80 MG/0.8 ML | 2 | QL | PA | | SP |
| HYRIMOZ(CF) PEN CROHN-UC 80 MG | 2 | QL | PA | | SP |
| HYRIMOZ(CF) PEN PSORIA 80-40MG | 2 | QL | PA | | SP |
| HYSINGLA ER 100 MG TABLET | 2 | QL | PA | | |
| HYSINGLA ER 120 MG TABLET | 2 | QL | PA | | |
| HYSINGLA ER 20 MG TABLET | 2 | QL | PA | | |
| HYSINGLA ER 30 MG TABLET | 2 | QL | PA | | |
| HYSINGLA ER 40 MG TABLET | 2 | QL | PA | | |
| HYSINGLA ER 60 MG TABLET | 2 | QL | PA | | |
| HYSINGLA ER 80 MG TABLET | 2 | QL | PA | | |
| HYZAAR 100-12.5 TABLET | 3 | | | ST | |
| HYZAAR 100-25 TABLET | 3 | | | ST | |
| HYZAAR 50-12.5 TABLET | 3 | | | ST | |
| IBANDRONATE SODIUM 150 MG TAB | 1 | QL | | | |
| IBRANCE 100 MG CAPSULE | 3 | QL | PA | | SP |
| IBRANCE 100 MG TABLET | 3 | QL | PA | | SP |
| IBRANCE 125 MG CAPSULE | 3 | QL | PA | | SP |
| IBRANCE 125 MG TABLET | 3 | QL | PA | | SP |
| IBRANCE 75 MG CAPSULE | 3 | QL | PA | | SP |
| IBRANCE 75 MG TABLET | 3 | QL | PA | | SP |
| IBSRELA 50 MG TABLET | 3 | | | | |
| IBU 400 MG TABLET | 1 | | | | |
| IBU 600 MG TABLET | 1 | | | | |
| IBU 800 MG TABLET | 1 | | | | |
| IBUPROFEN 100 MG/5 ML SUSP | 1 | | | | |
| IBUPROFEN 400 MG TABLET | 1 | | | | |
| IBUPROFEN 600 MG TABLET | 1 | | | | |
| IBUPROFEN 800 MG TABLET | 1 | | | | |
| ICATIBANT 30 MG/3 ML SYRINGE | 1 | QL | PA | | SP |
| ICLEVIA 0.15 MG-0.03 MG TABLET | 1 | | | | |
| ICLUSIG 10 MG TABLET | 2 | QL | PA | | SP |
| ICLUSIG 15 MG TABLET | 2 | QL | PA | | SP |
| ICLUSIG 30 MG TABLET | 2 | QL | PA | | SP |
| ICLUSIG 45 MG TABLET | 2 | QL | PA | | SP |
| ICOSAPENT ETHYL 0.5 GM CAPSULE | 1 | | PA | | |
| ICOSAPENT ETHYL 1 GRAM CAPSULE | 1 | | PA | | |
| ICOSAPENT ETHYL 500 MG CAPSULE | 1 | | PA | | |
| IDACIO(CF) 40 MG/0.8 ML SYRING | 3 | QL | PA | | SP |
| IDACIO(CF) PEN 40 MG/0.8 ML | 3 | QL | PA | | SP |
| IDACIO(CF) PEN CROHNS-UC 40 MG | 3 | QL | PA | | SP |
| IDACIO(CF) PEN PSORIASIS 40 MG | 3 | QL | PA | | SP |
| IDHIFA 100 MG TABLET | 2 | QL | PA | | SP |
| IDHIFA 50 MG TABLET | 2 | QL | PA | | SP |
| IGALMI 120 MCG SL FILM | 3 | | | | |
| IGALMI 180 MCG SL FILM | 3 | | | | |
| IGLUCOSE BLOOD GLUCOSE MONITOR | 3 | | | | |
| IGLUCOSE TEST STRIP | 3 | | | | |
| IHEEZO 3% GEL EYE DROP | 3 | | | | |
| ILEVRO 0.3% OPHTH DROPS | 3 | | | | |
| IMATINIB MESYLATE 100 MG TAB | 1 | QL | PA | | SP |
| IMATINIB MESYLATE 400 MG TAB | 1 | QL | PA | | SP |
| IMBRUVICA 140 MG CAPSULE | 2 | QL | PA | | SP |
| IMBRUVICA 140 MG TABLET | 2 | QL | PA | | SP |
| IMBRUVICA 280 MG TABLET | 2 | QL | PA | | SP |
| IMBRUVICA 420 MG TABLET | 2 | QL | PA | | SP |
| IMBRUVICA 560 MG TABLET | 2 | | PA | | SP |
| IMBRUVICA 70 MG CAPSULE | 2 | QL | PA | | SP |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| IMBRUVICA 70 MG/ML SUSPENSION | 2 | QL | PA | | SP |
| IMIPRAMINE HCL 10 MG TABLET | 1 | | | | |
| IMIPRAMINE HCL 25 MG TABLET | 1 | | | | |
| IMIPRAMINE HCL 50 MG TABLET | 1 | | | | |
| IMIPRAMINE PAMOATE 100 MG CAP | 1 | | | | |
| IMIPRAMINE PAMOATE 125 MG CAP | 1 | | | | |
| IMIPRAMINE PAMOATE 150 MG CAP | 1 | | | | |
| IMIPRAMINE PAMOATE 75 MG CAP | 1 | | | | |
| IMIQUIMOD 3.75% CREAM | 1 | | | | |
| IMIQUIMOD 3.75% CREAM PUMP | 1 | | | | |
| IMIQUIMOD 5% CREAM PACKET | 1 | | | | |
| IMITREX 100 MG TABLET | 3 | QL | | ST | |
| IMITREX 20 MG NASAL SPRAY | 3 | QL | | ST | |
| IMITREX 25 MG TABLET | 3 | QL | | ST | |
| IMITREX 4 MG/0.5 ML CARTRIDGES | 3 | QL | | ST | |
| IMITREX 4 MG/0.5 ML PEN INJECT | 3 | QL | | ST | |
| IMITREX 5 MG NASAL SPRAY | 3 | QL | | ST | |
| IMITREX 50 MG TABLET | 3 | QL | | ST | |
| IMITREX 6 MG/0.5 ML CARTRIDGES | 3 | QL | | ST | |
| IMITREX 6 MG/0.5 ML PEN INJECT | 3 | QL | | ST | |
| IMITREX 6 MG/0.5 ML VIAL | 3 | QL | | ST | |
| IMLYGIC 1 MILLION PFU/ML VIAL | 3 | | PA | | SP |
| IMLYGIC 100 MILLION PFU/ML VL | 3 | | PA | | SP |
| IMPAVIDO 50 MG CAPSULE | 2 | QL | PA | | |
| IMPEKLO 0.05% LOTION | 3 | QL | | ST | |
| IMPOYZ 0.025% CREAM | 3 | QL | | ST | |
| IMURAN 50 MG TABLET | 3 | | | | |
| IMVEXXY 10 MCG MAINTENANCE PAK | 3 | QL | | | |
| IMVEXXY 10 MCG STARTER PACK | 3 | QL | | | |
| IMVEXXY 4 MCG MAINTENANCE PACK | 3 | QL | | | |
| IMVEXXY 4 MCG STARTER PACK | 3 | QL | | | |
| INBRIJA 42 MG INHALATION CAP | 2 | QL | PA | | SP |
| INCASSIA 0.35 MG TABLET | 1 | | | | |
| INCONTROL LANCING DEVICE | 2 | | | | |
| INCONTROL PEN NEEDLE 12MM 29G | 3 | | | | |
| INCONTROL PEN NEEDLE 4MM 32G | 3 | | | | |
| INCONTROL PEN NEEDLE 5MM 31G | 3 | | | | |
| INCONTROL PEN NEEDLE 6MM 31G | 3 | | | | |
| INCONTROL PEN NEEDLE 8MM 31G | 3 | | | | |
| INCONTROL SUPER THIN 30G LANCT | 2 | | | | |
| INCONTROL ULTICARE NDL 31G 6MM | 3 | | | | |
| INCONTROL ULTICARE NDL 31G 8MM | 3 | | | | |
| INCONTROL ULTICARE NDL 32G 4MM | 3 | | | | |
| INCONTROL ULTRA THIN 28G LANCT | 2 | | | | |
| INCRELEX 40 MG/4 ML VIAL | 2 | | PA | | SP |
| INCRUSE ELLIPTA 62.5 MCG INH | 3 | QL | | | |
| INDAPAMIDE 1.25 MG TABLET | 1 | | | | |
| INDAPAMIDE 2.5 MG TABLET | 1 | | | | |
| INDERAL LA 120 MG CAPSULE | 3 | | | | |
| INDERAL LA 160 MG CAPSULE | 3 | | | | |
| INDERAL LA 60 MG CAPSULE | 3 | | | | |
| INDERAL LA 80 MG CAPSULE | 3 | | | | |
| INDERAL XL 120 MG CAPSULE | 3 | | | | |
| INDERAL XL 80 MG CAPSULE | 3 | | | | |
| INDOCIN 25 MG/5 ML SUSPENSION | 3 | | | ST | |
| INDOCIN 50 MG SUPPOSITORY | 3 | | | | |
| INDOMETHACIN 20 MG CAPSULE | 3 | QL | | ST | |
| INDOMETHACIN 25 MG CAPSULE | 1 | | | | |
| INDOMETHACIN 25 MG/5 ML SUSP | 1 | | | | |
| INDOMETHACIN 50 MG CAPSULE | 1 | | | | |
| INDOMETHACIN 50 MG SUPPOS | 1 | | | | |
| INDOMETHACIN ER 75 MG CAPSULE | 1 | | | | |
| INFASURF 35 MG/ML VIAL | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| INFINITY CONTROL SOLN HIGH | 3 | | | | |
| INFINITY CONTROL SOLN LOW | 3 | | | | |
| INFINITY CONTROL SOLN NORMAL | 3 | | | | |
| INFINITY METER KIT | 3 | | | | |
| INFINITY STARTER KIT | 3 | | | | |
| INFINITY TEST STRIPS | 3 | | | | |
| INFINITY VOICE CTRL SOLN-LVL 2 | 3 | | | | |
| INFINITY VOICE GLUCOSE MONITOR | 3 | | | | |
| INFINITY VOICE TEST STRIP | 3 | | | | |
| INGREZZA 40 MG CAPSULE | 3 | QL | PA | | SP |
| INGREZZA 60 MG CAPSULE | 3 | QL | PA | | SP |
| INGREZZA 80 MG CAPSULE | 3 | QL | PA | | SP |
| INGREZZA INITIATION PACK | 3 | QL | PA | | SP |
| INJECT EASE 28G LANCETS | 2 | | | | |
| INJECT EASE 30G LANCETS | 2 | | | | |
| INJECT-EASE SYR NDL INTRODUCER | 2 | | | | |
| INLYTA 1 MG TABLET | 2 | QL | PA | | SP |
| INLYTA 5 MG TABLET | 2 | QL | PA | | SP |
| INNOPRAN XL 120 MG CAPSULE | 3 | | | | |
| INNOPRAN XL 80 MG CAPSULE | 3 | | | | |
| INOVA 4% EASY PAD | 3 | | | ST | |
| INOVA 4-1 EASY PAD | 3 | | | ST | |
| INOVA 8% EASY PAD | 3 | | | ST | |
| INOVA 8-2 EASY PAD | 3 | | | ST | |
| INPEFA 200 MG TABLET | 3 | QL | PA | | |
| INPEFA 400 MG TABLET | 3 | | PA | | |
| INPEN (FOR HUMALOG) BLUE | 3 | | | | |
| INPEN (FOR HUMALOG) GREY | 3 | | | | |
| INPEN (FOR HUMALOG) PINK | 3 | | | | |
| INPEN (NOVOLOG OR FIASP) BLUE | 3 | | | | |
| INPEN (NOVOLOG OR FIASP) GREY | 3 | | | | |
| INPEN (NOVOLOG OR FIASP) PINK | 3 | | | | |
| INQOVI 35 MG-100 MG TABLET | 3 | QL | PA | | SP |
| INREBIC 100 MG CAPSULE | 3 | QL | PA | | SP |
| INSPRA 25 MG TABLET | 3 | | | | |
| INSPRA 50 MG TABLET | 3 | | | | |
| INSUL-CAP INSULIN HOLDER | 3 | | | | |
| INSUL-EZE SYRINGE MAGNIFIER | 3 | | | | |
| INSULIN 1 ML SYRINGE | 3 | | | | |
| INSULIN 1/2 ML SYRINGE | 3 | | | | |
| INSULIN 3/10 ML SYRINGE | 3 | | | | |
| INSULIN ASPART 100 UNIT/ML CRT | 3 | | | | |
| INSULIN ASPART 100 UNIT/ML PEN | 3 | | | | |
| INSULIN ASPART 100 UNIT/ML VL | 3 | | | | |
| INSULIN ASPART PRO MIX70-30 PN | 3 | | | | |
| INSULIN ASPART PRO MIX70-30 VL | 3 | | | | |
| INSULIN DEGLUDEC 100 UNIT/ML | 3 | | | | |
| INSULIN DEGLUDEC PEN (U-100) | 3 | | | | |
| INSULIN DEGLUDEC PEN (U-200) | 3 | | | | |
| INSULIN GLARGINE 100 UNIT/ML | 3 | | | | |
| INSULIN GLARGINE SOLOSTAR U100 | 3 | | | | |
| INSULIN GLARGINE SOLOSTAR U300 | 3 | | | | |
| INSULIN GLARGINE-YFGN U100 PEN | 3 | | | | |
| INSULIN GLARGINE-YFGN U100 VL | 3 | | | | |
| INSULIN LISPRO 100 UNIT/ML PEN | 2 | | | | |
| INSULIN LISPRO 100 UNIT/ML VL | 2 | | | | |
| INSULIN LISPRO JR 100 UNIT/ML | 2 | | | | |
| INSULIN LISPRO MIX 75-25 KWKPN | 2 | | | | |
| INSULIN SYR 0.3 ML 30GX5/16" | 3 | | | | |
| INSULIN SYR 0.3ML 31GX1/4(1/2) | 3 | | | | |
| INSULIN SYRIN 0.3 ML 29GX1/2" | 3 | | | | |
| INSULIN SYRIN 0.3 ML 30GX1/2" | 3 | | | | |
| INSULIN SYRIN 0.3 ML 30GX5/16" | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| INSULIN SYRIN 0.3 ML 31GX5/16" | 3 | | | | |
| INSULIN SYRIN 0.5 ML 28G 1/2" | 3 | | | | |
| INSULIN SYRIN 0.5 ML 28GX1/2" | 3 | | | | |
| INSULIN SYRIN 0.5 ML 29GX1/2" | 3 | | | | |
| INSULIN SYRIN 0.5 ML 30G 1/2" | 3 | | | | |
| INSULIN SYRIN 0.5 ML 30G 5/16" | 3 | | | | |
| INSULIN SYRIN 0.5 ML 30GX1/2" | 3 | | | | |
| INSULIN SYRIN 0.5 ML 30GX5/16" | 3 | | | | |
| INSULIN SYRIN 0.5 ML 31G 5/16" | 3 | | | | |
| INSULIN SYRIN 0.5 ML 31GX5/16" | 3 | | | | |
| INSULIN SYRIN 1 ML 29GX1/2" | 3 | | | | |
| INSULIN SYRING 0.5 ML 27G 1/2" | 3 | | | | |
| INSULIN SYRING 0.5 ML 27G 13MM | 3 | | | | |
| INSULIN SYRING 0.5 ML 27GX1/2" | 3 | | | | |
| INSULIN SYRING 0.5 ML 28G 1/2" | 3 | | | | |
| INSULIN SYRING 0.5 ML 29G 1/2" | 3 | | | | |
| INSULIN SYRING 0.5 ML 29GX1/2" | 3 | | | | |
| INSULIN SYRINGE 0.3 ML | 3 | | | | |
| INSULIN SYRINGE 0.3 ML 31GX1/4 | 3 | | | | |
| INSULIN SYRINGE 0.5 ML | 3 | | | | |
| INSULIN SYRINGE 0.5 ML 31GX1/4 | 3 | | | | |
| INSULIN SYRINGE 1 ML | 3 | | | | |
| INSULIN SYRINGE 1 ML 27G 1/2" | 3 | | | | |
| INSULIN SYRINGE 1 ML 27G 13MM | 3 | | | | |
| INSULIN SYRINGE 1 ML 27GX1/2" | 3 | | | | |
| INSULIN SYRINGE 1 ML 28G 1/2" | 3 | | | | |
| INSULIN SYRINGE 1 ML 28G 13MM | 3 | | | | |
| INSULIN SYRINGE 1 ML 28GX1/2" | 3 | | | | |
| INSULIN SYRINGE 1 ML 29G 1/2" | 3 | | | | |
| INSULIN SYRINGE 1 ML 29GX1/2" | 3 | | | | |
| INSULIN SYRINGE 1 ML 30G 1/2" | 3 | | | | |
| INSULIN SYRINGE 1 ML 30G 5/16" | 3 | | | | |
| INSULIN SYRINGE 1 ML 30GX1/2" | 3 | | | | |
| INSULIN SYRINGE 1 ML 30GX5/16" | 3 | | | | |
| INSULIN SYRINGE 1 ML 31G 5/16" | 3 | | | | |
| INSULIN SYRINGE 1 ML 31GX1/4" | 3 | | | | |
| INSULIN SYRINGE 1 ML 31GX5/16" | 3 | | | | |
| INSUPEN 30G ULTRAFIN NEEDLE | 3 | | | | |
| INSUPEN 31G ULTRAFIN NEEDLE | 3 | | | | |
| INSUPEN 32G 6MM PEN NEEDLE | 3 | | | | |
| INSUPEN 32G 8MM PEN NEEDLE | 3 | | | | |
| INSUPEN PEN NEEDLE 29GX1/2" | 3 | | | | |
| INSUPEN PEN NEEDLE 29GX12MM | 3 | | | | |
| INSUPEN PEN NEEDLE 30GX8MM | 3 | | | | |
| INSUPEN PEN NEEDLE 31G 5MM | 3 | | | | |
| INSUPEN PEN NEEDLE 31G 8MM | 3 | | | | |
| INSUPEN PEN NEEDLE 31GX3/16" | 3 | | | | |
| INSUPEN PEN NEEDLE 31GX5/16" | 3 | | | | |
| INSUPEN PEN NEEDLE 31GX6MM | 3 | | | | |
| INSUPEN PEN NEEDLE 31GX8MM | 3 | | | | |
| INSUPEN PEN NEEDLE 32G 4MM | 3 | | | | |
| INSUPEN PEN NEEDLE 32GX4MM | 3 | | | | |
| INSUPEN PEN NEEDLE 32GX5/32" | 3 | | | | |
| INSUPEN PEN NEEDLE 32GX6MM | 3 | | | | |
| INSUPEN PEN NEEDLE 32GX8MM | 3 | | | | |
| INSUPEN PEN NEEDLE 33GX4MM | 3 | | | | |
| INTELENCE 100 MG TABLET | 3 | | | | |
| INTELENCE 200 MG TABLET | 3 | | | | |
| INTELENCE 25 MG TABLET | 2 | | | | |
| INTERLINK SYRINGE CANNULA | 2 | | | | |
| INTERMEZZO 1.75 MG TAB SUBLING | 3 | QL | | ST | |
| INTRAROSA 6.5 MG VAG INSERT | 3 | | | | |
| INTRON A 18 MILLION UNIT/3 ML | 2 | | | | SP |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| INTRON A 25 MILLION UNIT/2.5ML | 2 | | | | SP |
| INTUNIV ER 1 MG TABLET | 3 | | | ST | |
| INTUNIV ER 2 MG TABLET | 3 | | | ST | |
| INTUNIV ER 3 MG TABLET | 3 | | | ST | |
| INTUNIV ER 4 MG TABLET | 3 | | | ST | |
| INVACARE 30G LANCETS | 2 | | | | |
| INVACARE LANCING DEVICE | 2 | | | | |
| INVEGA ER 1.5 MG TABLET | 3 | QL | | | |
| INVEGA ER 3 MG TABLET | 3 | QL | | | |
| INVEGA ER 6 MG TABLET | 3 | QL | | | |
| INVEGA ER 9 MG TABLET | 3 | QL | | | |
| INVELTYS 1% EYE DROP | 3 | | | ST | |
| INVIRASE 500 MG TABLET | 2 | | | | |
| INVOKAMET 150-1,000 MG TABLET | 3 | QL | | ST | |
| INVOKAMET 150-500 MG TABLET | 3 | QL | | ST | |
| INVOKAMET 50-1,000 MG TABLET | 3 | QL | | ST | |
| INVOKAMET 50-500 MG TABLET | 3 | QL | | ST | |
| INVOKAMET XR 150-1,000 MG TAB | 3 | QL | | ST | |
| INVOKAMET XR 150-500 MG TABLET | 3 | QL | | ST | |
| INVOKAMET XR 50-1,000 MG TAB | 3 | QL | | ST | |
| INVOKAMET XR 50-500 MG TABLET | 3 | QL | | ST | |
| INVOKANA 100 MG TABLET | 3 | QL | | ST | |
| INVOKANA 300 MG TABLET | 3 | QL | | ST | |
| IODINE 2% MILD TINCTURE | 1 | | | | |
| IODINE 5% STRONG SOLUTION | 1 | | | | |
| IODINE STRONG SOLUTION | 1 | | | | |
| IODOFLEX PAD | 3 | | | | |
| IODOFLEX PAD 4 X 6 CM (5 GM) | 3 | | | | |
| IODOFLEX PAD 6 X 8 CM (10 GM) | 3 | | | | |
| IODOSORB GEL | 3 | | | | |
| IOPIDINE 1% EYE DROPS | 3 | | | | |
| IPRAT-ALBUT 0.5-3(2.5) MG/3 ML | 1 | QL | | | |
| IPRATROPIUM 0.03% SPRAY | 1 | QL | | | |
| IPRATROPIUM 0.06% SPRAY | 1 | QL | | | |
| IPRATROPIUM BR 0.02% SOLN | 1 | | | | |
| IRBESARTAN 150 MG TABLET | 1 | | | | |
| IRBESARTAN 300 MG TABLET | 1 | | | | |
| IRBESARTAN 75 MG TABLET | 1 | | | | |
| IRBESARTAN-HCTZ 150-12.5 MG TB | 1 | | | | |
| IRBESARTAN-HCTZ 300-12.5 MG TB | 1 | | | | |
| IRESSA 250 MG TABLET | 3 | QL | PA | | SP |
| ISENTRESS 100 MG POWDER PACKET | 2 | | | | |
| ISENTRESS 100 MG TABLET CHEW | 2 | | | | |
| ISENTRESS 25 MG TABLET CHEW | 2 | | | | |
| ISENTRESS 400 MG TABLET | 2 | | | | |
| ISENTRESS HD 600 MG TABLET | 2 | | | | |
| ISIBLOOM 28 DAY TABLET | 1 | | | | |
| ISOFLURANE LIQUID | 1 | | | | |
| ISONIAZID 100 MG TABLET | 1 | | | | |
| ISONIAZID 300 MG TABLET | 1 | | | | |
| ISONIAZID 50 MG/5 ML SOLUTION | 1 | | | | |
| ISOPTO ATROPINE 1% EYE DROP | 3 | | | | |
| ISOPTO CARPINE 1% EYE DROPS | 3 | | | | |
| ISOPTO CARPINE 2% EYE DROPS | 3 | | | | |
| ISOPTO CARPINE 4% EYE DROPS | 3 | | | | |
| ISORDIL 40 MG TABLET | 3 | | | | |
| ISORDIL TITRADOSE 5 MG TAB | 3 | | | | |
| ISOSORBIDE DINITRATE 10 MG TAB | 1 | | | | |
| ISOSORBIDE DINITRATE 20 MG TAB | 1 | | | | |
| ISOSORBIDE DINITRATE 30 MG TAB | 1 | | | | |
| ISOSORBIDE DINITRATE 40 MG TAB | 1 | | | | |
| ISOSORBIDE DINITRATE 5 MG TAB | 1 | | | | |
| ISOSORBIDE MONONIT 10 MG TAB | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| ISOSORBIDE MONONIT 20 MG TAB | 1 | | | | |
| ISOSORBIDE MONONIT ER 120 MG | 1 | | | | |
| ISOSORBIDE MONONIT ER 30 MG TB | 1 | | | | |
| ISOSORBIDE MONONIT ER 60 MG TB | 1 | | | | |
| ISOSORBIDE-HYDRALAZINE 20-37.5 | 1 | | | | |
| ISOTRETINOIN 10 MG CAPSULE | 1 | | | | |
| ISOTRETINOIN 20 MG CAPSULE | 1 | | | | |
| ISOTRETINOIN 25 MG CAPSULE | 1 | | | | |
| ISOTRETINOIN 30 MG CAPSULE | 1 | | | | |
| ISOTRETINOIN 35 MG CAPSULE | 1 | | | | |
| ISOTRETINOIN 40 MG CAPSULE | 1 | | | | |
| ISOXSUPRINE 10 MG TABLET | 1 | | | | |
| ISOXSUPRINE 20 MG TABLET | 1 | | | | |
| ISRADIPINE 2.5 MG CAPSULE | 1 | | | | |
| ISRADIPINE 5 MG CAPSULE | 1 | | | | |
| ISTALOL 0.5% EYE DROPS | 3 | | | | |
| ISTURISA 1 MG TABLET | 3 | QL | PA | | SP |
| ISTURISA 10 MG TABLET | 3 | QL | PA | | SP |
| ISTURISA 5 MG TABLET | 3 | QL | PA | | SP |
| ITRACONAZOLE 10 MG/ML SOLUTION | 1 | QL | | | |
| ITRACONAZOLE 100 MG CAPSULE | 1 | QL | | | |
| ITRACONAZOLE 100 MG/10 ML CUP | 1 | QL | | | |
| IVERMECTIN 0.5% LOTION | 1 | | | | |
| IVERMECTIN 1% CREAM | 1 | QL | | | |
| IVERMECTIN 3 MG TABLET | 1 | QL | PA | | |
| IYUZEH 0.005% EYE DROP | 3 | | | | |
| IZERVAY 2 MG/0.1 ML VIAL | 3 | | PA | | SP |
| JADENU 180 MG TABLET | 3 | | PA | | SP |
| JADENU 360 MG TABLET | 3 | | PA | | SP |
| JADENU 90 MG TABLET | 3 | | PA | | SP |
| JADENU SPRINKLE 180 MG GRANULE | 3 | | PA | | SP |
| JADENU SPRINKLE 360 MG GRANULE | 3 | | PA | | SP |
| JADENU SPRINKLE 90 MG GRANULE | 3 | | PA | | SP |
| JAIMIESS 0.15-0.03-0.01 MG TAB | 1 | | | | |
| JAKAFI 10 MG TABLET | 2 | QL | PA | | SP |
| JAKAFI 15 MG TABLET | 2 | QL | PA | | SP |
| JAKAFI 20 MG TABLET | 2 | QL | PA | | SP |
| JAKAFI 25 MG TABLET | 2 | QL | PA | | SP |
| JAKAFI 5 MG TABLET | 2 | QL | PA | | SP |
| JALYN 0.5-0.4 MG CAPSULE | 3 | | PA | | |
| JANTOVEN 1 MG TABLET | 1 | | | | |
| JANTOVEN 10 MG TABLET | 1 | | | | |
| JANTOVEN 2 MG TABLET | 1 | | | | |
| JANTOVEN 2.5 MG TABLET | 1 | | | | |
| JANTOVEN 3 MG TABLET | 1 | | | | |
| JANTOVEN 4 MG TABLET | 1 | | | | |
| JANTOVEN 5 MG TABLET | 1 | | | | |
| JANTOVEN 6 MG TABLET | 1 | | | | |
| JANTOVEN 7.5 MG TABLET | 1 | | | | |
| JANUMET 50-1,000 MG TABLET | 2 | QL | | | |
| JANUMET 50-500 MG TABLET | 2 | QL | | | |
| JANUMET XR 100-1,000 MG TABLET | 2 | QL | | | |
| JANUMET XR 50-1,000 MG TABLET | 2 | QL | | | |
| JANUMET XR 50-500 MG TABLET | 2 | QL | | | |
| JANUVIA 100 MG TABLET | 2 | QL | | | |
| JANUVIA 25 MG TABLET | 2 | QL | | | |
| JANUVIA 50 MG TABLET | 2 | QL | | | |
| JARDIANCE 10 MG TABLET | 2 | QL | | ST | |
| JARDIANCE 25 MG TABLET | 2 | QL | | ST | |
| JASMIEL 3 MG-0.02 MG TABLET | 1 | | | | |
| JATENZO 158 MG CAPSULE | 3 | QL | PA | | |
| JATENZO 198 MG CAPSULE | 3 | QL | PA | | |
| JATENZO 237 MG CAPSULE | 3 | QL | PA | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| JAVYGTOR 100 MG POWDER PACKET | 1 | | PA | | SP |
| JAVYGTOR 100 MG TABLET | 1 | | PA | | SP |
| JAVYGTOR 500 MG POWDER PACKET | 1 | | PA | | SP |
| JAYPIRCA 100 MG TABLET | 3 | QL | PA | | SP |
| JAYPIRCA 50 MG TABLET | 3 | QL | PA | | SP |
| JAZZ WIRELESS 2 METER KIT | 3 | | | | |
| JELMYTO SINGLE-DOSE KT(40MGX2) | 3 | | PA | | SP |
| JENCYCLA 0.35 MG TABLET | 1 | | | | |
| JENTADUETO 2.5 MG-1000 MG TAB | 3 | QL | | | |
| JENTADUETO 2.5 MG-500 MG TAB | 3 | QL | | | |
| JENTADUETO 2.5 MG-850 MG TAB | 3 | QL | | | |
| JENTADUETO XR 2.5 MG-1,000 MG | 3 | QL | | | |
| JENTADUETO XR 5 MG-1,000 MG TB | 3 | QL | | | |
| JESDUVROQ 1 MG TABLET | 3 | | | | |
| JESDUVROQ 2 MG TABLET | 3 | | | | |
| JESDUVROQ 4 MG TABLET | 3 | | | | |
| JESDUVROQ 6 MG TABLET | 3 | | | | |
| JESDUVROQ 8 MG TABLET | 3 | | | | |
| JINTELI 1 MG-5 MCG TABLET | 1 | | | | |
| JOENJA 70 MG TABLET | 3 | QL | PA | | SP |
| JOLESSA 0.15 MG-0.03 MG TABLET | 1 | | | | |
| JORNAY PM 100 MG CAPSULE | 3 | | | ST | |
| JORNAY PM 20 MG CAPSULE | 3 | | | ST | |
| JORNAY PM 40 MG CAPSULE | 3 | | | ST | |
| JORNAY PM 60 MG CAPSULE | 3 | | | ST | |
| JORNAY PM 80 MG CAPSULE | 3 | | | ST | |
| JOYEAUX-28 TABLET | 1 | | | | |
| JULEBER 28 DAY TABLET | 1 | | | | |
| JULUCA 50-25 MG TABLET | 2 | | | | |
| JUNEL 1 MG-20 MCG TABLET | 1 | | | | |
| JUNEL 1.5 MG-30 MCG TABLET | 1 | | | | |
| JUNEL FE 1 MG-20 MCG TABLET | 1 | | | | |
| JUNEL FE 1.5 MG-30 MCG TABLET | 1 | | | | |
| JUNEL FE 24 TABLET | 1 | | | | |
| JUST RIGHT 5000 1.1% TOOTHPSTE | 3 | | | | |
| JUXTAPID 10 MG CAPSULE | 2 | | | | SP |
| JUXTAPID 20 MG CAPSULE | 2 | | | | SP |
| JUXTAPID 30 MG CAPSULE | 2 | | | | SP |
| JUXTAPID 40 MG CAPSULE | 2 | | | | SP |
| JUXTAPID 5 MG CAPSULE | 2 | | | | SP |
| JUXTAPID 60 MG CAPSULE | 2 | | | | SP |
| JYNARQUE 15 MG TABLET | 3 | QL | PA | | SP |
| JYNARQUE 15 MG-15 MG TABLET | 3 | QL | PA | | SP |
| JYNARQUE 30 MG TABLET | 3 | QL | PA | | SP |
| JYNARQUE 30 MG-15 MG TABLET | 3 | QL | PA | | SP |
| JYNARQUE 45 MG-15 MG TABLET | 3 | QL | PA | | SP |
| JYNARQUE 60 MG-30 MG TABLET | 3 | QL | PA | | SP |
| JYNARQUE 90 MG-30 MG TABLET | 3 | QL | PA | | SP |
| KADIAN ER 10 MG CAPSULE | 3 | QL | PA | | |
| KADIAN ER 100 MG CAPSULE | 3 | QL | PA | | |
| KADIAN ER 20 MG CAPSULE | 3 | QL | PA | | |
| KADIAN ER 200 MG CAPSULE | 3 | QL | PA | | |
| KADIAN ER 30 MG CAPSULE | 3 | QL | PA | | |
| KADIAN ER 40 MG CAPSULE | 3 | QL | PA | | |
| KADIAN ER 50 MG CAPSULE | 3 | QL | PA | | |
| KADIAN ER 60 MG CAPSULE | 3 | QL | PA | | |
| KADIAN ER 80 MG CAPSULE | 3 | QL | PA | | |
| KAITLIB FE 0.8-0.025MG CHEW TB | 1 | | | | |
| KALETRA 100-25 MG TABLET | 3 | | | | |
| KALETRA 200-50 MG TABLET | 3 | | | | |
| KALETRA 80 MG-20 MG/ML SOLN | 3 | | | | |
| KALLIGA 28 DAY TABLET | 1 | | | | |
| KALYDECO 13.4 MG GRANULES PKT | 2 | QL | PA | | SP |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| KALYDECO 150 MG TABLET | 2 | QL | PA | | SP |
| KALYDECO 25 MG GRANULES PACKET | 2 | QL | PA | | SP |
| KALYDECO 5.8 MG GRANULES PKT | 2 | | PA | | SP |
| KALYDECO 50 MG GRANULES PACKET | 2 | QL | PA | | SP |
| KALYDECO 75 MG GRANULES PACKET | 2 | QL | PA | | SP |
| KAPSPARGO SPRINKLE 100 MG CAP | 3 | | | | |
| KAPSPARGO SPRINKLE 200 MG CAP | 3 | | | | |
| KAPSPARGO SPRINKLE 25 MG CAP | 3 | | | | |
| KAPSPARGO SPRINKLE 50 MG CAP | 3 | | | | |
| KAPVAY ER 0.1 MG TABLET | 3 | | | ST | |
| KARBINAL ER 4 MG/5 ML SUSP | 3 | | | ST | |
| KARIVA 28 DAY TABLET | 1 | | | | |
| KATERZIA 1 MG/ML SUSPENSION | 3 | | | | |
| KAZANO 12.5-1,000 MG TABLET | 3 | QL | | | |
| KAZANO 12.5-500 MG TABLET | 3 | QL | | | |
| KEFLEX 250 MG CAPSULE | 3 | | | | |
| KEFLEX 500 MG CAPSULE | 3 | | | | |
| KEFLEX 750 MG CAPSULE | 3 | | | | |
| KELNOR 1-35 28 TABLET | 1 | | | | |
| KELNOR 1-50 TABLET | 1 | | | | |
| KENALOG 0.147 MG/GRAM SPRAY | 3 | QL | | ST | |
| KENDALL 0.9% NACL SYRINGE-CAP | 3 | | | | |
| KENDALL LUER ACCESS DISINF CAP | 3 | | | | |
| KEPPRA 1,000 MG TABLET | 3 | | | ST | |
| KEPPRA 100 MG/ML ORAL SOLN | 3 | | | ST | |
| KEPPRA 250 MG TABLET | 3 | | | ST | |
| KEPPRA 500 MG TABLET | 3 | | | ST | |
| KEPPRA 750 MG TABLET | 3 | | | ST | |
| KEPPRA XR 500 MG TABLET | 3 | | | ST | |
| KEPPRA XR 750 MG TABLET | 3 | | | ST | |
| KERENDIA 10 MG TABLET | 2 | QL | PA | | |
| KERENDIA 20 MG TABLET | 2 | QL | PA | | |
| KESIMPTA 20 MG/0.4 ML PEN | 2 | QL | PA | | SP |
| KETAMINE 100 MG TROCHE | 3 | | | | |
| KETOCONAZOLE 2% CREAM | 1 | QL | | | |
| KETOCONAZOLE 2% FOAM | 1 | QL | | ST | |
| KETOCONAZOLE 2% SHAMPOO | 1 | QL | | | |
| KETOCONAZOLE 200 MG TABLET | 1 | | | | |
| KETODAN 2% FOAM | 1 | QL | | ST | |
| KETODAN 2% FOAM KIT | 1 | | | ST | |
| KETO-DIASTIX REAGENT STRIPS | 2 | | | | |
| KETONE TEST STRIP | 2 | | | | |
| KETOPROFEN 25 MG CAPSULE | 1 | | | ST | |
| KETOPROFEN 50 MG CAPSULE | 1 | | | | |
| KETOPROFEN 75 MG CAPSULE | 1 | | | | |
| KETOPROFEN ER 200 MG CAPSULE | 1 | | | ST | |
| KETOROLAC 0.4% OPHTH SOLUTION | 1 | | | | |
| KETOROLAC 0.5% OPHTH SOLUTION | 1 | | | | |
| KETOROLAC 10 MG TABLET | 1 | QL | | | |
| KETOSTIX REAGENT STRIP | 2 | | | | |
| KEVEYIS 50 MG TABLET | 3 | | PA | | SP |
| KEVZARA 150 MG/1.14 ML PEN INJ | 3 | QL | PA | | SP |
| KEVZARA 150 MG/1.14 ML SYRINGE | 3 | QL | PA | | SP |
| KEVZARA 200 MG/1.14 ML PEN INJ | 3 | QL | PA | | SP |
| KEVZARA 200 MG/1.14 ML SYRINGE | 3 | QL | PA | | SP |
| KIMONO CONDOMS | 2 | | | | |
| KIMONO MAXX CONDOM | 2 | | | | |
| KIMONO MICROTHIN AQUA LUBE | 2 | | | | |
| KIMONO MICROTHIN CONDOM | 2 | | | | |
| KIMONO MICROTHIN LARGE CONDOM | 2 | | | | |
| KIMONO TEXTURED CONDOM | 2 | | | | |
| KINERET 100 MG/0.67 ML SYRINGE | 3 | QL | PA | | SP |
| KINRAY INS SYR 1 ML 31GX5/16" | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| KINRAY SYRING 0.3 ML 31GX5/16" | 3 | | | | |
| KINRAY SYRING 0.5 ML 31GX5/16" | 3 | | | | |
| KIONEX 15 GM/60 ML SUSPENSION | 1 | | | | |
| KISQALI 200 MG DAILY DOSE | 2 | QL | PA | | SP |
| KISQALI 400 MG DAILY DOSE | 2 | QL | PA | | SP |
| KISQALI 600 MG DAILY DOSE | 2 | QL | PA | | SP |
| KISQALI FEMARA 200 MG CO-PACK | 2 | QL | PA | | SP |
| KISQALI FEMARA 400 MG CO-PACK | 2 | QL | PA | | SP |
| KISQALI FEMARA 600 MG CO-PACK | 2 | QL | PA | | SP |
| KITABIS PAK 300 MG/5 ML | 2 | QL | PA | | SP |
| KLARITY(CHONDROITIN) 2.5 MG/ML | 3 | | | | |
| KLARITY-A (AZITHROM-CHONDR) 1% | 3 | | | | |
| KLARITY-B (BETAMET-CHOND) 0.1% | 3 | | | | |
| KLARITY-L (LOTEPR-CHONDR) 0.2% | 3 | | | | |
| KLARITY-L (LOTEPR-CHONDR) 0.5% | 3 | | | | |
| KLARON 10% LOTION | 3 | | | ST | |
| KLAYESTA 100,000 UNIT/GM POWD | 1 | QL | | | |
| KLISYRI 1% OINTMENT PACKET | 3 | | | | |
| KLONOPIN 0.5 MG TABLET | 3 | | | | |
| KLONOPIN 1 MG TABLET | 3 | | | | |
| KLONOPIN 2 MG TABLET | 3 | | | | |
| KLOR-CON 10 MEQ TABLET | 1 | | | | |
| KLOR-CON 20 MEQ PACKET | 1 | | | | |
| KLOR-CON 8 MEQ TABLET | 1 | | | | |
| KLOR-CON M10 TABLET | 1 | | | | |
| KLOR-CON M15 TABLET | 1 | | | | |
| KLOR-CON M20 TABLET | 1 | | | | |
| KLOR-CON-EF 25 MEQ TAB EFF | 1 | | | | |
| KLOXXADO 8 MG NASAL SPRAY | 2 | QL | | | |
| KMART VALU PLUS SYR 1/2 ML | 3 | | | | |
| KOBEE TABLET | 1 | | | | |
| KOMBIGLYZE XR 2.5-1,000 MG TAB | 3 | QL | | | |
| KOMBIGLYZE XR 5-1,000 MG TAB | 3 | QL | | | |
| KOMBIGLYZE XR 5-500 MG TABLET | 3 | QL | | | |
| KONVOMEP 2-84 MG/ML ORAL SUSP | 3 | QL | | ST | |
| KORLYM 300 MG TABLET | 3 | | PA | | SP |
| KOSELUGO 10 MG CAPSULE | 3 | | PA | | SP |
| KOSELUGO 25 MG CAPSULE | 3 | | PA | | SP |
| KOSHER PRENATAL PLUS IRON TAB | 3 | | | | |
| KOURZEQ 0.1% DENTAL PASTE | 1 | | | | |
| K-PHOS #2 TABLET | 3 | | | | |
| K-PHOS ORIGINAL TABLET | 2 | | | | |
| KPN TABLET | 1 | | | | |
| KRAZATI 200 MG TABLET | 3 | QL | PA | | SP |
| KRINTAFEL 150 MG TABLET | 3 | QL | | | |
| KRISTALOSE 10 GM PACKET | 3 | | | | |
| KRISTALOSE 20 GM PACKET | 3 | | | | |
| KRO ASPIRIN 81 MG CHEWABLE TAB | 1 | | | | |
| KRO AUTOLET LANCING DEVICE | 2 | | | | |
| KRO GENTLELAX 17 GRAM POWDER | 1 | | | | |
| KRO INS SYR 0.3 ML 29GX1/2" | 3 | | | | |
| KRO INS SYRIN 0.5 ML 31GX5/16" | 3 | | | | |
| KRO INSULIN SYR 1 ML 30GX5/16" | 3 | | | | |
| KRO LANCING DEVICE | 2 | | | | |
| KRO PEN NEEDLE 4MM X 32G | 3 | | | | |
| KRO PEN NEEDLE 4MM X 33G | 3 | | | | |
| KRO PEN NEEDLE 5MM X 31G | 3 | | | | |
| KRO PEN NEEDLE 6MM X 31G | 3 | | | | |
| KRO PEN NEEDLE 8MM X 31G | 3 | | | | |
| KRO PREMIUM BLOOD GLUCOSE SYST | 3 | | | | |
| KRO PREMIUM BLOOD GLUCOSE TEST | 3 | | | | |
| KRO UNIVERSAL 1 THIN 26G LANCT | 2 | | | | |
| KROGER INS SYR 0.3 ML 30GX5/16 | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| KROGER INS SYR 0.5 ML 29GX1/2" | 3 | | | | |
| KROGER INS SYR 1 ML 29GX1/2" | 3 | | | | |
| KROGER INS SYR 1 ML 31GX5/16" | 3 | | | | |
| KROGER LANCETS | 2 | | | | |
| KROGER LANCING DEVICE | 2 | | | | |
| KROGER PEN NEEDLES 31G X 5/16" | 3 | | | | |
| KROGER SUPER THIN LANCETS | 2 | | | | |
| KROGER SYR 0.5 ML 30GX5/16" | 3 | | | | |
| KROGER SYRING 0.3 ML 31GX5/16" | 3 | | | | |
| K-TAB ER 10 MEQ TABLET | 3 | | | | |
| K-TAB ER 20 MEQ TABLET | 3 | | | | |
| K-TAB ER 8 MEQ TABLET | 1 | | | | |
| KURVELO-28 TABLET | 1 | | | | |
| KUVAN 100 MG POWDER PACKET | 3 | | PA | | SP |
| KUVAN 100 MG TABLET | 3 | | PA | | SP |
| KUVAN 500 MG POWDER PACKET | 3 | | PA | | SP |
| KYNMOBI 10 MG SL FILM | 2 | QL | PA | | |
| KYNMOBI 15 MG SL FILM | 2 | QL | PA | | |
| KYNMOBI 20 MG SL FILM | 2 | QL | PA | | |
| KYNMOBI 25 MG SL FILM | 2 | QL | PA | | |
| KYNMOBI 30 MG SL FILM | 2 | QL | PA | | |
| KYZATREX 100 MG CAPSULE | 3 | QL | PA | | |
| KYZATREX 150 MG CAPSULE | 3 | QL | PA | | |
| KYZATREX 200 MG CAPSULE | 3 | QL | PA | | |
| L.E.T.(LIDO-EPINEPH-TETRA) GEL | 3 | | | | |
| L.E.T.(LIDO-EPINEPH-TETRA) SOL | 3 | | | | |
| LABETALOL HCL 100 MG TABLET | 1 | | | | |
| LABETALOL HCL 200 MG TABLET | 1 | | | | |
| LABETALOL HCL 300 MG TABLET | 1 | | | | |
| LABSTIX REAGENT STRIPS | 2 | | | | |
| LACOSAMIDE 10 MG/ML SOLUTION | 1 | | | | |
| LACOSAMIDE 100 MG TABLET | 1 | | | | |
| LACOSAMIDE 100 MG/10 ML CUP | 1 | | | | |
| LACOSAMIDE 150 MG TABLET | 1 | | | | |
| LACOSAMIDE 150 MG/15 ML CUP | 1 | | | | |
| LACOSAMIDE 200 MG TABLET | 1 | | | | |
| LACOSAMIDE 200 MG/20 ML CUP | 1 | | | | |
| LACOSAMIDE 50 MG TABLET | 1 | | | | |
| LACOSAMIDE 50 MG/5 ML CUP | 1 | | | | |
| LACRISERT 5 MG EYE INSERT | 3 | QL | PA | | |
| LACTATED RINGERS IRRIGATION | 1 | | | | |
| LACTULOSE 10 GM PACKET | 1 | | | | |
| LACTULOSE 10 GM/15 ML SOLN CUP | 1 | | | | |
| LACTULOSE 10 GM/15 ML SOLUTION | 1 | | | | |
| LACTULOSE 20 GM/30 ML SOLN CUP | 1 | | | | |
| LACTULOSE 20 GM/30 ML SOLUTION | 1 | | | | |
| LAGEVRIO 200 MG CAP (EUA) | 2 | QL | | | |
| LAMICTAL 100 MG TABLET | 3 | | | ST | |
| LAMICTAL 150 MG TABLET | 3 | | | ST | |
| LAMICTAL 200 MG TABLET | 3 | | | ST | |
| LAMICTAL 25 MG DISPER TABLET | 3 | | | ST | |
| LAMICTAL 25 MG TABLET | 3 | | | ST | |
| LAMICTAL 5 MG DISPER TABLET | 3 | | | ST | |
| LAMICTAL ODT 100 MG TABLET | 3 | | | ST | |
| LAMICTAL ODT 200 MG TABLET | 3 | | | ST | |
| LAMICTAL ODT 25 MG TABLET | 3 | | | ST | |
| LAMICTAL ODT 50 MG TABLET | 3 | | | ST | |
| LAMICTAL ODT START KIT (BLUE) | 3 | | | ST | |
| LAMICTAL ODT START KIT (GREEN) | 3 | | | ST | |
| LAMICTAL ODT START KT (ORANGE) | 3 | | | ST | |
| LAMICTAL TAB START KIT (BLUE) | 3 | | | ST | |
| LAMICTAL TAB START KIT (GREEN) | 3 | | | ST | |
| LAMICTAL TB START KIT (ORANGE) | 3 | | | ST | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| LAMICTAL XR 100 MG TABLET | 3 | | | ST | |
| LAMICTAL XR 200 MG TABLET | 3 | | | ST | |
| LAMICTAL XR 25 MG TABLET | 3 | | | ST | |
| LAMICTAL XR 250 MG TABLET | 3 | | | ST | |
| LAMICTAL XR 300 MG TABLET | 3 | | | ST | |
| LAMICTAL XR 50 MG TABLET | 3 | | | ST | |
| LAMICTAL XR START KIT (BLUE) | 3 | | | ST | |
| LAMICTAL XR START KIT (GREEN) | 3 | | | ST | |
| LAMICTAL XR START KIT (ORANGE) | 3 | | | ST | |
| LAMIVUDINE 10 MG/ML ORAL SOLN | 1 | | | | |
| LAMIVUDINE 150 MG TABLET | 1 | | | | |
| LAMIVUDINE 300 MG TABLET | 1 | | | | |
| LAMIVUDINE HBV 100 MG TABLET | 1 | | | | |
| LAMIVUDINE-ZIDOVUDINE TABLET | 1 | | | | |
| LAMOTRIGINE 100 MG TABLET | 1 | | | | |
| LAMOTRIGINE 150 MG TABLET | 1 | | | | |
| LAMOTRIGINE 200 MG TABLET | 1 | | | | |
| LAMOTRIGINE 25 MG DISPER TAB | 1 | | | | |
| LAMOTRIGINE 25 MG TABLET | 1 | | | | |
| LAMOTRIGINE 5 MG DISPER TABLET | 1 | | | | |
| LAMOTRIGINE ER 100 MG TABLET | 1 | | | | |
| LAMOTRIGINE ER 200 MG TABLET | 1 | | | | |
| LAMOTRIGINE ER 25 MG TABLET | 1 | | | | |
| LAMOTRIGINE ER 250 MG TABLET | 1 | | | | |
| LAMOTRIGINE ER 300 MG TABLET | 1 | | | | |
| LAMOTRIGINE ER 50 MG TABLET | 1 | | | | |
| LAMOTRIGINE ODT 100 MG TABLET | 1 | | | | |
| LAMOTRIGINE ODT 200 MG TABLET | 1 | | | | |
| LAMOTRIGINE ODT 25 MG TABLET | 1 | | | | |
| LAMOTRIGINE ODT 50 MG TABLET | 1 | | | | |
| LAMOTRIGINE ODT KIT (BLUE) | 1 | | | | |
| LAMOTRIGINE ODT KIT (GREEN) | 1 | | | | |
| LAMOTRIGINE ODT KIT (ORANGE) | 1 | | | | |
| LAMOTRIGINE TAB START KIT-BLUE | 1 | | | | |
| LAMOTRIGINE TAB START KT-GREEN | 1 | | | | |
| LAMOTRIGINE TAB START KT-ORANG | 1 | | | | |
| LAMPIT 120 MG TABLET | 3 | QL | | | |
| LAMPIT 30 MG TABLET | 3 | QL | | | |
| LANCETS | 2 | | | | |
| LANCETS 26G X 1.8MM | 2 | | | | |
| LANCETS 28G LANCETS | 2 | | | | |
| LANCETS 30G | 2 | | | | |
| LANCETS 33G | 2 | | | | |
| LANCETS THIN 23G | 2 | | | | |
| LANCETS ULTRA FINE 28G | 2 | | | | |
| LANCETS ULTRA THIN 26G | 2 | | | | |
| LANCING DEVICE | 2 | | | | |
| LANOXIN 125 MCG TABLET | 3 | | | | |
| LANOXIN 250 MCG TABLET | 3 | | | | |
| LANOXIN 62.5 MCG TABLET | 3 | | | | |
| LANREOTIDE 120 MG/0.5 ML SYRNG | 3 | QL | PA | | SP |
| LANSOPRAZOL-AMOXICIL-CLARITHRO | 1 | QL | | | |
| LANSOPRAZOLE DR 15 MG ODT | 1 | QL | | ST | |
| LANSOPRAZOLE DR 30 MG CAPSULE | 1 | | | | |
| LANSOPRAZOLE DR 30 MG ODT | 1 | | | ST | |
| LANTHANUM CARB 1,000 MG TB CHW | 1 | QL | | | |
| LANTHANUM CARB 500 MG TAB CHEW | 1 | QL | | | |
| LANTHANUM CARB 750 MG TAB CHEW | 1 | QL | | | |
| LANTUS 100 UNIT/ML VIAL | 3 | | | | |
| LANTUS SOLOSTAR 100 UNIT/ML | 3 | | | | |
| LANZO LANCING DEVICE | 2 | | | | |
| LAPATINIB 250 MG TABLET | 1 | QL | PA | | SP |
| LARIN 1.5 MG-30 MCG TABLET | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| LARIN 21 1-20 TABLET | 1 | | | | |
| LARIN 24 FE 1 MG-20 MCG TABLET | 1 | | | | |
| LARIN FE 1.5-30 TABLET | 1 | | | | |
| LARIN FE 1-20 TABLET | 1 | | | | |
| LARISSIA-28 TABLET | 1 | | | | |
| LASIX 20 MG TABLET | 3 | | | ST | |
| LASIX 40 MG TABLET | 3 | | | ST | |
| LASIX 80 MG TABLET | 3 | | | ST | |
| LATANOPROST 0.005% EYE DROP | 3 | | | | |
| LATANOPROST 0.005% EYE DROPS | 1 | | PA | | |
| LATUDA 120 MG TABLET | 3 | QL | | | |
| LATUDA 20 MG TABLET | 3 | QL | | | |
| LATUDA 40 MG TABLET | 3 | QL | | | |
| LATUDA 60 MG TABLET | 3 | QL | | | |
| LATUDA 80 MG TABLET | 3 | QL | | | |
| LAXATIVE EC 5 MG TABLET | 1 | | | | |
| LAYOLIS FE CHEWABLE TABLET | 1 | | | | |
| LAZANDA 100 MCG NASAL SPRAY | 3 | QL | PA | | |
| LAZANDA 400 MCG NASAL SPRAY | 3 | QL | PA | | |
| LEADER INS SYR 0.3 ML 29GX1/2" | 3 | | | | |
| LEADER INS SYR 0.5 ML 28GX1/2" | 3 | | | | |
| LEADER INS SYR 0.5 ML 29GX1/2" | 3 | | | | |
| LEADER INS SYR 0.5 ML 30GX1/2" | 3 | | | | |
| LEADER INS SYR 1 ML 28GX1/2" | 3 | | | | |
| LEADER INS SYR 1 ML 29GX1/2" | 3 | | | | |
| LEADER INS SYR 1 ML 30GX5/16" | 3 | | | | |
| LEADER INS SYR 1 ML 31GX5/16" | 3 | | | | |
| LEADER INSULIN SYRINGE 0.3 ML | 3 | | | | |
| LEADER PEN NEEDLES 12MM 29G | 3 | | | | |
| LEADER SYRING 0.3 ML 31GX5/16" | 3 | | | | |
| LEADER SYRING 0.5 ML 31GX5/16" | 3 | | | | |
| LEENA 28 TABLET | 1 | | | | |
| LEFLUNOMIDE 10 MG TABLET | 1 | QL | | | |
| LEFLUNOMIDE 20 MG TABLET | 1 | QL | | | |
| LENALIDOMIDE 10 MG CAPSULE | 1 | QL | PA | | SP |
| LENALIDOMIDE 15 MG CAPSULE | 1 | QL | PA | | SP |
| LENALIDOMIDE 2.5 MG CAPSULE | 1 | QL | PA | | SP |
| LENALIDOMIDE 20 MG CAPSULE | 1 | QL | PA | | SP |
| LENALIDOMIDE 25 MG CAPSULE | 1 | QL | PA | | SP |
| LENALIDOMIDE 5 MG CAPSULE | 1 | QL | PA | | SP |
| LENVIMA 10 MG DAILY DOSE | 2 | QL | PA | | SP |
| LENVIMA 12 MG DAILY DOSE | 2 | QL | PA | | SP |
| LENVIMA 14 MG DAILY DOSE | 2 | QL | PA | | SP |
| LENVIMA 18 MG DAILY DOSE | 2 | QL | PA | | SP |
| LENVIMA 20 MG DAILY DOSE | 2 | QL | PA | | SP |
| LENVIMA 24 MG DAILY DOSE | 2 | QL | PA | | SP |
| LENVIMA 4 MG CAPSULE | 2 | QL | PA | | SP |
| LENVIMA 8 MG DAILY DOSE | 2 | QL | PA | | SP |
| LESCOL 20 MG CAPSULE | 3 | QL | | ST | |
| LESCOL 40 MG CAPSULE | 3 | QL | | ST | |
| LESCOL XL 80 MG TABLET | 3 | QL | | ST | |
| LESSINA-28 TABLET | 1 | | | | |
| LETAIRIS 10 MG TABLET | 3 | QL | PA | | SP |
| LETAIRIS 5 MG TABLET | 3 | QL | PA | | SP |
| LETROZOLE 2.5 MG TABLET | 1 | | | | |
| LEUCOVORIN CALCIUM 10 MG TAB | 1 | | | | |
| LEUCOVORIN CALCIUM 15 MG TAB | 1 | | | | |
| LEUCOVORIN CALCIUM 25 MG TAB | 1 | | | | |
| LEUCOVORIN CALCIUM 5 MG TAB | 1 | | | | |
| LEUKERAN 2 MG TABLET | 2 | | | | |
| LEUKINE 250 MCG VIAL | 2 | | PA | | SP |
| LEUPROLIDE 2WK 14 MG/2.8 ML KT | 1 | | PA | | SP |
| LEUPROLIDE DEPOT 22.5 MG VIAL | 3 | | PA | | SP |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| LEVALBUTEROL 0.31 MG/3 ML SOL | 1 | | | | |
| LEVALBUTEROL 0.63 MG/3 ML SOL | 1 | | | | |
| LEVALBUTEROL 1.25 MG/3 ML SOL | 1 | | | | |
| LEVALBUTEROL CONC 1.25 MG/0.5 | 1 | | | | |
| LEVALBUTEROL TAR HFA 45MCG INH | 3 | QL | | | |
| LEVAMLODIPINE 2.5 MG TABLET | 3 | | | | |
| LEVAMLODIPINE MALEATE 5 MG TAB | 3 | | | | |
| LEVBID ER 0.375 MG TABLET | 3 | | | | |
| LEVEMIR 100 UNIT/ML VIAL | 3 | | | | |
| LEVEMIR FLEXPEN 100 UNIT/ML | 3 | | | | |
| LEVEMIR FLEXTOUCH 100 UNIT/ML | 3 | | | | |
| LEVER LOCK CANNULA | 3 | | | | |
| LEVETIRACETAM 1,000 MG TABLET | 1 | | | | |
| LEVETIRACETAM 1,000MG/10ML CUP | 1 | | | | |
| LEVETIRACETAM 100 MG/ML SOLN | 1 | | | | |
| LEVETIRACETAM 250 MG TABLET | 1 | | | | |
| LEVETIRACETAM 500 MG TABLET | 1 | | | | |
| LEVETIRACETAM 500 MG/5 ML CUP | 1 | | | | |
| LEVETIRACETAM 500 MG/5 ML SOLN | 1 | | | | |
| LEVETIRACETAM 750 MG TABLET | 1 | | | | |
| LEVETIRACETAM ER 500 MG TABLET | 1 | | | | |
| LEVETIRACETAM ER 750 MG TABLET | 1 | | | | |
| LEVOBUNOLOL 0.5% EYE DROPS | 1 | | | | |
| LEVOCARNITINE 1 G/10 ML SOLN | 1 | | | | |
| LEVOCARNITINE 330 MG TABLET | 1 | | | | |
| LEVOCARNITINE SF 1 G/10 ML SOL | 1 | | | | |
| LEVOFLOXACIN 0.5% EYE DROPS | 1 | | | | |
| LEVOFLOXACIN 1.5% EYE DROPS | 1 | | | | |
| LEVOFLOXACIN 25 MG/ML SOLUTION | 1 | | | | |
| LEVOFLOXACIN 250 MG TABLET | 1 | | | | |
| LEVOFLOXACIN 500 MG TABLET | 1 | | | | |
| LEVOFLOXACIN 750 MG TABLET | 1 | | | | |
| LEVONEST-28 TABLET | 1 | | | | |
| LEVONO-E ESTRAD 0.15-0.03-0.01 | 1 | | | | |
| LEVONOR-E ESTRAD 0.1-0.02-0.01 | 1 | | | | |
| LEVONOR-ETH ESTRA 0.09-0.02 MG | 1 | | | | |
| LEVONOR-ETH ESTRAD 0.1-0.02 MG | 1 | | | | |
| LEVONOR-ETH ESTRAD 0.15-0.03 | 1 | | | | |
| LEVONOR-ETH ESTRAD TRIPHASIC | 1 | | | | |
| LEVONORG 0.15MG-EE 20-25-30MCG | 1 | | | | |
| LEVONORG-EE-FE BIS 0.1-0.02-36 | 1 | | | | |
| LEVONORGESTREL 1.5 MG TABLET | 1 | QL | | | |
| LEVORA-28 TABLET | 1 | | | | |
| LEVORPHANOL 2 MG TABLET | 1 | | PA | | |
| LEVORPHANOL 3 MG TABLET | 1 | | PA | | |
| LEVO-T 100 MCG TABLET | 1 | | | | |
| LEVO-T 112 MCG TABLET | 1 | | | | |
| LEVO-T 125 MCG TABLET | 1 | | | | |
| LEVO-T 137 MCG TABLET | 1 | | | | |
| LEVO-T 150 MCG TABLET | 1 | | | | |
| LEVO-T 175 MCG TABLET | 1 | | | | |
| LEVO-T 200 MCG TABLET | 1 | | | | |
| LEVO-T 25 MCG TABLET | 1 | | | | |
| LEVO-T 300 MCG TABLET | 1 | | | | |
| LEVO-T 50 MCG TABLET | 1 | | | | |
| LEVO-T 75 MCG TABLET | 1 | | | | |
| LEVO-T 88 MCG TABLET | 1 | | | | |
| LEVOTHYROXINE 100 MCG CAPSULE | 3 | | | | |
| LEVOTHYROXINE 100 MCG TABLET | 1 | | | | |
| LEVOTHYROXINE 112 MCG CAPSULE | 3 | | | | |
| LEVOTHYROXINE 112 MCG TABLET | 1 | | | | |
| LEVOTHYROXINE 125 MCG CAPSULE | 3 | | | | |
| LEVOTHYROXINE 125 MCG TABLET | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| LEVOTHYROXINE 13 MCG CAPSULE | 3 | | | | |
| LEVOTHYROXINE 137 MCG CAPSULE | 3 | | | | |
| LEVOTHYROXINE 137 MCG TABLET | 1 | | | | |
| LEVOTHYROXINE 150 MCG CAPSULE | 3 | | | | |
| LEVOTHYROXINE 150 MCG TABLET | 1 | | | | |
| LEVOTHYROXINE 175 MCG CAPSULE | 3 | | | | |
| LEVOTHYROXINE 175 MCG TABLET | 1 | | | | |
| LEVOTHYROXINE 200 MCG CAPSULE | 3 | | | | |
| LEVOTHYROXINE 200 MCG TABLET | 1 | | | | |
| LEVOTHYROXINE 25 MCG CAPSULE | 3 | | | | |
| LEVOTHYROXINE 25 MCG TABLET | 1 | | | | |
| LEVOTHYROXINE 300 MCG TABLET | 1 | | | | |
| LEVOTHYROXINE 50 MCG CAPSULE | 3 | | | | |
| LEVOTHYROXINE 50 MCG TABLET | 1 | | | | |
| LEVOTHYROXINE 75 MCG CAPSULE | 3 | | | | |
| LEVOTHYROXINE 75 MCG TABLET | 1 | | | | |
| LEVOTHYROXINE 88 MCG CAPSULE | 3 | | | | |
| LEVOTHYROXINE 88 MCG TABLET | 1 | | | | |
| LEVOXYL 100 MCG TABLET | 1 | | | | |
| LEVOXYL 112 MCG TABLET | 1 | | | | |
| LEVOXYL 125 MCG TABLET | 1 | | | | |
| LEVOXYL 137 MCG TABLET | 1 | | | | |
| LEVOXYL 150 MCG TABLET | 1 | | | | |
| LEVOXYL 175 MCG TABLET | 1 | | | | |
| LEVOXYL 200 MCG TABLET | 1 | | | | |
| LEVOXYL 25 MCG TABLET | 1 | | | | |
| LEVOXYL 50 MCG TABLET | 1 | | | | |
| LEVOXYL 75 MCG TABLET | 1 | | | | |
| LEVOXYL 88 MCG TABLET | 1 | | | | |
| LEVSIN 0.125 MG TABLET | 3 | | | | |
| LEVSIN-SL 0.125 MG TABLET SL | 3 | | | | |
| LEVULAN KERASTICK 20% | 3 | | | | |
| LEXAPRO 10 MG TABLET | 3 | QL | PA | | |
| LEXAPRO 20 MG TABLET | 3 | QL | PA | | |
| LEXAPRO 5 MG TABLET | 3 | QL | PA | | |
| LEXETTE 0.05% FOAM | 3 | | | ST | |
| LEXIVA 50 MG/ML SUSPENSION | 2 | | | | |
| LEXIVA 700 MG TABLET | 3 | | | | |
| LIALDA DR 1.2 GM TABLET | 3 | | | | |
| LIBRAX CAPSULE | 3 | | | | |
| LICART 1.3% PATCH | 2 | QL | | ST | |
| LIDO 4%-EPI 0.05%-TETRA 0.5% | 1 | | | | |
| LIDOCAINE 1%-PE 1.5%-BSS SYRNG | 3 | | | | |
| LIDOCAINE 1%-PE 1.5%-WATER | 3 | | | | |
| LIDOCAINE 2% VISCOUS SOLN | 1 | | | | |
| LIDOCAINE 5% OINTMENT | 1 | QL | | | |
| LIDOCAINE 5% PATCH | 1 | | PA | | |
| LIDOCAINE HCL 2% JEL UROJET AC | 1 | QL | | | |
| LIDOCAINE HCL 2% JELLY | 1 | QL | | | |
| LIDOCAINE HCL 2% JELLY URO-JET | 1 | QL | | | |
| LIDOCAINE HCL 4% SOLUTION | 1 | | | | |
| LIDOCAINE-EPINEPHR-TETRA SOLN | 3 | | | | |
| LIDOCAINE-HC 2.8-0.55% GEL | 1 | | | | |
| LIDOCAINE-HC 2-2% CREAM KIT | 1 | | | | |
| LIDOCAINE-HC 3-0.5% CREAM | 1 | | | | |
| LIDOCAINE-HC 3-0.5% CREAM KIT | 1 | | | | |
| LIDOCAINE-HC 3-1% CREAM KIT | 1 | | | | |
| LIDOCAINE-HC 3-2.5% GEL KIT | 1 | | | | |
| LIDOCAINE-HYDROCORT 3-2.5% GEL | 3 | | | | |
| LIDOCAINE-PRILOCAINE CREAM | 1 | QL | | | |
| LIDOCAINE-TETRACAINE 7%-7% CRM | 3 | QL | PA | | |
| LIDOCAN II 5% PATCH | 3 | | PA | | |
| LIDOCAN III 5% PATCH | 1 | | PA | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| LIDOCORT 3-0.5% CREAM | 1 | | | | |
| LIDODERM 5% PATCH | 3 | | PA | | |
| LIFESHIELD BLUNT CANNULA | 2 | | | | |
| LILLOW-28 TABLET | 1 | | | | |
| LINDANE 1% SHAMPOO | 1 | | | | |
| LINEZOLID 100 MG/5 ML SUSP | 1 | | | | |
| LINEZOLID 600 MG TABLET | 1 | | | | |
| LINZESS 145 MCG CAPSULE | 2 | QL | | | |
| LINZESS 290 MCG CAPSULE | 2 | QL | | | |
| LINZESS 72 MCG CAPSULE | 2 | QL | | | |
| LIOTHYRONINE SOD 25 MCG TAB | 1 | | | | |
| LIOTHYRONINE SOD 5 MCG TAB | 1 | | | | |
| LIOTHYRONINE SOD 50 MCG TAB | 1 | | | | |
| LIPITOR 10 MG TABLET | 3 | QL | | ST | |
| LIPITOR 20 MG TABLET | 3 | QL | | ST | |
| LIPITOR 40 MG TABLET | 3 | QL | | ST | |
| LIPITOR 80 MG TABLET | 3 | QL | | ST | |
| LIPOFEN 150 MG CAPSULE | 3 | | | ST | |
| LIPOFEN 50 MG CAPSULE | 3 | | | ST | |
| LIQREV 10 MG/ML ORAL SUSP | 3 | QL | PA | | SP |
| LISDEXAMFETAMINE 10 MG CAPSULE | 1 | | | | |
| LISDEXAMFETAMINE 10 MG TB CHEW | 1 | | | ST | |
| LISDEXAMFETAMINE 20 MG CAPSULE | 1 | | | | |
| LISDEXAMFETAMINE 20 MG TB CHEW | 1 | | | ST | |
| LISDEXAMFETAMINE 30 MG CAPSULE | 1 | | | | |
| LISDEXAMFETAMINE 30 MG TB CHEW | 1 | | | ST | |
| LISDEXAMFETAMINE 40 MG CAPSULE | 1 | | | | |
| LISDEXAMFETAMINE 40 MG TB CHEW | 1 | | | ST | |
| LISDEXAMFETAMINE 50 MG CAPSULE | 1 | | | | |
| LISDEXAMFETAMINE 50 MG TB CHEW | 1 | | | ST | |
| LISDEXAMFETAMINE 60 MG CAPSULE | 1 | | | | |
| LISDEXAMFETAMINE 60 MG TB CHEW | 1 | | | ST | |
| LISDEXAMFETAMINE 70 MG CAPSULE | 1 | | | | |
| LISINOPRIL 10 MG TABLET | 1 | | | | |
| LISINOPRIL 2.5 MG TABLET | 1 | | | | |
| LISINOPRIL 20 MG TABLET | 1 | | | | |
| LISINOPRIL 30 MG TABLET | 1 | | | | |
| LISINOPRIL 40 MG TABLET | 1 | | | | |
| LISINOPRIL 5 MG TABLET | 1 | | | | |
| LISINOPRIL-HCTZ 10-12.5 MG TAB | 1 | | | | |
| LISINOPRIL-HCTZ 20-12.5 MG TAB | 1 | | | | |
| LISINOPRIL-HCTZ 20-25 MG TAB | 1 | | | | |
| LITE TOUCH 28G LANCETS | 2 | | | | |
| LITE TOUCH 30G LANCETS | 2 | | | | |
| LITE TOUCH 31GX1/4" PEN NEEDLE | 3 | | | | |
| LITE TOUCH 33G LANCETS | 2 | | | | |
| LITE TOUCH INSULIN 0.5 ML SYR | 3 | | | | |
| LITE TOUCH INSULIN 1 ML SYR | 3 | | | | |
| LITE TOUCH INSULIN SYR 0.3 ML | 3 | | | | |
| LITE TOUCH INSULIN SYR 0.5 ML | 3 | | | | |
| LITE TOUCH INSULIN SYR 1 ML | 3 | | | | |
| LITE TOUCH LANCING PEN | 2 | | | | |
| LITE TOUCH PEN NEEDLE 29G | 3 | | | | |
| LITE TOUCH PEN NEEDLE 31G | 3 | | | | |
| LITEAIRE MDI CHAMBER | 2 | | | | |
| LITETOUCH INS 0.3 ML 29GX1/2" | 3 | | | | |
| LITETOUCH INS 0.3 ML 30GX5/16" | 3 | | | | |
| LITETOUCH INS 0.3 ML 31GX5/16" | 3 | | | | |
| LITETOUCH INS 0.5 ML 31GX5/16" | 3 | | | | |
| LITETOUCH LARGE MASK | 2 | | | | |
| LITETOUCH MEDIUM MASK | 2 | | | | |
| LITETOUCH SMALL MASK | 2 | | | | |
| LITETOUCH SYR 0.5 ML 28GX1/2" | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| LITETOUCH SYR 0.5 ML 29GX1/2" | 3 | | | | |
| LITETOUCH SYR 0.5 ML 30GX5/16" | 3 | | | | |
| LITETOUCH SYRIN 1 ML 28GX1/2" | 3 | | | | |
| LITETOUCH SYRIN 1 ML 29GX1/2" | 3 | | | | |
| LITETOUCH SYRIN 1 ML 30GX5/16" | 3 | | | | |
| LITFULO 50 MG CAPSULE | 3 | QL | PA | | SP |
| LITHIUM 8 MEQ/5 ML SOLUTION | 1 | | | | |
| LITHIUM CARBONATE 150 MG CAP | 1 | | | | |
| LITHIUM CARBONATE 300 MG CAP | 1 | | | | |
| LITHIUM CARBONATE 300 MG TAB | 1 | | | | |
| LITHIUM CARBONATE 600 MG CAP | 1 | | | | |
| LITHIUM CARBONATE ER 300 MG TB | 1 | | | | |
| LITHIUM CARBONATE ER 450 MG TB | 1 | | | | |
| LITHOBID ER 300 MG TABLET | 3 | | | | |
| LITHOSTAT 250 MG TABLET | 3 | | | | |
| LIVALO 1 MG TABLET | 3 | QL | | ST | |
| LIVALO 2 MG TABLET | 3 | QL | | ST | |
| LIVALO 4 MG TABLET | 3 | QL | | ST | |
| LIVE BETTER ADVANCED LANCING | 2 | | | | |
| LIVE BETTER PEN NEEDLES 8MM | 3 | | | | |
| LIVE BETTER ULTRA THIN LANCET | 2 | | | | |
| LIVMARLI 9.5 MG/ML ORAL SOLN | 3 | | PA | | SP |
| LIVTENCITY 200 MG TABLET | 3 | QL | PA | | |
| LO LOESTRIN FE 1-10 TABLET | 3 | | | | |
| LOCOID 0.1% LIPOCREAM | 3 | QL | | ST | |
| LOCOID 0.1% LOTION | 3 | QL | | ST | |
| LODINE 400 MG TABLET | 3 | | | ST | |
| LODOCO 0.5 MG TABLET | 3 | | PA | | |
| LODOSYN 25 MG TABLET | 3 | | PA | | |
| LOESTRIN 21 1.5-30 TABLET | 3 | | | | |
| LOESTRIN 21 1-20 TABLET | 3 | | | | |
| LOESTRIN FE 1.5-30 TABLET | 3 | | | | |
| LOESTRIN FE 1-20 TABLET | 3 | | | | |
| LOFENA 25 MG TABLET | 1 | | | ST | |
| LOJAIMIESS 0.1-0.02-0.01 TAB | 1 | | | | |
| LOKELMA 10 GRAM POWDER PACKET | 2 | QL | | | |
| LOKELMA 5 GRAM POWDER PACKET | 2 | QL | | | |
| LOMOTIL 2.5-0.025 MG TABLET | 3 | | | | |
| LONGS THIN LANCETS 26G | 2 | | | | |
| LONGS THIN LANCETS 30G | 2 | | | | |
| LONHALA MAGNAIR 25 MCG REFILL | 3 | QL | | | |
| LONHALA MAGNAIR 25 MCG STARTER | 3 | QL | | | |
| LONSURF 15 MG-6.14 MG TABLET | 2 | | PA | | SP |
| LONSURF 20 MG-8.19 MG TABLET | 2 | | PA | | SP |
| LOPID 600 MG TABLET | 3 | | | | |
| LOPINAVIR-RITONAVIR 80-20MG/ML | 1 | | | | |
| LOPINAVIR-RITONAVR 100-25MG TB | 1 | | | | |
| LOPINAVIR-RITONAVR 200-50MG TB | 1 | | | | |
| LOPREEZA 1 MG-0.5 MG TABLET | 1 | | | | |
| LOPRESSOR 100 MG TABLET | 3 | | | | |
| LOPRESSOR 50 MG TABLET | 3 | | | | |
| LOPROX 0.77% CREAM | 3 | QL | | | |
| LOPROX 0.77% CREAM KIT | 3 | QL | | | |
| LOPROX 0.77% SUSPENSION KIT | 3 | QL | | | |
| LOPROX 0.77% TOPICAL SUSP | 3 | QL | | | |
| LOPROX 1% SHAMPOO | 3 | QL | | | |
| LORAZEPAM 0.5 MG TABLET | 1 | | | ST | |
| LORAZEPAM 1 MG TABLET | 1 | | | ST | |
| LORAZEPAM 2 MG TABLET | 1 | | | ST | |
| LORAZEPAM 2 MG/ML ORAL CONCENT | 1 | | | ST | |
| LORAZEPAM INTENSOL 2 MG/ML | 1 | | | ST | |
| LORBRENA 100 MG TABLET | 2 | QL | PA | | SP |
| LORBRENA 25 MG TABLET | 2 | QL | PA | | SP |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| LORCET 5-325 MG TABLET | 1 | | PA | | |
| LORCET HD 10-325 MG TABLET | 1 | | PA | | |
| LOREEV XR 1 MG CAPSULE | 3 | | | ST | |
| LOREEV XR 1.5 MG CAPSULE | 3 | | | ST | |
| LOREEV XR 2 MG CAPSULE | 3 | | | ST | |
| LOREEV XR 3 MG CAPSULE | 3 | | | ST | |
| LORTAB 10 MG-300 MG/15 ML ELXR | 3 | | PA | | |
| LORTUSS EX LIQUID | 1 | | | | |
| LORYNA 3 MG-0.02 MG TABLET | 1 | | | | |
| LOSARTAN POTASSIUM 100 MG TAB | 1 | | | | |
| LOSARTAN POTASSIUM 25 MG TAB | 1 | | | | |
| LOSARTAN POTASSIUM 50 MG TAB | 1 | | | | |
| LOSARTAN-HCTZ 100-12.5 MG TAB | 1 | | | | |
| LOSARTAN-HCTZ 100-25 MG TAB | 1 | | | | |
| LOSARTAN-HCTZ 50-12.5 MG TAB | 1 | | | | |
| LOSEASONIQUE TABLET | 3 | | | | |
| LOTEMAX 0.5% EYE DROPS | 3 | | | | |
| LOTEMAX 0.5% EYE OINTMENT | 3 | | | ST | |
| LOTEMAX 0.5% OPHTHALMIC GEL | 3 | | | ST | |
| LOTEMAX SM 0.38% OPHTH GEL | 3 | | | ST | |
| LOTENSIN 10 MG TABLET | 3 | | | | |
| LOTENSIN 20 MG TABLET | 3 | | | | |
| LOTENSIN 40 MG TABLET | 3 | | | | |
| LOTENSIN HCT 10-12.5 MG TABLET | 3 | | | | |
| LOTENSIN HCT 20-12.5 MG TABLET | 3 | | | | |
| LOTENSIN HCT 20-25 MG TABLET | 3 | | | | |
| LOTEPREDNOL 0.5% OPHTHALMC GEL | 1 | | | | |
| LOTEPREDNOL ETABONATE 0.5% DRP | 1 | | | | |
| LOTREL 10-20 MG CAPSULE | 3 | | | | |
| LOTREL 10-40 MG CAPSULE | 3 | | | | |
| LOTREL 5-10 MG CAPSULE | 3 | | | | |
| LOTREL 5-20 MG CAPSULE | 3 | | | | |
| LOTREL 5-40 MG CAPSULE | 3 | | | | |
| LOTREXONE 1.5 MG CAPSULE | 3 | | | | |
| LOTREXONE 4.5 MG CAPSULE | 3 | | | | |
| LOTRONEX 0.5 MG TABLET | 3 | | | | |
| LOTRONEX 1 MG TABLET | 3 | | | | |
| LOVASTATIN 10 MG TABLET | 1 | QL | | | |
| LOVASTATIN 20 MG TABLET | 1 | QL | | | |
| LOVASTATIN 40 MG TABLET | 1 | QL | | | |
| LOVAZA 1 GM CAPSULE | 3 | | PA | | |
| LOVENOX 100 MG/ML SYRINGE | 3 | | | | SP |
| LOVENOX 120 MG/0.8 ML SYRINGE | 3 | | | | SP |
| LOVENOX 150 MG/ML SYRINGE | 3 | | | | SP |
| LOVENOX 30 MG/0.3 ML SYRINGE | 3 | | | | SP |
| LOVENOX 300 MG/3 ML VIAL | 3 | | | | SP |
| LOVENOX 40 MG/0.4 ML SYRINGE | 3 | | | | SP |
| LOVENOX 60 MG/0.6 ML SYRINGE | 3 | | | | SP |
| LOVENOX 80 MG/0.8 ML SYRINGE | 3 | | | | SP |
| LOW-OGESTREL-28 TABLET | 1 | | | | |
| LOXAPINE 10 MG CAPSULE | 1 | | | | |
| LOXAPINE 25 MG CAPSULE | 1 | | | | |
| LOXAPINE 5 MG CAPSULE | 1 | | | | |
| LOXAPINE 50 MG CAPSULE | 1 | | | | |
| LO-ZUMANDIMINE 3 MG-0.02 MG TB | 1 | | | | |
| LUBIPROSTONE 24 MCG CAPSULE | 1 | QL | | | |
| LUBIPROSTONE 8 MCG CAPSULE | 1 | QL | | | |
| LUCEMYRA 0.18 MG TABLET | 3 | QL | PA | | |
| LUDENT FLUORIDE 0.25 MG TB CHW | 1 | | | | |
| LUDENT FLUORIDE 0.5 MG TB CHEW | 1 | | | | |
| LUDENT FLUORIDE 1 MG TAB CHEW | 1 | | | | |
| LUER LOCK SYRINGE 30 ML | 2 | | | | |
| LUER SLIP TIP SYR TRAY 1 ML | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| LUER TIP CAP TRAY | 3 | | | | |
| LUGOL'S STRONG IODINE SOLUTION | 1 | | | | |
| LULICONAZOLE 1% CREAM | 3 | QL | | | |
| LUMAKRAS 120 MG TABLET | 3 | | PA | | SP |
| LUMAKRAS 320 MG TABLET | 3 | | PA | | SP |
| LUMIGAN 0.01% EYE DROPS | 3 | | PA | | |
| LUMRYZ ER 4.5 GM PACKET | 2 | QL | PA | | SP |
| LUMRYZ ER 6 GM PACKET | 2 | QL | PA | | SP |
| LUMRYZ ER 7.5 GM PACKET | 2 | QL | PA | | SP |
| LUMRYZ ER 9 GM PACKET | 2 | QL | PA | | SP |
| LUNESTA 1 MG TABLET | 3 | QL | | ST | |
| LUNESTA 2 MG TABLET | 3 | QL | | ST | |
| LUNESTA 3 MG TABLET | 3 | QL | | ST | |
| LUPANETA PK 11.25-5 MG 3MO KIT | 2 | | PA | | SP |
| LUPANETA PK 3.75-5 MG 1MO KIT | 2 | | PA | | SP |
| LUPKYNIS 7.9 MG CAPSULE | 2 | QL | PA | | SP |
| LUPRON DEPOT 11.25 MG 3MO KIT | 2 | | PA | | SP |
| LUPRON DEPOT 22.5 MG 3MO KIT | 3 | | PA | | SP |
| LUPRON DEPOT 3.75 MG KIT | 2 | | PA | | SP |
| LUPRON DEPOT 45 MG 6MO KIT | 3 | | PA | | SP |
| LUPRON DEPOT 7.5 MG KIT | 3 | | PA | | SP |
| LUPRON DEPOT-4 MONTH KIT | 3 | | PA | | SP |
| LUPRON DEPOT-PED 11.25 MG 3MO | 3 | | PA | | SP |
| LUPRON DEPOT-PED 11.25 MG KIT | 3 | | PA | | SP |
| LUPRON DEPOT-PED 15 MG KIT | 3 | | PA | | SP |
| LUPRON DEPOT-PED 30 MG 3MO KIT | 3 | | PA | | SP |
| LUPRON DEPOT-PED 45 MG 6MO KIT | 3 | | PA | | SP |
| LUPRON DEPOT-PED 7.5 MG KIT | 3 | | PA | | SP |
| LURASIDONE HCL 120 MG TABLET | 1 | QL | | | |
| LURASIDONE HCL 20 MG TABLET | 1 | QL | | | |
| LURASIDONE HCL 40 MG TABLET | 1 | QL | | | |
| LURASIDONE HCL 60 MG TABLET | 1 | QL | | | |
| LURASIDONE HCL 80 MG TABLET | 1 | QL | | | |
| LUTERA-28 TABLET | 1 | | | | |
| LUXIQ 0.12% FOAM | 3 | | | ST | |
| LUZU 1% CREAM | 3 | QL | | | |
| LYBALVI 10-10 MG TABLET | 3 | QL | | | |
| LYBALVI 15-10 MG TABLET | 3 | QL | | | |
| LYBALVI 20-10 MG TABLET | 3 | QL | | | |
| LYBALVI 5-10 MG TABLET | 3 | QL | | | |
| LYLEQ 0.35 MG TABLET | 1 | | | | |
| LYLLANA 0.025 MG PATCH | 1 | QL | | | |
| LYLLANA 0.0375 MG PATCH | 1 | QL | | | |
| LYLLANA 0.05 MG PATCH | 1 | QL | | | |
| LYLLANA 0.075 MG PATCH | 1 | QL | | | |
| LYLLANA 0.1 MG PATCH | 1 | QL | | | |
| LYMEPAK 100 MG TABLET | 3 | | | | |
| LYNPARZA 100 MG TABLET | 2 | QL | PA | | SP |
| LYNPARZA 150 MG TABLET | 2 | QL | PA | | SP |
| LYRICA 100 MG CAPSULE | 3 | | | | |
| LYRICA 150 MG CAPSULE | 3 | | | | |
| LYRICA 20 MG/ML ORAL SOLUTION | 3 | | | | |
| LYRICA 200 MG CAPSULE | 3 | | | | |
| LYRICA 225 MG CAPSULE | 3 | | | | |
| LYRICA 25 MG CAPSULE | 3 | | | | |
| LYRICA 300 MG CAPSULE | 3 | | | | |
| LYRICA 50 MG CAPSULE | 3 | | | | |
| LYRICA 75 MG CAPSULE | 3 | | | | |
| LYRICA CR 165 MG TABLET | 3 | | | ST | |
| LYRICA CR 330 MG TABLET | 3 | | | ST | |
| LYRICA CR 82.5 MG TABLET | 3 | | | ST | |
| LYSODREN 500 MG TABLET | 2 | | | | SP |
| LYSTEDA 650 MG TABLET | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| LYTGOBI 12 MG DOSE (3X 4MG TB) | 2 | | PA | | SP |
| LYTGOBI 16 MG DOSE (4X 4MG TB) | 2 | | PA | | SP |
| LYTGOBI 20 MG DOSE (5X 4MG TB) | 2 | | PA | | SP |
| LYUMJEV 100 UNIT/ML KWIKPEN | 2 | | | | |
| LYUMJEV 100 UNIT/ML VIAL | 2 | | | | |
| LYUMJEV 200 UNIT/ML KWIKPEN | 2 | | | | |
| LYUMJEV TEMPO PEN 100 UNIT/ML | 2 | | | | |
| LYVISPAH 10 MG GRANULE PACKET | 3 | | | ST | |
| LYVISPAH 20 MG GRANULE PACKET | 3 | | | ST | |
| LYVISPAH 5 MG GRANULE PACKET | 3 | | | ST | |
| LYZA 0.35 MG TABLET | 1 | | | | |
| MACROBID 100 MG CAPSULE | 3 | | | | |
| MACRODANTIN 100 MG CAPSULE | 3 | | | | |
| MACRODANTIN 25 MG CAPSULE | 3 | | | | |
| MACRODANTIN 50 MG CAPSULE | 3 | | | | |
| MACUGEN 0.3 MG/90 MICROLITERS | 3 | | | | SP |
| MAFENIDE ACETATE 50 GM POWD PK | 1 | | | | |
| MAGELLAN INSUL SYRINGE 0.3 ML | 3 | | | | |
| MAGELLAN INSUL SYRINGE 0.5 ML | 3 | | | | |
| MAGELLAN INSULIN SYR 0.3 ML | 3 | | | | |
| MAGELLAN INSULIN SYR 0.5 ML | 3 | | | | |
| MAGELLAN INSULIN SYRINGE 1 ML | 3 | | | | |
| MAGELLAN SAFETY 1 ML 23GX1" | 2 | | | | |
| MAGELLAN TB SAFE 1 ML 28GX1/2" | 2 | | | | |
| MAGELLAN TUBERCULIN SYR 1 ML | 2 | | | | |
| MAGNESIUM CITRATE SOLUTION | 1 | | | | |
| MALARONE 250-100 MG TABLET | 3 | QL | | | |
| MALARONE 62.5-25 MG PED TAB | 3 | QL | | | |
| MALATHION 0.5% LOTION | 1 | | | | |
| MARAVIROC 150 MG TABLET | 1 | | | | |
| MARAVIROC 300 MG TABLET | 1 | | | | |
| MAR-COF BP LIQUID | 3 | | | | |
| MAR-COF CG LIQUID | 3 | | | | |
| MARINOL 10 MG CAPSULE | 3 | | PA | | |
| MARINOL 2.5 MG CAPSULE | 3 | | PA | | |
| MARINOL 5 MG CAPSULE | 3 | | PA | | |
| MARLISSA-28 TABLET | 1 | | | | |
| MARNATAL-F CAPSULE | 3 | | | | |
| MARPLAN 10 MG TABLET | 3 | | | | |
| MATULANE 50 MG CAPSULE | 2 | | | | SP |
| MATZIM LA 180 MG TABLET | 1 | | | | |
| MATZIM LA 240 MG TABLET | 1 | | | | |
| MATZIM LA 300 MG TABLET | 1 | | | | |
| MATZIM LA 360 MG TABLET | 1 | | | | |
| MATZIM LA 420 MG TABLET | 1 | | | | |
| MAVENCLAD 10 MG X 10 TABLET PK | 3 | QL | PA | | SP |
| MAVENCLAD 10 MG X 4 TABLET PK | 3 | QL | PA | | SP |
| MAVENCLAD 10 MG X 5 TABLET PK | 3 | QL | PA | | SP |
| MAVENCLAD 10 MG X 6 TABLET PK | 3 | QL | PA | | SP |
| MAVENCLAD 10 MG X 7 TABLET PK | 3 | QL | PA | | SP |
| MAVENCLAD 10 MG X 8 TABLET PK | 3 | QL | PA | | SP |
| MAVENCLAD 10 MG X 9 TABLET PK | 3 | QL | PA | | SP |
| MAVYRET 100-40 MG TABLET | 3 | QL | PA | | SP |
| MAVYRET 50-20 MG PELLET PACKET | 3 | QL | PA | | SP |
| MAXALT 10 MG TABLET | 3 | QL | | ST | |
| MAXALT MLT 10 MG TABLET | 3 | QL | | ST | |
| MAXICOMFORT II PEN NDL 31GX6MM | 3 | | | | |
| MAXI-COMFORT INS 0.5 ML 28G | 3 | | | | |
| MAXICOMFORT INS 0.5ML 27GX1/2" | 3 | | | | |
| MAXICOMFORT INS 1 ML 27GX1/2" | 3 | | | | |
| MAXI-COMFORT INS 1 ML 28GX1/2" | 3 | | | | |
| MAXICOMFORT PEN NDL 29G X 5MM | 3 | | | | |
| MAXICOMFORT PEN NDL 29G X 8MM | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| MAXIDEX 0.1% EYE DROPS | 3 | | | ST | |
| MAXITROL EYE DROPS | 3 | | | | |
| MAXITROL EYE OINTMENT | 3 | | | | |
| MAXI-TUSS AC LIQUID | 1 | | | | |
| MAXI-TUSS CD LIQUID | 3 | | | | |
| MAXZIDE 37.5 MG-25 MG TABLET | 3 | | | | |
| MAXZIDE 75 MG-50 MG TABLET | 3 | | | | |
| MAYZENT 0.25 MG TABLET | 2 | QL | PA | | SP |
| MAYZENT 0.25MG START-1MG MAINT | 2 | QL | PA | | SP |
| MAYZENT 0.25MG START-2MG MAINT | 2 | QL | PA | | SP |
| MAYZENT 1 MG TABLET | 2 | QL | PA | | SP |
| MAYZENT 2 MG TABLET | 2 | QL | PA | | SP |
| M-CLEAR WC LIQUID | 1 | | | | |
| MECLIZINE 50 MG TABLET | 3 | | | ST | |
| MECLOFENAMATE 100 MG CAPSULE | 1 | | | | |
| MECLOFENAMATE 50 MG CAPSULE | 1 | | | | |
| MEDICATION TRANSFER NEEDLE | 2 | | | | |
| MEDIHONEY 100% PASTE | 3 | | | | |
| MEDIHONEY 80% GEL | 3 | | | | |
| MEDISENSE GLUC-KET CONT SOL | 2 | | | | |
| MEDISENSE H-L CONTROL SOLUTION | 2 | | | | |
| MEDISENSE H-M-L CONTROL SOLN | 2 | | | | |
| MEDISENSE MID CONTROL SOLUTION | 2 | | | | |
| MEDISENSE THIN 28G LANCETS | 2 | | | | |
| MEDISENSE THIN LANCETS | 2 | | | | |
| MEDLANCE PLUS 21G LANCETS | 1 | | | | |
| MEDLANCE PLUS 30G LANCETS | 2 | | | | |
| MEDLANCE PLUS EXTRA 21G LANCET | 2 | | | | |
| MEDLANCE PLUS LITE 25G LANCETS | 1 | | | | |
| MEDLANCE PLUS SPECIAL BLADE | 2 | | | | |
| MEDPOINT CONTROL SOLUTION | 3 | | | | |
| MEDROL 16 MG TABLET | 3 | | | | |
| MEDROL 2 MG TABLET | 3 | | | | |
| MEDROL 32 MG TABLET | 3 | | | | |
| MEDROL 4 MG DOSEPAK | 3 | | | | |
| MEDROL 4 MG TABLET | 3 | | | | |
| MEDROL 8 MG TABLET | 3 | | | | |
| MEDROXYPROGESTERONE 10 MG TAB | 1 | | | | |
| MEDROXYPROGESTERONE 150 MG/ML | 1 | QL | | | |
| MEDROXYPROGESTERONE 2.5 MG TAB | 1 | | | | |
| MEDROXYPROGESTERONE 5 MG TAB | 1 | | | | |
| MEDTRONIC REMOTE CONTROL | 2 | | | | |
| MEFENAMIC ACID 250 MG CAPSULE | 1 | | | | |
| MEFLOQUINE HCL 250 MG TABLET | 1 | QL | | | |
| MEGESTROL 20 MG TABLET | 1 | | | | |
| MEGESTROL 40 MG TABLET | 1 | | | | |
| MEGESTROL 400 MG/10 ML CUP | 1 | | | | |
| MEGESTROL 400 MG/10ML SUSP CUP | 1 | | | | |
| MEGESTROL 625 MG/5 ML SUSP | 1 | | | | |
| MEGESTROL ACET 40 MG/ML SUSP | 1 | | | | |
| MEGESTROL ACET 400 MG/10 ML | 1 | | | | |
| MEIJER LANCETS | 2 | | | | |
| MEIJER UNIVERSAL 1 26G LANCETS | 2 | | | | |
| MEKINIST 0.05 MG/ML SOLUTION | 2 | QL | PA | | SP |
| MEKINIST 0.5 MG TABLET | 2 | QL | PA | | SP |
| MEKINIST 2 MG TABLET | 2 | QL | PA | | SP |
| MEKTOVI 15 MG TABLET | 3 | QL | PA | | SP |
| MELODETTA 24 FE CHEWABLE TAB | 1 | | | | |
| MELOXICAM 10 MG CAPSULE | 1 | QL | | ST | |
| MELOXICAM 15 MG TABLET | 1 | QL | | | |
| MELOXICAM 5 MG CAPSULE | 1 | QL | | ST | |
| MELOXICAM 7.5 MG TABLET | 1 | QL | | | |
| MELOXICAM 7.5 MG/5 ML SUSP | 3 | QL | | ST | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| MELPHALAN 2 MG TABLET | 1 | | | | |
| MEMANTINE 5-10 MG TITRATION PK | 3 | | | | |
| MEMANTINE HCL 10 MG TABLET | 1 | | | | |
| MEMANTINE HCL 2 MG/ML SOLUTION | 1 | | | | |
| MEMANTINE HCL 5 MG TABLET | 1 | | | | |
| MEMANTINE HCL ER 14 MG CAPSULE | 1 | | | | |
| MEMANTINE HCL ER 21 MG CAPSULE | 1 | | | | |
| MEMANTINE HCL ER 28 MG CAPSULE | 1 | | | | |
| MEMANTINE HCL ER 7 MG CAPSULE | 1 | | | | |
| MEMBRANEBLUE 0.15% OPHTH SOLN | 3 | | | | |
| ME-NAPHOS-MB-HYO 1 TABLET | 1 | | | | |
| M-END PE LIQUID | 3 | | | | |
| MENEST 0.3 MG TABLET | 3 | | | | |
| MENEST 0.625 MG TABLET | 3 | | | | |
| MENEST 1.25 MG TABLET | 3 | | | | |
| MENEST 2.5 MG TABLET | 3 | | | | |
| MENOSTAR 14 MCG/DAY PATCH | 3 | QL | | | |
| MEPERIDINE 50 MG TABLET | 1 | | PA | | |
| MEPERIDINE 50 MG/5 ML SOLUTION | 1 | | PA | | |
| MEPHYTON 5 MG TABLET | 3 | QL | | | |
| MEPROBAMATE 200 MG TABLET | 1 | | | | |
| MEPROBAMATE 400 MG TABLET | 1 | | | | |
| MEPRON 750 MG/5 ML SUSPENSION | 3 | | | | |
| MERCAPTOPURINE 50 MG TABLET | 1 | | | | |
| MERZEE 1 MG-20 MCG CAPSULE | 1 | | | | |
| MESALAMINE 1,000 MG SUPP | 1 | | | | |
| MESALAMINE 4 GM/60 ML ENEMA | 1 | | | | |
| MESALAMINE 4 GM/60 ML KIT | 1 | | | | |
| MESALAMINE 800 MG DR TABLET | 1 | | | | |
| MESALAMINE DR 1.2 GM TABLET | 1 | | | | |
| MESALAMINE DR 400 MG CAPSULE | 1 | | | | |
| MESALAMINE ER 0.375 GRAM CAP | 1 | | | | |
| MESALAMINE ER 500 MG CAPSULE | 1 | | | | |
| MESNEX 400 MG TABLET | 2 | | | | |
| MESTINON 180 MG TIMESPAN | 3 | | | | |
| MESTINON 60 MG TABLET | 3 | | | | |
| MESTINON 60 MG/5 ML SOLUTION | 3 | | | | |
| METADATE ER 20 MG TABLET | 1 | | | | |
| METAXALL 800 MG TABLET | 1 | | | | |
| METAXALONE 400 MG TABLET | 1 | | | | |
| METAXALONE 800 MG TABLET | 1 | | | | |
| METFORMIN ER 1,000 MG GASTR-TB | 1 | QL | | ST | |
| METFORMIN ER 1,000 MG OSM-TAB | 1 | QL | | ST | |
| METFORMIN ER 500 MG GASTRC-TB | 1 | QL | | ST | |
| METFORMIN ER 500 MG OSMOTIC TB | 1 | QL | | ST | |
| METFORMIN HCL 1,000 MG TABLET | 1 | | | | |
| METFORMIN HCL 500 MG TABLET | 1 | | | | |
| METFORMIN HCL 500 MG/5 ML CUP | 1 | | | ST | |
| METFORMIN HCL 500 MG/5 ML SOLN | 1 | | | ST | |
| METFORMIN HCL 625 MG TABLET | 3 | | | ST | |
| METFORMIN HCL 850 MG TABLET | 1 | | | | |
| METFORMIN HCL 850 MG/8.5ML CUP | 1 | | | ST | |
| METFORMIN HCL ER 500 MG TABLET | 1 | QL | | | |
| METFORMIN HCL ER 750 MG TABLET | 1 | QL | | | |
| METHADONE 10 MG/5 ML SOLUTION | 1 | | PA | | |
| METHADONE 10 MG/ML ORAL CONC | 1 | | PA | | |
| METHADONE 40 MG TABLET DISPR | 1 | | PA | | |
| METHADONE 5 MG/5 ML SOLUTION | 1 | | PA | | |
| METHADONE HCL 10 MG TABLET | 1 | | PA | | |
| METHADONE HCL 5 MG TABLET | 1 | | PA | | |
| METHADONE INTENSOL 10 MG/ML | 1 | | PA | | |
| METHADOSE 10 MG/ML ORAL CONC | 1 | | PA | | |
| METHADOSE 40 MG TABLET DISPR | 1 | | PA | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| METHAMPHETAMINE 5 MG TABLET | 1 | | | | |
| METHAZOLAMIDE 25 MG TABLET | 1 | | | | |
| METHAZOLAMIDE 50 MG TABLET | 1 | | | | |
| METHENAMINE HIPP 1 GM TABLET | 1 | | | | |
| METHENAMINE MAND 1 GM TABLET | 1 | | | | |
| METHENAMINE MAND 500 MG TABLET | 1 | | | | |
| METHERGINE 0.2 MG TABLET | 1 | QL | | ST | |
| METHIMAZOLE 10 MG TABLET | 1 | | | | |
| METHIMAZOLE 5 MG TABLET | 1 | | | | |
| METHITEST 10 MG TABLET | 2 | | | | |
| METHOCARBAMOL 1,000 MG TABLET | 3 | | | | |
| METHOCARBAMOL 500 MG TABLET | 1 | | | | |
| METHOCARBAMOL 750 MG TABLET | 1 | | | | |
| METHOTREXATE 1 GM VIAL | 1 | | | | |
| METHOTREXATE 1 GRAM/40 ML VIAL | 1 | | | | |
| METHOTREXATE 2.5 MG TABLET | 1 | | | | |
| METHOTREXATE 25 MG/ML VIAL | 1 | | | | |
| METHOTREXATE 250 MG/10 ML VIAL | 1 | | | | |
| METHOTREXATE 50 MG/2 ML VIAL | 1 | | | | |
| METHOXSALEN 10 MG CAPSULE | 1 | | | | |
| METHOXSALEN 10 MG SOFTGEL | 1 | | | | |
| METHSCOPOLAMINE BROM 2.5 MG TB | 1 | | | | |
| METHSCOPOLAMINE BROM 5 MG TAB | 1 | | | | |
| METHSUXIMIDE 300 MG CAPSULE | 1 | | | | |
| METHYL SALICYLATE LIQUID | 1 | | | | |
| METHYL SALICYLATE OIL | 1 | | | | |
| METHYLCOBALAMIN 10,000 MCG VL | 3 | | | | |
| METHYLDOPA 250 MG TABLET | 1 | | | | |
| METHYLDOPA 500 MG TABLET | 1 | | | | |
| METHYLDOPA-HCTZ 250-15 MG TAB | 1 | | | | |
| METHYLDOPA-HCTZ 250-25 MG TAB | 1 | | | | |
| METHYLERGONOVINE 0.2 MG TABLET | 1 | QL | | ST | |
| METHYLIN 10 MG/5 ML SOLUTION | 3 | | | | |
| METHYLIN 5 MG/5 ML SOLUTION | 3 | | | | |
| METHYLPHENIDATE 10 MG CHEW TAB | 1 | | | | |
| METHYLPHENIDATE 10 MG TABLET | 1 | | | | |
| METHYLPHENIDATE 10 MG/5 ML SOL | 1 | | | | |
| METHYLPHENIDATE 10 MG/9HR PTCH | 1 | | | ST | |
| METHYLPHENIDATE 15 MG/9HR PTCH | 1 | | | ST | |
| METHYLPHENIDATE 2.5 MG CHEW TB | 1 | | | | |
| METHYLPHENIDATE 20 MG TABLET | 1 | | | | |
| METHYLPHENIDATE 20 MG/9HR PTCH | 1 | | | ST | |
| METHYLPHENIDATE 30 MG/9HR PTCH | 1 | | | ST | |
| METHYLPHENIDATE 5 MG CHEW TAB | 1 | | | | |
| METHYLPHENIDATE 5 MG TABLET | 1 | | | | |
| METHYLPHENIDATE 5 MG/5 ML SOLN | 1 | | | | |
| METHYLPHENIDATE CD 10 MG CAP | 1 | | | | |
| METHYLPHENIDATE CD 20 MG CAP | 1 | | | | |
| METHYLPHENIDATE CD 30 MG CAP | 1 | | | | |
| METHYLPHENIDATE CD 40 MG CAP | 1 | | | | |
| METHYLPHENIDATE CD 50 MG CAP | 1 | | | | |
| METHYLPHENIDATE CD 60 MG CAP | 1 | | | | |
| METHYLPHENIDATE ER 10 MG CAP | 1 | | | ST | |
| METHYLPHENIDATE ER 10 MG TAB | 1 | | | | |
| METHYLPHENIDATE ER 15 MG CAP | 1 | | | ST | |
| METHYLPHENIDATE ER 18 MG TAB | 1 | | | | |
| METHYLPHENIDATE ER 20 MG CAP | 1 | | | ST | |
| METHYLPHENIDATE ER 20 MG TAB | 1 | | | | |
| METHYLPHENIDATE ER 27 MG TAB | 1 | | | | |
| METHYLPHENIDATE ER 30 MG CAP | 1 | | | ST | |
| METHYLPHENIDATE ER 36 MG TAB | 1 | | | | |
| METHYLPHENIDATE ER 40 MG CAP | 1 | | | ST | |
| METHYLPHENIDATE ER 45 MG TAB | 3 | | | ST | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| METHYLPHENIDATE ER 50 MG CAP | 1 | | | ST | |
| METHYLPHENIDATE ER 54 MG TAB | 1 | | | | |
| METHYLPHENIDATE ER 60 MG CAP | 1 | | | ST | |
| METHYLPHENIDATE ER 63 MG TAB | 3 | | | ST | |
| METHYLPHENIDATE ER 72 MG TAB | 3 | | | ST | |
| METHYLPHENIDATE ER(CD) 10MG CP | 1 | | | | |
| METHYLPHENIDATE ER(CD) 20MG CP | 1 | | | | |
| METHYLPHENIDATE ER(CD) 30MG CP | 1 | | | | |
| METHYLPHENIDATE ER(CD) 40MG CP | 1 | | | | |
| METHYLPHENIDATE ER(CD) 50MG CP | 1 | | | | |
| METHYLPHENIDATE ER(CD) 60MG CP | 1 | | | | |
| METHYLPHENIDATE ER(LA) 10MG CP | 1 | | | | |
| METHYLPHENIDATE ER(LA) 20MG CP | 1 | | | | |
| METHYLPHENIDATE ER(LA) 30MG CP | 1 | | | | |
| METHYLPHENIDATE ER(LA) 40MG CP | 1 | | | | |
| METHYLPHENIDATE LA 10 MG CAP | 1 | | | | |
| METHYLPHENIDATE LA 20 MG CAP | 1 | | | | |
| METHYLPHENIDATE LA 30 MG CAP | 1 | | | | |
| METHYLPHENIDATE LA 40 MG CAP | 1 | | | | |
| METHYLPHENIDATE LA 60 MG CAP | 1 | | | | |
| METHYLPREDNISOLONE 16 MG TAB | 1 | | | | |
| METHYLPREDNISOLONE 32 MG TAB | 1 | | | | |
| METHYLPREDNISOLONE 4 MG DOSEPK | 1 | | | | |
| METHYLPREDNISOLONE 4 MG TABLET | 1 | | | | |
| METHYLPREDNISOLONE 8 MG TABLET | 1 | | | | |
| METHYLTESTOSTERONE 10 MG CAP | 1 | | | | |
| METIPRANOLOL 0.3% EYE DROPS | 1 | | | | |
| METOCLOPRAMIDE 10 MG TABLET | 1 | | | | |
| METOCLOPRAMIDE 10 MG/10 ML CUP | 1 | | | | |
| METOCLOPRAMIDE 10 MG/10 ML SOL | 1 | | | | |
| METOCLOPRAMIDE 5 MG TABLET | 1 | | | | |
| METOCLOPRAMIDE 5 MG/5 ML SOLN | 1 | | | | |
| METOCLOPRAMIDE HCL 10 MG ODT | 1 | | | | |
| METOCLOPRAMIDE HCL 5 MG ODT | 1 | | | | |
| METOLAZONE 10 MG TABLET | 1 | | | | |
| METOLAZONE 2.5 MG TABLET | 1 | | | | |
| METOLAZONE 5 MG TABLET | 1 | | | | |
| METOPROLOL SUCC ER 100 MG TAB | 1 | | | | |
| METOPROLOL SUCC ER 200 MG TAB | 1 | | | | |
| METOPROLOL SUCC ER 25 MG TAB | 1 | | | | |
| METOPROLOL SUCC ER 50 MG TAB | 1 | | | | |
| METOPROLOL TARTRATE 100 MG TAB | 1 | | | | |
| METOPROLOL TARTRATE 25 MG TAB | 1 | | | | |
| METOPROLOL TARTRATE 37.5 MG TB | 1 | | | | |
| METOPROLOL TARTRATE 50 MG TAB | 1 | | | | |
| METOPROLOL TARTRATE 75 MG TAB | 1 | | | | |
| METOPROLOL-HCTZ 100-25 MG TAB | 1 | | | | |
| METOPROLOL-HCTZ 100-50 MG TAB | 1 | | | | |
| METOPROLOL-HCTZ 50-25 MG TAB | 1 | | | | |
| METROCREAM 0.75% CREAM | 3 | | | ST | |
| METROGEL TOPICAL 1% GEL | 3 | | | ST | |
| METROGEL TOPICAL 1% PUMP | 3 | | | ST | |
| METROGEL-VAGINAL 0.75% GEL | 3 | | | | |
| METROLOTION TOPICAL 0.75% | 3 | | | ST | |
| METRONIDAZOLE 0.75% CREAM | 1 | | | | |
| METRONIDAZOLE 0.75% LOTION | 1 | | | | |
| METRONIDAZOLE 250 MG TABLET | 1 | | | | |
| METRONIDAZOLE 375 MG CAPSULE | 1 | | | | |
| METRONIDAZOLE 500 MG TABLET | 1 | | | | |
| METRONIDAZOLE TOP 1% GEL PUMP | 1 | | | | |
| METRONIDAZOLE TOPICAL 0.75% GL | 1 | | | | |
| METRONIDAZOLE TOPICAL 1% GEL | 1 | | | | |
| METRONIDAZOLE VAGINAL 0.75% GL | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| METYROSINE 250 MG CAPSULE | 1 | | PA | | |
| MEXILETINE 150 MG CAPSULE | 1 | | | | |
| MEXILETINE 200 MG CAPSULE | 1 | | | | |
| MEXILETINE 250 MG CAPSULE | 1 | | | | |
| MIACALCIN 400 UNIT/2 ML VIAL | 3 | | | | |
| MIBELAS 24 FE CHEWABLE TABLET | 1 | | | | |
| MICARDIS 20 MG TABLET | 3 | | | ST | |
| MICARDIS 40 MG TABLET | 3 | | | ST | |
| MICARDIS 80 MG TABLET | 3 | | | ST | |
| MICARDIS HCT 40-12.5 MG TABLET | 3 | | | ST | |
| MICARDIS HCT 80-12.5 MG TABLET | 3 | | | ST | |
| MICARDIS HCT 80-25 MG TABLET | 3 | | | ST | |
| MICONAZOLE 3 200 MG VAG SUPP | 1 | | | | |
| MICONAZOLE-ZINC-PETRO 0.25-15% | 3 | QL | | | |
| MICRO THIN 33G LANCETS | 2 | | | | |
| MICROCHAMBER | 2 | | | | |
| MICRODOT BLOOD GLUCOSE SYSTEM | 3 | | | | |
| MICRODOT HIGH-LOW CONTROL SOL | 3 | | | | |
| MICRODOT NORMAL CONTROL SOLUT | 3 | | | | |
| MICRODOT PEN NEEDLE 31GX6MM | 3 | | | | |
| MICRODOT PEN NEEDLE 32GX4MM | 3 | | | | |
| MICRODOT PEN NEEDLE 33GX4MM | 3 | | | | |
| MICRODOT TEST STRIPS | 3 | | | | |
| MICRODOT XTRA TEST STRIPS | 3 | | | | |
| MICROGESTIN 21 1.5-30 TAB | 1 | | | | |
| MICROGESTIN 21 1-20 TABLET | 1 | | | | |
| MICROGESTIN 24 FE 1 MG-20 MCG | 1 | | | | |
| MICROGESTIN FE 1.5-30 TAB | 1 | | | | |
| MICROGESTIN FE 1-20 TABLET | 1 | | | | |
| MICROLET 2 LANCING DEVICE | 2 | | | | |
| MICROLET LANCETS | 2 | | | | |
| MICROLET NEXT LANCING DEVICE | 2 | | | | |
| MICROPLEGIA 0.92 MOLAR BAG | 3 | | | | |
| MICROSPACER FOR AEROSOL DEVICE | 2 | | | | |
| MIDAZOLAM HCL 10 MG/5 ML CUP | 3 | | | | |
| MIDAZOLAM HCL 2 MG/ML SYRUP | 1 | | | | |
| MIDAZOLAM HCL 5 MG/2.5 ML CUP | 3 | | | | |
| MIDODRINE HCL 10 MG TABLET | 1 | | | | |
| MIDODRINE HCL 2.5 MG TABLET | 1 | | | | |
| MIDODRINE HCL 5 MG TABLET | 1 | | | | |
| MIEBO 100% EYE DROP | 3 | | PA | | |
| MIGERGOT 2-100 MG SUPPOSITORY | 1 | | | | |
| MIGLITOL 100 MG TABLET | 1 | | | | |
| MIGLITOL 25 MG TABLET | 1 | | | | |
| MIGLITOL 50 MG TABLET | 1 | | | | |
| MIGLUSTAT 100 MG CAPSULE | 1 | QL | PA | | SP |
| MIGRANAL NASAL SPRAY | 3 | QL | | ST | |
| MILI 0.25-0.035 MG TABLET | 1 | | | | |
| MILK OF MAGNESIA CONC 10ML CUP | 1 | | | | |
| MILK OF MAGNESIA CONCENTRATED | 1 | | | | |
| MILK OF MAGNESIA SUSP 30ML CUP | 1 | | | | |
| MILK OF MAGNESIA SUSPENSION | 1 | | | | |
| MILLIPRED 5 MG TABLET | 1 | | | | |
| MILLIPRED DP 5 MG 12-DAY PACK | 1 | | | | |
| MILLIPRED DP 5 MG 6-DAY PACK | 1 | | | | |
| MIMVEY 1-0.5 MG TABLET | 1 | | | | |
| MINASTRIN 24 FE CHEWABLE TAB | 3 | | | | |
| MINI LANCING DEVICE | 2 | | | | |
| MINI PEN NEEDLE 32G 4MM | 3 | | | | |
| MINI PEN NEEDLE 32G 5MM | 3 | | | | |
| MINI PEN NEEDLE 32G 6MM | 3 | | | | |
| MINI PEN NEEDLE 32G 8MM | 3 | | | | |
| MINI PEN NEEDLE 33G 4MM | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| MINI PEN NEEDLE 33G 5MM | 3 | | | | |
| MINI PEN NEEDLE 33G 6MM | 3 | | | | |
| MINI TRANSFER PIN | 2 | | | | |
| MINI ULTRA-THIN II PEN NDL 31G | 3 | | | | |
| MINILINK REAL-TIME TRANSMITTER | 3 | | | | |
| MINIMED 630G GUARDIAN START KT | 3 | | | | |
| MINIMED QUICK-SERTER | 3 | | | | |
| MINIPRESS 1 MG CAPSULE | 3 | | | | |
| MINIPRESS 2 MG CAPSULE | 3 | | | | |
| MINIPRESS 5 MG CAPSULE | 3 | | | | |
| MINITRAN 0.1 MG/HR PATCH | 3 | | | | |
| MINITRAN 0.2 MG/HR PATCH | 3 | | | | |
| MINITRAN 0.4 MG/HR PATCH | 3 | | | | |
| MINITRAN 0.6 MG/HR PATCH | 3 | | | | |
| MINIVELLE 0.025 MG PATCH | 3 | QL | | | |
| MINIVELLE 0.0375 MG PATCH | 3 | QL | | | |
| MINIVELLE 0.05 MG PATCH | 3 | QL | | | |
| MINIVELLE 0.075 MG PATCH | 3 | QL | | | |
| MINIVELLE 0.1 MG PATCH | 3 | QL | | | |
| MINOCYCLINE 100 MG CAPSULE | 1 | | | | |
| MINOCYCLINE 50 MG CAPSULE | 1 | | | | |
| MINOCYCLINE 75 MG CAPSULE | 1 | | | | |
| MINOCYCLINE ER 105 MG TABLET | 1 | | | ST | |
| MINOCYCLINE ER 115 MG TABLET | 1 | | | ST | |
| MINOCYCLINE ER 135 MG CAPSULE | 3 | | | ST | |
| MINOCYCLINE ER 135 MG TABLET | 1 | | | ST | |
| MINOCYCLINE ER 45 MG CAPSULE | 3 | | | ST | |
| MINOCYCLINE ER 45 MG TABLET | 1 | | | ST | |
| MINOCYCLINE ER 55 MG TABLET | 1 | | | ST | |
| MINOCYCLINE ER 65 MG TABLET | 1 | | | ST | |
| MINOCYCLINE ER 80 MG TABLET | 1 | | | ST | |
| MINOCYCLINE ER 90 MG CAPSULE | 3 | | | ST | |
| MINOCYCLINE ER 90 MG TABLET | 1 | | | ST | |
| MINOCYCLINE HCL 100 MG TABLET | 1 | | | | |
| MINOCYCLINE HCL 50 MG TABLET | 1 | | | | |
| MINOCYCLINE HCL 75 MG TABLET | 1 | | | | |
| MINOLIRA ER 105 MG TABLET | 3 | | | ST | |
| MINOLIRA ER 135 MG TABLET | 3 | | | ST | |
| MINOXIDIL 10 MG TABLET | 1 | | | | |
| MINOXIDIL 2.5 MG TABLET | 1 | | | | |
| MIOCHOL-E KIT | 3 | | | | |
| MIOSTAT VIAL | 1 | | | | |
| MIRAPEX ER 0.375 MG TABLET | 3 | | | | |
| MIRAPEX ER 0.75 MG TABLET | 3 | | | | |
| MIRAPEX ER 1.5 MG TABLET | 3 | | | | |
| MIRAPEX ER 2.25 MG TABLET | 3 | | | | |
| MIRAPEX ER 3 MG TABLET | 3 | | | | |
| MIRAPEX ER 3.75 MG TABLET | 3 | | | | |
| MIRAPEX ER 4.5 MG TABLET | 3 | | | | |
| MIRCERA 100 MCG/0.3 ML SYRINGE | 3 | | PA | | SP |
| MIRCERA 120 MCG/0.3 ML SYRINGE | 3 | | PA | | SP |
| MIRCERA 150 MCG/0.3 ML SYRINGE | 3 | | PA | | SP |
| MIRCERA 200 MCG/0.3 ML SYRINGE | 3 | | PA | | SP |
| MIRCERA 30 MCG/0.3 ML SYRINGE | 3 | | PA | | SP |
| MIRCERA 50 MCG/0.3 ML SYRINGE | 3 | | PA | | SP |
| MIRCERA 75 MCG/0.3 ML SYRINGE | 3 | | PA | | SP |
| MIRCETTE 28 DAY TABLET | 3 | | | | |
| MIRTAZAPINE 15 MG ODT | 1 | | | | |
| MIRTAZAPINE 15 MG TABLET | 1 | | | | |
| MIRTAZAPINE 30 MG ODT | 1 | | | | |
| MIRTAZAPINE 30 MG TABLET | 1 | | | | |
| MIRTAZAPINE 45 MG ODT | 1 | | | | |
| MIRTAZAPINE 45 MG TABLET | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| MIRTAZAPINE 7.5 MG TABLET | 1 | | | | |
| MIRVASO 0.33% GEL | 2 | | PA | | |
| MIRVASO 0.33% GEL PUMP | 2 | | PA | | |
| MISOPROSTOL 100 MCG TABLET | 1 | | | | |
| MISOPROSTOL 200 MCG TABLET | 1 | | | | |
| MITIGARE 0.6 MG CAPSULE | 2 | | | | |
| MITOMYCIN 0.2 MG/ML(0.02%) SYR | 3 | | | | |
| MITOMYCIN 0.4 MG/ML(0.04%) SYR | 3 | | | | |
| MITOSOL 0.2 MG KIT | 3 | | | | |
| MKO (MIDAZ-KETA-OND) 3-25-2 MG | 3 | | | | |
| M-NATAL PLUS TABLET | 1 | | | | |
| MOBIC 15 MG TABLET | 3 | QL | | ST | |
| MOBIC 7.5 MG TABLET | 3 | QL | | ST | |
| MOBILE 30G LANCETS | 2 | | | | |
| MODAFINIL 100 MG TABLET | 1 | QL | | ST | |
| MODAFINIL 200 MG TABLET | 1 | QL | | ST | |
| MOEXIPRIL HCL 15 MG TABLET | 1 | | | | |
| MOEXIPRIL HCL 7.5 MG TABLET | 1 | | | | |
| MOLINDONE HCL 10 MG TABLET | 1 | | | | |
| MOLINDONE HCL 25 MG TABLET | 1 | | | | |
| MOLINDONE HCL 5 MG TABLET | 1 | | | | |
| MOMETASONE FUROATE 0.1% CREAM | 1 | | | | |
| MOMETASONE FUROATE 0.1% OINT | 1 | | | | |
| MOMETASONE FUROATE 0.1% SOLN | 1 | | | | |
| MOMETASONE FUROATE 50 MCG SPR | 1 | QL | | ST | |
| MONDOXYNE NL 100 MG CAPSULE | 1 | | | | |
| MONDOXYNE NL 75 MG CAPSULE | 1 | | | | |
| MONODOX 100 MG CAPSULE | 3 | | | ST | |
| MONODOX 50 MG CAPSULE | 3 | | | ST | |
| MONODOX 75 MG CAPSULE | 3 | | | ST | |
| MONOJECT 0.5 ML SYRN 28GX1/2" | 3 | | | | |
| MONOJECT 0.9% SODIUM CL SYRING | 1 | | | | |
| MONOJECT 1 ML SYRN 27X1/2" | 3 | | | | |
| MONOJECT 1 ML SYRN 28GX1/2" | 3 | | | | |
| MONOJECT 1 ML TB SYRN 25X5/8" | 2 | | | | |
| MONOJECT 12 ML SYRINGE 18GX1" | 2 | | | | |
| MONOJECT 12 ML SYRN 20GX1.25 | 2 | | | | |
| MONOJECT 12 ML SYRN 21GX1" | 2 | | | | |
| MONOJECT 12 ML SYRN 21GX1.5" | 2 | | | | |
| MONOJECT 3 ML SYRINGE | 2 | | | | |
| MONOJECT 3 ML SYRINGE 21GX1" | 2 | | | | |
| MONOJECT 3 ML SYRINGE 23GX1" | 2 | | | | |
| MONOJECT 3 ML SYRINGE 25GX1" | 2 | | | | |
| MONOJECT 3 ML SYRN 21GX1" | 2 | | | | |
| MONOJECT 3 ML SYRN 21GX11/2" | 2 | | | | |
| MONOJECT 3 ML SYRN 21GX1-1/2" | 2 | | | | |
| MONOJECT 3 ML SYRN 22GX11/2" | 2 | | | | |
| MONOJECT 3 ML SYRN 22GX1-1/2" | 2 | | | | |
| MONOJECT 3 ML SYRN 23GX1" | 2 | | | | |
| MONOJECT 3 ML SYRN 25GX1" | 2 | | | | |
| MONOJECT 3 ML SYRN 25GX1.25" | 2 | | | | |
| MONOJECT 3 ML SYRN 25GX5/8" | 2 | | | | |
| MONOJECT 3 ML SYRN 27GX1.25" | 2 | | | | |
| MONOJECT 3 ML SYRN 27GX11/4" | 2 | | | | |
| MONOJECT 6 ML SYRINGE | 2 | | | | |
| MONOJECT 6 ML SYRN 20GX11/2" | 2 | | | | |
| MONOJECT 6 ML SYRN 21GX1" | 2 | | | | |
| MONOJECT 6 ML SYRN 21GX11/2" | 2 | | | | |
| MONOJECT 6 ML SYRN 22GX11/2" | 2 | | | | |
| MONOJECT 6CC SAFETY SYRINGE | 2 | | | | |
| MONOJECT BLD COL NEEDL 20GX1.5 | 2 | | | | |
| MONOJECT BLD COL NEEDLE 20GX1" | 2 | | | | |
| MONOJECT BLD COL NEEDLE 21GX1" | 2 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| MONOJECT BLD COL NEEDLE 22GX1" | 2 | | | | |
| MONOJECT CONTROL SYRINGE 12ML | 2 | | | | |
| MONOJECT DISP SYRINGE 20 ML | 2 | | | | |
| MONOJECT ENFIT 1 ML SYRINGE | 3 | | | | |
| MONOJECT ENFIT 12 ML SYRINGE | 3 | | | | |
| MONOJECT ENFIT 3 ML SYRINGE | 3 | | | | |
| MONOJECT ENFIT 35 ML SYRINGE | 3 | | | | |
| MONOJECT ENFIT 6 ML SYRINGE | 3 | | | | |
| MONOJECT ENFIT 60 ML SYRINGE | 3 | | | | |
| MONOJECT ENFIT SYRINGE CAP | 3 | | | | |
| MONOJECT FILTR 18GX1.5" NEEDLE | 3 | | | | |
| MONOJECT HYPO NDL 27GX1-1/2" | 2 | | | | |
| MONOJECT HYPO NEEDLE 18X1A | 2 | | | | |
| MONOJECT HYPO NEEDLE 19X1 | 2 | | | | |
| MONOJECT HYPO NEEDLE 19X1-1/2 | 2 | | | | |
| MONOJECT HYPO NEEDLE 20X1 | 2 | | | | |
| MONOJECT HYPO NEEDLE 20X1-1/2 | 2 | | | | |
| MONOJECT HYPO NEEDLE 21X1 | 2 | | | | |
| MONOJECT HYPO NEEDLE 21X1-1/2 | 2 | | | | |
| MONOJECT HYPO NEEDLE 22X1 | 2 | | | | |
| MONOJECT HYPO NEEDLE 22X1.5 | 2 | | | | |
| MONOJECT HYPO NEEDLE 23X1 | 2 | | | | |
| MONOJECT HYPO NEEDLE 25X1 | 2 | | | | |
| MONOJECT HYPO NEEDLE 25X1.5 | 2 | | | | |
| MONOJECT HYPO NEEDLE 25X5/8 | 2 | | | | |
| MONOJECT HYPO NEEDLE 26X1.5 | 2 | | | | |
| MONOJECT HYPO NEEDLE 27X0.5 | 2 | | | | |
| MONOJECT HYPO NEEDLE 30X3/4 | 2 | | | | |
| MONOJECT HYPODERMIC NEEDLE | 2 | | | | |
| MONOJECT INSUL SYR U100 | 3 | | | | |
| MONOJECT INSUL SYR U100 0.5 ML | 3 | | | | |
| MONOJECT INSUL SYR U100 1 ML | 3 | | | | |
| MONOJECT INSULIN SYR 0.3 ML | 3 | | | | |
| MONOJECT INSULIN SYR 0.5 ML | 3 | | | | |
| MONOJECT INSULIN SYR 1 ML | 3 | | | | |
| MONOJECT INSULIN SYR U-100 | 3 | | | | |
| MONOJECT INSULIN SYRN 3/10 ML | 3 | | | | |
| MONOJECT LUER LOCK TB SYR 1 ML | 2 | | | | |
| MONOJECT MAGELLAN SYRINGE | 2 | | | | |
| MONOJECT MAGELLAN SYRINGE 1 ML | 2 | | | | |
| MONOJECT MAGELLAN SYRINGE 3 ML | 2 | | | | |
| MONOJECT PHARMACY TRAY | 2 | | | | |
| MONOJECT PREFILL 0.9% NA SYR | 1 | | | | |
| MONOJECT SAFETY SYR TIP CAP | 3 | | | | |
| MONOJECT SAFETY SYRINGE | 2 | | | | |
| MONOJECT SMARTIP CANNULA 12 ML | 3 | | | | |
| MONOJECT SMARTIP CANNULA 3 ML | 3 | | | | |
| MONOJECT SMARTIP CANNULA 6 ML | 3 | | | | |
| MONOJECT SYR PHARM TRAY PK | 2 | | | | |
| MONOJECT SYRINGE 0.3 ML | 3 | | | | |
| MONOJECT SYRINGE 0.5 ML | 3 | | | | |
| MONOJECT SYRINGE 1 ML | 3 | | | | |
| MONOJECT SYRINGE 12 ML | 2 | | | | |
| MONOJECT SYRINGE 140 ML | 3 | | | | |
| MONOJECT SYRINGE 20 ML | 2 | | | | |
| MONOJECT SYRINGE 3 ML | 2 | | | | |
| MONOJECT SYRINGE 3 ML 20GX1 | 2 | | | | |
| MONOJECT SYRINGE 3 ML 22G 1" | 2 | | | | |
| MONOJECT SYRINGE 3 ML 22GX1" | 2 | | | | |
| MONOJECT SYRINGE 35 ML | 2 | | | | |
| MONOJECT SYRINGE 6 ML | 2 | | | | |
| MONOJECT SYRN 3 ML 20GX1-1/2" | 2 | | | | |
| MONOJECT SYRN 3 ML 20GX3/4" | 2 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| MONOJECT SYRNG 20GX1" 3 ML | 2 | | | | |
| MONOJECT TB 1 ML SYRN 26X3/8" | 2 | | | | |
| MONOJECT TB 1 ML SYRN 27GX1/2 | 2 | | | | |
| MONOJECT TB 1 ML SYRN 28GX1/2 | 2 | | | | |
| MONOJECT TB SAFETY SYRINGE | 2 | | | | |
| MONOJECT TB SAFETY SYRN 1 ML | 2 | | | | |
| MONOJECT TB SYRN 25GX5/8" | 2 | | | | |
| MONOJECT TB SYRN 26GX3/8" | 2 | | | | |
| MONOJECT TB SYRN 27GX1/2" | 2 | | | | |
| MONOJECT TUBERCULIN SYR 1 ML | 2 | | | | |
| MONOLET 21G LANCETS | 2 | | | | |
| MONOLET THIN 28G LANCETS | 2 | | | | |
| MONO-LINYAH 28 TABLET | 1 | | | | |
| MONSEL'S FERRIC SUBSULFATE SOL | 2 | | | | |
| MONTELUKAST SOD 10 MG TABLET | 1 | | | | |
| MONTELUKAST SOD 4 MG GRANULES | 1 | | | | |
| MONTELUKAST SOD 4 MG TAB CHEW | 1 | | | | |
| MONTELUKAST SOD 5 MG TAB CHEW | 1 | | | | |
| MONUROL 3 GM SACHET | 3 | | | | |
| MORGIDOX 100 MG CAPSULE | 1 | | | | |
| MORGIDOX 1X100 MG KIT | 3 | | | ST | |
| MORGIDOX 1X50 MG KIT | 3 | | | ST | |
| MORGIDOX 2X100 MG KIT | 3 | | | ST | |
| MORGIDOX 50 MG CAPSULE | 1 | | | | |
| MORPHINE SULF 10 MG SUPPOS | 1 | | PA | | |
| MORPHINE SULF 10 MG/5 ML CUP | 1 | | PA | | |
| MORPHINE SULF 10 MG/5 ML SOLN | 1 | | PA | | |
| MORPHINE SULF 100 MG/5 ML CONC | 1 | | PA | | |
| MORPHINE SULF 20 MG SUPPOS | 1 | | PA | | |
| MORPHINE SULF 20 MG/5 ML SOLN | 1 | | PA | | |
| MORPHINE SULF 30 MG SUPPOS | 1 | | PA | | |
| MORPHINE SULF 5 MG SUPPOS | 1 | | PA | | |
| MORPHINE SULF ER 100 MG TABLET | 1 | QL | PA | | |
| MORPHINE SULF ER 15 MG TABLET | 1 | QL | PA | | |
| MORPHINE SULF ER 200 MG TABLET | 1 | QL | PA | | |
| MORPHINE SULF ER 30 MG TABLET | 1 | QL | PA | | |
| MORPHINE SULF ER 60 MG TABLET | 1 | QL | PA | | |
| MORPHINE SULFATE ER 10 MG CAP | 1 | QL | PA | | |
| MORPHINE SULFATE ER 100 MG CAP | 1 | QL | PA | | |
| MORPHINE SULFATE ER 120 MG CAP | 1 | QL | PA | | |
| MORPHINE SULFATE ER 20 MG CAP | 1 | QL | PA | | |
| MORPHINE SULFATE ER 30 MG CAP | 1 | QL | PA | | |
| MORPHINE SULFATE ER 40 MG CAP | 1 | QL | PA | | |
| MORPHINE SULFATE ER 45 MG CAP | 1 | QL | PA | | |
| MORPHINE SULFATE ER 50 MG CAP | 1 | QL | PA | | |
| MORPHINE SULFATE ER 60 MG CAP | 1 | QL | PA | | |
| MORPHINE SULFATE ER 75 MG CAP | 1 | QL | PA | | |
| MORPHINE SULFATE ER 80 MG CAP | 1 | QL | PA | | |
| MORPHINE SULFATE ER 90 MG CAP | 1 | QL | PA | | |
| MORPHINE SULFATE IR 15 MG TAB | 1 | | PA | | |
| MORPHINE SULFATE IR 30 MG TAB | 1 | | PA | | |
| MOTEGRITY 1 MG TABLET | 3 | QL | | | |
| MOTEGRITY 2 MG TABLET | 3 | QL | | | |
| MOTOFEN 1-0.025 MG TABLET | 3 | | | | |
| MOTPOLY XR 100 MG CAPSULE | 3 | | | ST | |
| MOTPOLY XR 150 MG CAPSULE | 3 | | | ST | |
| MOTPOLY XR 200 MG CAPSULE | 3 | | | ST | |
| MOUNJARO 10 MG/0.5 ML PEN | 2 | QL | PA | | |
| MOUNJARO 12.5 MG/0.5 ML PEN | 2 | QL | PA | | |
| MOUNJARO 15 MG/0.5 ML PEN | 2 | QL | PA | | |
| MOUNJARO 2.5 MG/0.5 ML PEN | 2 | QL | PA | | |
| MOUNJARO 5 MG/0.5 ML PEN | 2 | QL | PA | | |
| MOUNJARO 7.5 MG/0.5 ML PEN | 2 | QL | PA | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| MOVANTIK 12.5 MG TABLET | 2 | QL | | | |
| MOVANTIK 25 MG TABLET | 2 | QL | | | |
| MOVIPREP POWDER PACKET | 3 | | | | |
| MOXATAG ER 775 MG TABLET | 3 | | | | |
| MOXEZA 0.5% EYE DROPS | 3 | | | | |
| MOXIFLOXACIN 0.3 MG/0.3ML-NACL | 3 | | | ST | |
| MOXIFLOXACIN 0.5% EYE DROPS | 1 | | | | |
| MOXIFLOXACIN 0.5% EYE DRP-VISC | 1 | | | | |
| MOXIFLOXACIN 0.8 MG/0.8 ML VL | 3 | | | ST | |
| MOXIFLOXACIN 1 MG/ML-BSS VIAL | 3 | | | ST | |
| MOXIFLOXACIN 1.6 MG/ML-NACL | 3 | | | ST | |
| MOXIFLOXACIN 4 MG/0.8 ML VIAL | 3 | | | ST | |
| MOXIFLOXACIN 5 MG/ML VIAL | 3 | | | ST | |
| MOXIFLOXACIN HCL 400 MG TABLET | 1 | | | | |
| MS CONTIN ER 100 MG TABLET | 3 | QL | PA | | |
| MS CONTIN ER 15 MG TABLET | 3 | QL | PA | | |
| MS CONTIN ER 200 MG TABLET | 3 | QL | PA | | |
| MS CONTIN ER 30 MG TABLET | 3 | QL | PA | | |
| MS CONTIN ER 60 MG TABLET | 3 | QL | PA | | |
| MS INS SYR 0.5 ML 29GX1/2" | 3 | | | | |
| MS INS SYR 1 ML 29GX1/2" | 3 | | | | |
| MS INS SYRINGE 1 ML 30GX1/2" | 3 | | | | |
| MS INSUL SYR 0.3 ML 31GX5/16" | 3 | | | | |
| MS INSUL SYR 0.5 ML 30GX1/2" | 3 | | | | |
| MS INSUL SYR 0.5 ML 31GX5/16" | 3 | | | | |
| MS INSULIN SYR 0.3 ML 29GX1/2" | 3 | | | | |
| MS INSULIN SYR 1 ML 31GX5/16" | 3 | | | | |
| MS INSULIN SYRINGE 0.3 ML | 3 | | | | |
| MS PEN NEEDLE 6MM 31G | 3 | | | | |
| MUGARD ORAL WOUND RINSE | 3 | | | | SP |
| MULPLETA 3 MG TABLET | 3 | QL | PA | | SP |
| MULTAQ 400 MG TABLET | 3 | | | | |
| MULTI-LANCET DEVICE 2 KIT | 2 | | | | |
| MULTISTIX 10 SG REAGENT STRIPS | 2 | | | | |
| MULTISTIX 5 STRIPS | 2 | | | | |
| MULTISTIX 7 REAGENT STRIPS | 2 | | | | |
| MULTISTIX 8 SG REAGENT STRIPS | 2 | | | | |
| MULTISTIX 9 REAGENT STRIPS | 2 | | | | |
| MULTISTIX 9 SG REAGENT STRIPS | 2 | | | | |
| MULTISTIX REAGENT STRIPS | 2 | | | | |
| MULTIVIT-FLUOR 0.25 MG TAB CHW | 1 | | | | |
| MULTIVIT-FLUOR 0.25 MG/ML DROP | 1 | | | | |
| MULTIVIT-FLUOR 0.5 MG TAB CHEW | 1 | | | | |
| MULTIVIT-FLUOR 0.5 MG/ML DROP | 1 | | | | |
| MULTIVIT-FLUORIDE 1 MG TAB CHW | 1 | | | | |
| MUPIROCIN 2% CREAM | 1 | QL | | ST | |
| MUPIROCIN 2% OINTMENT | 1 | QL | | | |
| MURI-LUBE MINERAL OIL VIAL | 2 | | | | |
| MVC-FLUORIDE 0.25 MG TAB CHEW | 1 | | | | |
| MVC-FLUORIDE 0.5 MG TAB CHEW | 1 | | | | |
| MVC-FLUORIDE 1 MG TAB CHEW | 1 | | | | |
| MY CHOICE 1.5 MG TABLET | 1 | QL | | | |
| MY WAY 1.5 MG TABLET | 1 | QL | | | |
| MYALEPT 11.3 MG (5 MG/ML) VIAL | 2 | | PA | | SP |
| MYAMBUTOL 400 MG TABLET | 3 | | | | |
| MYCAPSSA DR 20 MG CAPSULE | 3 | QL | PA | | SP |
| MYCOBUTIN 150 MG CAPSULE | 3 | | | | |
| MYCOPHENOLATE 200 MG/ML SUSP | 1 | | | | |
| MYCOPHENOLATE 250 MG CAPSULE | 1 | | | | |
| MYCOPHENOLATE 500 MG TABLET | 1 | | | | |
| MYCOPHENOLIC ACID DR 180 MG TB | 1 | | | | |
| MYCOPHENOLIC ACID DR 360 MG TB | 1 | | | | |
| MYDAYIS ER 12.5 MG CAPSULE | 3 | | | ST | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| MYDAYIS ER 25 MG CAPSULE | 3 | | | ST | |
| MYDAYIS ER 37.5 MG CAPSULE | 3 | | | ST | |
| MYDAYIS ER 50 MG CAPSULE | 3 | | | ST | |
| MYDRIACYL 1% EYE DROPS | 3 | | | | |
| MYDRIATIC4 1-0.5-2.5-0.5% DROP | 3 | | | | |
| MYFEMBREE 40 MG-1 MG-0.5 MG TB | 2 | | PA | | |
| MYFORTIC 180 MG TABLET | 3 | | | | |
| MYFORTIC 360 MG TABLET | 3 | | | | |
| MYGLUCOHEALTH 30G LANCETS | 2 | | | | |
| MYGLUCOHEALTH CONTROL SOLN PA | 3 | | | | |
| MYGLUCOHEALTH MONITORING KIT | 3 | | | | |
| MYGLUCOHEALTH TEST STRIPS | 3 | | | | |
| MYLERAN 2 MG TABLET | 2 | | | | |
| MYNATAL CAPSULE | 1 | | | | |
| MYNATAL PLUS CAPTAB | 1 | | | | |
| MYNATAL ULTRACAPLET | 1 | | | | |
| MYNATAL-Z CAPTAB | 1 | | | | |
| MYORISAN 10 MG CAPSULE | 1 | | | | |
| MYORISAN 20 MG CAPSULE | 1 | | | | |
| MYORISAN 30 MG CAPSULE | 1 | | | | |
| MYORISAN 40 MG CAPSULE | 1 | | | | |
| MYRBETRIQ ER 25 MG TABLET | 2 | | | | |
| MYRBETRIQ ER 50 MG TABLET | 2 | | | | |
| MYRBETRIQ ER 8 MG/ML SUSP | 2 | | | | |
| MYSOLINE 250 MG TABLET | 3 | | | | |
| MYSOLINE 50 MG TABLET | 3 | | | | |
| MYTESI 125 MG DR TABLET | 3 | | | | SP |
| NABUMETONE 500 MG TABLET | 1 | | | | |
| NABUMETONE 750 MG TABLET | 1 | | | | |
| NADOLOL 20 MG TABLET | 1 | | | | |
| NADOLOL 40 MG TABLET | 1 | | | | |
| NADOLOL 80 MG TABLET | 1 | | | | |
| NAFTIFINE HCL 1% CREAM | 1 | QL | | | |
| NAFTIFINE HCL 1% GEL | 1 | QL | | | |
| NAFTIFINE HCL 2% CREAM | 1 | QL | | | |
| NAFTIFINE HCL 2% GEL | 1 | QL | | | |
| NAFTIN 1% GEL | 3 | QL | | | |
| NAFTIN 2% CREAM | 3 | QL | | | |
| NAFTIN 2% GEL | 3 | QL | | | |
| NALFON 400 MG CAPSULE | 3 | | | ST | |
| NALFON 600 MG TABLET | 3 | | | ST | |
| NALOCET 2.5-300 MG TABLET | 3 | | PA | | |
| NALOXONE 0.4 MG/ML CARPUJECT | 1 | | | | |
| NALOXONE 0.4 MG/ML VIAL | 1 | | | | |
| NALOXONE 2 MG AUTO-INJECTOR | 3 | QL | | | |
| NALOXONE 2 MG/2 ML SYRINGE | 1 | | | | |
| NALOXONE 4 MG/10 ML VIAL | 1 | | | | |
| NALOXONE HCL 4 MG NASAL SPRAY | 1 | QL | | | |
| NALTREX 1.5 MG CAPSULE | 3 | | | | |
| NALTREX 4.5 MG CAPSULE | 3 | | | | |
| NALTREXONE 50 MG TABLET | 1 | | | | |
| NAMENDA 10 MG TABLET | 3 | | | ST | |
| NAMENDA 5 MG TABLET | 3 | | | ST | |
| NAMENDA 5-10 MG TITRATION PK | 3 | | | | |
| NAMENDA XR 14 MG CAPSULE | 3 | | | ST | |
| NAMENDA XR 21 MG CAPSULE | 3 | | | ST | |
| NAMENDA XR 28 MG CAPSULE | 3 | | | ST | |
| NAMENDA XR 7 MG CAPSULE | 3 | | | ST | |
| NAMENDA XR TITRATION PACK | 3 | | | | |
| NAMZARIC 14 MG-10 MG CAPSULE | 2 | | | ST | |
| NAMZARIC 21 MG-10 MG CAPSULE | 2 | | | ST | |
| NAMZARIC 28 MG-10 MG CAPSULE | 2 | | | ST | |
| NAMZARIC 7 MG-10 MG CAPSULE | 2 | | | ST | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| NAMZARIC TITRATION PACK | 2 | | | ST | |
| NAPRELAN CR 375 MG TABLET | 3 | | | ST | |
| NAPRELAN CR 500 MG TABLET | 3 | | | ST | |
| NAPRELAN CR 750 MG TABLET | 3 | | | ST | |
| NAPROSYN 125 MG/5 ML SUSPEN | 3 | | | ST | |
| NAPROSYN 500 MG TABLET | 3 | | | ST | |
| NAPROXEN 125 MG/5 ML SUSPEN | 1 | | | ST | |
| NAPROXEN 250 MG TABLET | 1 | | | | |
| NAPROXEN 375 MG TABLET | 1 | | | | |
| NAPROXEN 500 MG KIT | 1 | | | | |
| NAPROXEN 500 MG TABLET | 1 | | | | |
| NAPROXEN DR 375 MG TABLET | 1 | | | | |
| NAPROXEN DR 500 MG TABLET | 1 | | | | |
| NAPROXEN SOD CR 375 MG TABLET | 1 | | | ST | |
| NAPROXEN SOD CR 500 MG TABLET | 1 | | | ST | |
| NAPROXEN SOD CR 750 MG TABLET | 1 | | | ST | |
| NAPROXEN SOD ER 375 MG TABLET | 1 | | | ST | |
| NAPROXEN SOD ER 500 MG TABLET | 1 | | | ST | |
| NAPROXEN SOD ER 750 MG TABLET | 1 | | | ST | |
| NAPROXEN SODIUM 275 MG TAB | 1 | | | | |
| NAPROXEN SODIUM 550 MG TAB | 1 | | | | |
| NARATRIPTAN HCL 1 MG TABLET | 1 | QL | | | |
| NARATRIPTAN HCL 2.5 MG TABLET | 1 | QL | | | |
| NARCAN 4 MG NASAL SPRAY | 3 | QL | | | |
| NARDIL 15 MG TABLET | 3 | | | | |
| NASONEX 50 MCG NASAL SPRAY | 3 | | | ST | |
| NATACHEW TABLET | 3 | | | | |
| NATACYN 5% EYE DROPS | 2 | | | | |
| NATAL PNV TABLET | 3 | | | | |
| NATAZIA 28 TABLET | 3 | | | | |
| NATEGLINIDE 120 MG TABLET | 1 | | | | |
| NATEGLINIDE 60 MG TABLET | 1 | | | | |
| NATESTO NASAL 5.5 MG/0.122 GM | 3 | QL | PA | | |
| NATPARA 100 MCG DOSE CARTRIDGE | 2 | | PA | | SP |
| NATPARA 25 MCG DOSE CARTRIDGE | 2 | | PA | | SP |
| NATPARA 50 MCG DOSE CARTRIDGE | 2 | | PA | | SP |
| NATPARA 75 MCG DOSE CARTRIDGE | 2 | | PA | | SP |
| NATROBA 0.9% TOPICAL SUSP | 3 | | | | |
| NATURE-THROID 113.75 MG TABLET | 1 | | | | |
| NATURE-THROID 130 MG TABLET | 1 | | | | |
| NATURE-THROID 146.25 MG TABLET | 1 | | | | |
| NATURE-THROID 16.25 MG TABLET | 1 | | | | |
| NATURE-THROID 162.5 MG TABLET | 1 | | | | |
| NATURE-THROID 195 MG TABLET | 1 | | | | |
| NATURE-THROID 260 MG TABLET | 1 | | | | |
| NATURE-THROID 32.5 MG TABLET | 1 | | | | |
| NATURE-THROID 325 MG TABLET | 1 | | | | |
| NATURE-THROID 48.75 MG TABLET | 1 | | | | |
| NATURE-THROID 65 MG TABLET | 1 | | | | |
| NATURE-THROID 81.25 MG TABLET | 1 | | | | |
| NATURE-THROID 97.5 MG TABLET | 1 | | | | |
| NAYZILAM 5 MG NASAL SPRAY | 2 | QL | PA | | |
| NEBIVOLOL 10 MG TABLET | 1 | | | | |
| NEBIVOLOL 2.5 MG TABLET | 1 | | | | |
| NEBIVOLOL 20 MG TABLET | 1 | | | | |
| NEBIVOLOL 5 MG TABLET | 1 | | | | |
| NEBUPENT 300 MG INHAL POWDER | 3 | QL | | | |
| NEBUSAL 3% VIAL | 1 | | | | |
| NEBUSAL 6% VIAL | 3 | | | | |
| NECON 0.5-35-28 TABLET | 1 | | | | |
| NEEVODHA CAPSULE | 3 | | | | |
| NEFAZODONE HCL 100 MG TABLET | 1 | | | | |
| NEFAZODONE HCL 150 MG TABLET | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| NEFAZODONE HCL 200 MG TABLET | 1 | | | | |
| NEFAZODONE HCL 250 MG TABLET | 1 | | | | |
| NEFAZODONE HCL 50 MG TABLET | 1 | | | | |
| NEO-BACIT-POLY-HC EYE OINTMENT | 1 | | | | |
| NEOMYC-BACIT-POLYMIX EYE OINT | 1 | | | | |
| NEOMYCIN 500 MG TABLET | 1 | | | | |
| NEOMYCIN-POLY-HC EYE DROPS | 1 | | | | |
| NEOMYCIN-POLYMYXIN-HC EAR SOLN | 1 | | | | |
| NEOMYCIN-POLYMYXIN-HC EAR SUSP | 1 | | | | |
| NEOMYC-POLYM-DEXAMET EYE OINTM | 1 | | | | |
| NEOMYC-POLYM-DEXAMETH EYE DRO | 1 | | | | |
| NEOMYC-POLYM-GRAMICID EYE DROP | 1 | | | | |
| NEOMY-POLYMYXIN B 40 MG/ML AMP | 1 | | | | |
| NEOMY-POLYMYXIN B 40 MG/ML VL | 1 | | | | |
| NEONATAL COMPLETE TABLET | 3 | | | | |
| NEONATAL FE TABLET | 3 | | | | |
| NEONATAL PLUS VITAMIN TABLET | 3 | | | | |
| NEONATAL-DHA COMBO PACK | 3 | | | | |
| NEO-POLYCIN EYE OINTMENT | 1 | | | | |
| NEO-POLYCIN HC EYE OINTMENT | 1 | | | | |
| NEORAL 100 MG GELATIN CAPSULE | 3 | | | | |
| NEORAL 100 MG/ML SOLUTION | 3 | | | | |
| NEORAL 25 MG GELATIN CAPSULE | 3 | | | | |
| NEO-SYNALAR 0.5%-0.025% CREAM | 3 | | | | |
| NEO-SYNALAR 0.5-0.025% CRM KIT | 3 | | | | |
| NEPHRONEX-SL TABLET | 1 | | | | |
| NERLYNX 40 MG TABLET | 2 | | PA | | SP |
| NESINA 12.5 MG TABLET | 3 | QL | | | |
| NESINA 25 MG TABLET | 3 | QL | | | |
| NESINA 6.25 MG TABLET | 3 | QL | | | |
| NESTABS ABC PRENATAL COMBO PK | 3 | | | | |
| NESTABS DHA COMBO PACK | 3 | | | | |
| NESTABS ONE SOFTGEL | 3 | | | | |
| NESTABS TABLET | 3 | | | | |
| NEUAC 1.2-5% KIT | 3 | | | ST | |
| NEUAC GEL | 1 | | | | |
| NEULASTA 6 MG/0.6 ML SYRINGE | 3 | QL | PA | | SP |
| NEULASTA ONPRO 6 MG/0.6 ML KIT | 3 | QL | PA | | SP |
| NEUPOGEN 300 MCG/0.5 ML SYR | 3 | | PA | | SP |
| NEUPOGEN 300 MCG/ML VIAL | 3 | | PA | | SP |
| NEUPOGEN 480 MCG/0.8 ML SYR | 3 | | PA | | SP |
| NEUPOGEN 480 MCG/1.6 ML VIAL | 3 | | PA | | SP |
| NEUPRO 1 MG/24 HR PATCH | 3 | | | | |
| NEUPRO 2 MG/24 HR PATCH | 3 | | | | |
| NEUPRO 3 MG/24 HR PATCH | 3 | | | | |
| NEUPRO 4 MG/24 HR PATCH | 3 | | | | |
| NEUPRO 6 MG/24 HR PATCH | 3 | | | | |
| NEUPRO 8 MG/24 HR PATCH | 3 | | | | |
| NEURONTIN 100 MG CAPSULE | 3 | | | ST | |
| NEURONTIN 250 MG/5 ML SOLUTION | 3 | | | ST | |
| NEURONTIN 300 MG CAPSULE | 3 | | | ST | |
| NEURONTIN 400 MG CAPSULE | 3 | | | ST | |
| NEURONTIN 600 MG TABLET | 3 | | | ST | |
| NEURONTIN 800 MG TABLET | 3 | | | ST | |
| NEUTEK 2TEK TEST STRIPS | 3 | | | | |
| NEUTRASAL POWDER PACKET | 3 | | | | |
| NEVANAC 0.1% DROPTAINER | 3 | | | ST | |
| NEVANAC 0.1% EYE DROP | 3 | | | ST | |
| NEVIRAPINE 200 MG TABLET | 1 | | | | |
| NEVIRAPINE 50 MG/5 ML SUSP | 1 | | | | |
| NEVIRAPINE ER 100 MG TABLET | 1 | | | | |
| NEVIRAPINE ER 400 MG TABLET | 1 | | | | |
| NEW DAY 1.5 MG TABLET | 1 | QL | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| NEWGEN TABLET | 1 | | | | |
| NEXA PLUS SOFTGEL | 3 | | | | |
| NEXAVAR 200 MG TABLET | 3 | QL | PA | | SP |
| NEXICLON XR 0.17 MG TABLET | 3 | | | | |
| NEXIUM DR 10 MG PACKET | 3 | QL | | ST | |
| NEXIUM DR 2.5 MG PACKET | 3 | QL | | ST | |
| NEXIUM DR 20 MG CAPSULE | 3 | QL | | ST | |
| NEXIUM DR 20 MG PACKET | 3 | QL | | ST | |
| NEXIUM DR 40 MG CAPSULE | 3 | | | ST | |
| NEXIUM DR 40 MG PACKET | 3 | | | ST | |
| NEXIUM DR 5 MG PACKET | 3 | QL | | ST | |
| NEXLETOL 180 MG TABLET | 2 | | PA | | |
| NEXLIZET 180-10 MG TABLET | 2 | | PA | | |
| NEXOBRID 8.8% GEL | 3 | | | | |
| NEXTSTELLIS 3-14.2 MG TABLET | 3 | | | | |
| NGENLA PEN 24 MG/1.2 ML | 2 | | PA | | SP |
| NGENLA PEN 60 MG/1.2 ML | 2 | | PA | | SP |
| NIACIN 500 MG TABLET | 1 | | | | |
| NIACIN ER 1,000 MG TABLET | 1 | | | | |
| NIACIN ER 500 MG TABLET | 1 | | | | |
| NIACIN ER 750 MG TABLET | 1 | | | | |
| NIACOR 500 MG TABLET | 3 | | | | |
| NIASPAN ER 1,000 MG TABLET | 3 | | | | |
| NIASPAN ER 500 MG TABLET | 3 | | | | |
| NIASPAN ER 750 MG TABLET | 3 | | | | |
| NICARDIPINE 20 MG CAPSULE | 1 | | | | |
| NICARDIPINE 30 MG CAPSULE | 1 | | | | |
| NIFEDIPINE 10 MG CAPSULE | 1 | | | | |
| NIFEDIPINE 20 MG CAPSULE | 1 | | | | |
| NIFEDIPINE ER 30 MG TABLET | 1 | | | | |
| NIFEDIPINE ER 60 MG TABLET | 1 | | | | |
| NIFEDIPINE ER 90 MG TABLET | 1 | | | | |
| NIKKI 3 MG-0.02 MG TABLET | 1 | | | | |
| NILANDRON 150 MG TABLET | 3 | | PA | | |
| NILUTAMIDE 150 MG TABLET | 1 | | PA | | |
| NIMODIPINE 30 MG CAPSULE | 1 | | | | |
| NINJACOF-XG LIQUID | 3 | | | | |
| NINLARO 2.3 MG CAPSULE | 2 | QL | PA | | SP |
| NINLARO 3 MG CAPSULE | 2 | QL | PA | | SP |
| NINLARO 4 MG CAPSULE | 2 | QL | PA | | SP |
| NISOLDIPINE ER 17 MG TABLET | 1 | | | | |
| NISOLDIPINE ER 20 MG TABLET | 1 | | | | |
| NISOLDIPINE ER 25.5 MG TABLET | 1 | | | | |
| NISOLDIPINE ER 30 MG TABLET | 1 | | | | |
| NISOLDIPINE ER 34 MG TABLET | 1 | | | | |
| NISOLDIPINE ER 40 MG TABLET | 1 | | | | |
| NISOLDIPINE ER 8.5 MG TABLET | 1 | | | | |
| NITAZOXANIDE 500 MG TABLET | 1 | QL | | | |
| NITISINONE 10 MG CAPSULE | 1 | | PA | | SP |
| NITISINONE 2 MG CAPSULE | 1 | | PA | | SP |
| NITISINONE 20 MG CAPSULE | 1 | | PA | | SP |
| NITISINONE 5 MG CAPSULE | 1 | | PA | | SP |
| NITRO-BID 2% OINTMENT | 1 | | | | |
| NITRO-DUR 0.1 MG/HR PATCH | 3 | | | | |
| NITRO-DUR 0.2 MG/HR PATCH | 3 | | | | |
| NITRO-DUR 0.3 MG/HR PATCH | 3 | | | | |
| NITRO-DUR 0.4 MG/HR PATCH | 3 | | | | |
| NITRO-DUR 0.6 MG/HR PATCH | 3 | | | | |
| NITRO-DUR 0.8 MG/HR PATCH | 3 | | | | |
| NITROFURANTOIN 25 MG/5 ML SUSP | 1 | | | | |
| NITROFURANTOIN 50 MG/5 ML SUSP | 3 | | | | |
| NITROFURANTOIN MCR 100 MG CAP | 1 | | | | |
| NITROFURANTOIN MCR 25 MG CAP | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| NITROFURANTOIN MCR 50 MG CAP | 1 | | | | |
| NITROFURANTOIN MONO-MCR 100 MG | 1 | | | | |
| NITROGLYCERIN 0.1 MG/HR PATCH | 1 | | | | |
| NITROGLYCERIN 0.2 MG/HR PATCH | 1 | | | | |
| NITROGLYCERIN 0.3 MG TABLET SL | 1 | | | | |
| NITROGLYCERIN 0.4 MG TABLET SL | 1 | | | | |
| NITROGLYCERIN 0.4 MG/HR PATCH | 1 | | | | |
| NITROGLYCERIN 0.6 MG TABLET SL | 1 | | | | |
| NITROGLYCERIN 0.6 MG/HR PATCH | 1 | | | | |
| NITROGLYCERIN 400 MCG SPRAY | 1 | | | | |
| NITROLINGUAL 400 MCG SPRAY | 3 | | | | |
| NITROMIST 400 MCG SPRAY | 3 | | | | |
| NITROSTAT 0.3 MG TABLET SL | 3 | | | | |
| NITROSTAT 0.4 MG TABLET SL | 3 | | | | |
| NITROSTAT 0.6 MG TABLET SL | 3 | | | | |
| NITRO-TIME ER 2.5 MG CAPSULE | 1 | | | | |
| NITRO-TIME ER 6.5 MG CAPSULE | 1 | | | | |
| NITRO-TIME ER 9 MG CAPSULE | 1 | | | | |
| NITYR 10 MG TABLET | 2 | | PA | | SP |
| NITYR 2 MG TABLET | 2 | | PA | | SP |
| NITYR 5 MG TABLET | 2 | | PA | | SP |
| NIVA THYROID 120 MG TABLET | 1 | | | | |
| NIVA THYROID 15 MG TABLET | 1 | | | | |
| NIVA THYROID 30 MG TABLET | 1 | | | | |
| NIVA THYROID 60 MG TABLET | 1 | | | | |
| NIVA THYROID 90 MG TABLET | 1 | | | | |
| NIVESTYM 300 MCG/0.5 ML SYRING | 2 | | PA | | SP |
| NIVESTYM 300 MCG/ML VIAL | 2 | | PA | | SP |
| NIVESTYM 480 MCG/0.8 ML SYRING | 2 | | PA | | SP |
| NIVESTYM 480 MCG/1.6 ML VIAL | 2 | | PA | | SP |
| NIZATIDINE 15 MG/ML SOLUTION | 1 | | | | |
| NIZATIDINE 150 MG CAPSULE | 1 | | | | |
| NIZATIDINE 300 MG CAPSULE | 1 | | | | |
| NOCDURNA 27.7 MCG TABLET SL | 3 | QL | PA | | |
| NOCDURNA 55.3 MCG TABLET SL | 3 | QL | PA | | |
| NOCTIVA 0.83 MCG/0.1 ML SPRAY | 3 | QL | | ST | |
| NOCTIVA 1.66 MCG/0.1 ML SPRAY | 3 | QL | | ST | |
| NOLIX 0.05% CREAM | 1 | QL | | ST | |
| NOLIX 0.05% LOTION | 1 | QL | | ST | |
| NORA-BE TABLET | 1 | | | | |
| NORCO 10-325 TABLET | 3 | | PA | | |
| NORCO 5-325 TABLET | 3 | | PA | | |
| NORCO 7.5-325 TABLET | 3 | | PA | | |
| NORDITROPIN FLEXPRO 10 MG/1.5 | 3 | | PA | | SP |
| NORDITROPIN FLEXPRO 15 MG/1.5 | 3 | | PA | | SP |
| NORDITROPIN FLEXPRO 30 MG/3 ML | 3 | | PA | | SP |
| NORDITROPIN FLEXPRO 5 MG/1.5 | 3 | | PA | | SP |
| NORELGESTROM-EE 150-35 MCG/DAY | 1 | | | | |
| NORET-ESTR-FE 0.4-0.035(21)-75 | 1 | | | | |
| NORETH-EE-FE 1 MG/20-30-35 MCG | 1 | | | | |
| NORETH-EE-FE 1.5-0.03MG(21)-75 | 1 | | | | |
| NORETH-EE-FE 1-0.02(21)-75 TAB | 1 | | | | |
| NORETH-EE-FE 1-0.02(24)-75 CAP | 1 | | | | |
| NORETH-EE-FE 1-0.02(24)-75 CHW | 1 | | | | |
| NORETHIND-ETH ESTRAD 0.5-2.5 | 1 | | | | |
| NORETHIND-ETH ESTRAD 1-0.02 MG | 1 | | | | |
| NORETHINDRONE 0.35 MG TABLET | 1 | | | | |
| NORETHINDRONE 5 MG TABLET | 1 | | | | |
| NORETHIN-EE 1.5-0.03 MG(21) TB | 1 | | | | |
| NORETHIN-ESTRA-FE 0.8-0.025 MG | 1 | | | | |
| NORETHIN-ETH ESTRAD 1 MG-5 MCG | 1 | | | | |
| NORG-EE 0.18-0.215-0.25/0.025 | 1 | | | | |
| NORG-EE 0.18-0.215-0.25/0.035 | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| NORGESTIMATE-EE 0.25-0.035 MG | 1 | | | | |
| NORG-ETHIN ESTRA 0.25-0.035 MG | 1 | | | | |
| NORITATE 1% CREAM | 3 | | | ST | |
| NORLIQVA 1 MG/ML SOLUTION | 3 | | | | |
| NORLYDA 0.35 MG TABLET | 1 | | | | |
| NORMAL SALINE FLUSH 1 ML SYR | 1 | | | | |
| NORMAL SALINE FLUSH 10 ML SYR | 1 | | | | |
| NORMAL SALINE FLUSH 2 ML SYR | 1 | | | | |
| NORMAL SALINE FLUSH 3 ML SYR | 1 | | | | |
| NORMAL SALINE FLUSH 5 ML SYR | 1 | | | | |
| NORMAL SALINE FLUSH SYRINGE | 1 | | | | |
| NORM-JECT SYRINGE 10 ML | 3 | | | | |
| NORM-JECT SYRINGE 20 ML | 3 | | | | |
| NORM-JECT TUBERKULIN SYR 1 ML | 3 | | | | |
| NORPACE 100 MG CAPSULE | 3 | | | | |
| NORPACE 150 MG CAPSULE | 3 | | | | |
| NORPACE CR 100 MG CAPSULE | 3 | | | | |
| NORPACE CR 150 MG CAPSULE | 3 | | | | |
| NORPRAMIN 10 MG TABLET | 3 | | | | |
| NORPRAMIN 25 MG TABLET | 3 | | | | |
| NORTHERA 100 MG CAPSULE | 3 | | PA | | SP |
| NORTHERA 200 MG CAPSULE | 3 | | PA | | SP |
| NORTHERA 300 MG CAPSULE | 3 | | PA | | SP |
| NORTREL 0.5-35-28 TABLET | 1 | | | | |
| NORTREL 1-35 21 TABLET | 1 | | | | |
| NORTREL 1-35 28 TABLET | 1 | | | | |
| NORTREL 7-7-7-28 TABLET | 1 | | | | |
| NORTRIPTYLINE 10 MG/5 ML SOLN | 1 | | | | |
| NORTRIPTYLINE HCL 10 MG CAP | 1 | | | | |
| NORTRIPTYLINE HCL 25 MG CAP | 1 | | | | |
| NORTRIPTYLINE HCL 50 MG CAP | 1 | | | | |
| NORTRIPTYLINE HCL 75 MG CAP | 1 | | | | |
| NORVASC 10 MG TABLET | 3 | | | | |
| NORVASC 2.5 MG TABLET | 3 | | | | |
| NORVASC 5 MG TABLET | 3 | | | | |
| NORVIR 100 MG POWDER PACKET | 2 | | | | |
| NORVIR 100 MG TABLET | 3 | | | | |
| NORVIR 80 MG/ML SOLUTION | 2 | | | | |
| NOURIANZ 20 MG TABLET | 3 | QL | PA | | SP |
| NOURIANZ 40 MG TABLET | 3 | QL | PA | | SP |
| NOVA MAX GLUCOSE CONTROL SOLN | 3 | | | | |
| NOVA MAX GLUCOSE TEST STRIP | 3 | | | | |
| NOVA MAX PLUS GLUC-KET MTR KIT | 3 | | | | |
| NOVA MAX PLUS GLUC-KETON METER | 3 | | | | |
| NOVA SAFETY 23G LANCETS | 2 | | | | |
| NOVA SAFETY 28G LANCETS | 2 | | | | |
| NOVA SUREFLEX LANCING DEVICE | 2 | | | | |
| NOVA SUREFLEX THIN LANCETS | 2 | | | | |
| NOVAMAX PLUS GLU-KET CTRL SOLN | 3 | | | | |
| NOVAMAX PLUS KETONE TEST STRIP | 2 | | | | |
| NOVOFINE 32G NEEDLES | 3 | | | | |
| NOVOFINE AUTOCOVER 30G NEEDLE | 3 | | | | |
| NOVOFINE PLUS PEN NDL 32GX1/6" | 3 | | | | |
| NOVOLIN 70-30 100 UNIT/ML VIAL | 3 | | | | |
| NOVOLIN 70-30 FLEXPEN | 3 | | | | |
| NOVOLIN N 100 UNIT/ML FLEXPEN | 3 | | | | |
| NOVOLIN N 100 UNIT/ML VIAL | 3 | | | | |
| NOVOLIN R 100 UNIT/ML FLEXPEN | 3 | | | | |
| NOVOLIN R 100 UNIT/ML VIAL | 3 | | | | |
| NOVOLOG 100 UNIT/ML FLEXPEN | 3 | | | | |
| NOVOLOG 100 UNIT/ML VIAL | 3 | | | | |
| NOVOLOG MIX 70-30 FLEXPEN | 3 | | | | |
| NOVOLOG MIX 70-30 VIAL | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| NOVOLOG PENFILL 100 UNIT/ML | 3 | | | | |
| NOVOPEN ECHO INSULIN DEVICE | 3 | | | | |
| NOVOTWIST NEEDLE 32G 5MM | 3 | | | | |
| NOXAFIL 300 MG POWDERMIX SUSP | 2 | | PA | | |
| NOXAFIL 40 MG/ML SUSPENSION | 3 | | PA | | |
| NOXAFIL DR 100 MG TABLET | 3 | | PA | | |
| NP THYROID 120 MG TABLET | 1 | | | | |
| NP THYROID 15 MG TABLET | 1 | | | | |
| NP THYROID 30 MG TABLET | 1 | | | | |
| NP THYROID 60 MG TABLET | 1 | | | | |
| NP THYROID 90 MG TABLET | 1 | | | | |
| NUBEQA 300 MG TABLET | 2 | QL | PA | | SP |
| NUCALA 100 MG/ML AUTO-INJECTOR | 2 | QL | PA | | SP |
| NUCALA 100 MG/ML SYRINGE | 2 | QL | PA | | SP |
| NUCALA 40 MG/0.4 ML SYRINGE | 2 | QL | PA | | SP |
| NUCORT LOTION | 3 | | | ST | |
| NUCYNTA 100 MG TABLET | 3 | QL | PA | | |
| NUCYNTA 50 MG TABLET | 3 | QL | PA | | |
| NUCYNTA 75 MG TABLET | 3 | QL | PA | | |
| NUCYNTA ER 100 MG TABLET | 3 | QL | PA | | |
| NUCYNTA ER 150 MG TABLET | 3 | QL | PA | | |
| NUCYNTA ER 200 MG TABLET | 3 | QL | PA | | |
| NUCYNTA ER 250 MG TABLET | 3 | QL | PA | | |
| NUCYNTA ER 50 MG TABLET | 3 | QL | PA | | |
| NUEDEXTA 20-10 MG CAPSULE | 2 | | PA | | |
| NULEV 0.125 MG CHEWABLE MELT | 3 | | | | |
| NULYTELY SOLUTION | 3 | | | | |
| NULYTELY WITH FLAVOR PACKS SOL | 3 | | | | |
| NUMBRINO 4% NASAL SOLUTION | 3 | | | | |
| NUMOISYN LIQUID | 3 | | | | |
| NUMOISYN LOZENGE | 3 | | | | |
| NUPLAZID 10 MG TABLET | 3 | QL | PA | | SP |
| NUPLAZID 34 MG CAPSULE | 3 | QL | PA | | SP |
| NURTEC ODT 75 MG TABLET | 2 | QL | PA | | |
| NUTROPIN AQ NUSPIN 10 INJECTOR | 3 | | PA | | SP |
| NUTROPIN AQ NUSPIN 20 INJECTOR | 3 | | PA | | SP |
| NUTROPIN AQ NUSPIN 5 INJECTOR | 3 | | PA | | SP |
| NUVARING VAGINAL RING | 3 | | | | |
| NUVESSA VAGINAL 1.3% GEL | 3 | | | | |
| NUVIGIL 150 MG TABLET | 3 | QL | | ST | |
| NUVIGIL 200 MG TABLET | 3 | QL | | ST | |
| NUVIGIL 250 MG TABLET | 3 | QL | | ST | |
| NUVIGIL 50 MG TABLET | 3 | QL | | ST | |
| NUZYRA 150 MG TABLET | 3 | QL | | | |
| NYAMYC 100,000 UNIT/GM POWDER | 1 | QL | | | |
| NYLIA 1-35 28 TABLET | 1 | | | | |
| NYLIA 7-7-7-28 TABLET | 1 | | | | |
| NYMALIZE 30 MG/5 ML ORAL SYRNG | 3 | | | | |
| NYMALIZE 60 MG/10 ML ORAL SYRN | 3 | | | | |
| NYMALIZE 60 MG/10 ML SOLUTION | 3 | | | | |
| NYMYO 0.25-0.035 MG (28) TAB | 1 | | | | |
| NYNUTEY 23%-7% CREAM | 3 | | | | |
| NYSTATIN 100,000 UNIT/GM CREAM | 1 | QL | | | |
| NYSTATIN 100,000 UNIT/GM OINT | 1 | QL | | | |
| NYSTATIN 100,000 UNIT/GM POWD | 1 | QL | | | |
| NYSTATIN 100,000 UNIT/ML SUSP | 1 | | | | |
| NYSTATIN 500,000 UNIT ORAL TAB | 1 | | | | |
| NYSTATIN 500,000 UNIT/5 ML CUP | 1 | | | | |
| NYSTATIN-TRIAMCINOLONE CREAM | 1 | QL | | | |
| NYSTATIN-TRIAMCINOLONE OINTM | 1 | QL | | | |
| NYSTOP 100,000 UNIT/GM POWDER | 1 | QL | | | |
| NYVEPRIA 6 MG/0.6 ML SYRINGE | 3 | QL | PA | | SP |
| OB COMPLETE CAPLET | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| OB COMPLETE ONE SOFTGEL | 3 | | | | |
| OB COMPLETE PETITE SOFTGEL | 3 | | | | |
| OB COMPLETE PREMIER TABLET | 3 | | | | |
| OB COMPLETE WITH DHA SOFTGEL | 3 | | | | |
| OBREDON 2.5-200 MG/5 ML SOLN | 3 | | | ST | |
| OBSTETRIX EC CAPLET | 3 | | | | |
| OBTREX DHA PRENATAL VITAMIN | 3 | | | | |
| O-CAL PRENATAL TABLET | 3 | | | | |
| OCALIVA 10 MG TABLET | 2 | QL | PA | | SP |
| OCALIVA 5 MG TABLET | 2 | QL | PA | | SP |
| OCELLA 3 MG-0.03 MG TABLET | 1 | | | | |
| OCTREOTIDE 1,000 MCG/5 ML VIAL | 1 | | PA | | SP |
| OCTREOTIDE 1,000 MCG/ML VIAL | 1 | | PA | | SP |
| OCTREOTIDE 5,000 MCG/5 ML VIAL | 1 | | PA | | SP |
| OCTREOTIDE ACET 0.05 MG/ML VL | 1 | | PA | | SP |
| OCTREOTIDE ACET 100 MCG/ML AMP | 1 | | PA | | SP |
| OCTREOTIDE ACET 100 MCG/ML SYR | 1 | | PA | | SP |
| OCTREOTIDE ACET 100 MCG/ML VL | 1 | | PA | | SP |
| OCTREOTIDE ACET 200 MCG/ML VL | 1 | | PA | | SP |
| OCTREOTIDE ACET 50 MCG/ML AMP | 1 | | PA | | SP |
| OCTREOTIDE ACET 50 MCG/ML SYR | 1 | | PA | | SP |
| OCTREOTIDE ACET 50 MCG/ML VIAL | 1 | | PA | | SP |
| OCTREOTIDE ACET 500 MCG/ML AMP | 1 | | PA | | SP |
| OCTREOTIDE ACET 500 MCG/ML SYR | 1 | | PA | | SP |
| OCTREOTIDE ACET 500 MCG/ML VL | 1 | | PA | | SP |
| OCUCOAT VISCOADHERENT SYRINGE | 1 | | | | |
| OCUFLOX 0.3% EYE DROPS | 3 | | | | |
| ODEFSEY TABLET | 2 | | | | |
| ODOMZO 200 MG CAPSULE | 2 | QL | PA | | SP |
| OFEV 100 MG CAPSULE | 2 | QL | PA | | SP |
| OFEV 150 MG CAPSULE | 2 | QL | PA | | SP |
| OFLOXACIN 0.3% EAR DROPS | 1 | | | | |
| OFLOXACIN 0.3% EYE DROPS | 1 | | | | |
| OFLOXACIN 300 MG TABLET | 1 | | | | |
| OFLOXACIN 400 MG TABLET | 1 | | | | |
| OJJAARA 100 MG TABLET | 3 | | PA | | SP |
| OJJAARA 150 MG TABLET | 3 | | PA | | SP |
| OJJAARA 200 MG TABLET | 3 | | PA | | SP |
| OLANZAPINE 10 MG TABLET | 1 | QL | | | |
| OLANZAPINE 15 MG TABLET | 1 | QL | | | |
| OLANZAPINE 2.5 MG TABLET | 1 | QL | | | |
| OLANZAPINE 20 MG TABLET | 1 | QL | | | |
| OLANZAPINE 5 MG TABLET | 1 | QL | | | |
| OLANZAPINE 7.5 MG TABLET | 1 | QL | | | |
| OLANZAPINE ODT 10 MG TABLET | 1 | QL | | | |
| OLANZAPINE ODT 15 MG TABLET | 1 | QL | | | |
| OLANZAPINE ODT 20 MG TABLET | 1 | QL | | | |
| OLANZAPINE ODT 5 MG TABLET | 1 | QL | | | |
| OLANZAPINE-FLUOXETINE 12-25 MG | 1 | | | | |
| OLANZAPINE-FLUOXETINE 12-50 MG | 1 | | | | |
| OLANZAPINE-FLUOXETINE 3-25 MG | 1 | | | | |
| OLANZAPINE-FLUOXETINE 6-25 MG | 1 | | | | |
| OLANZAPINE-FLUOXETINE 6-50 MG | 1 | | | | |
| OLMESARTAN MEDOXOMIL 20 MG TAB | 1 | | | | |
| OLMESARTAN MEDOXOMIL 40 MG TAB | 1 | | | | |
| OLMESARTAN MEDOXOMIL 5 MG TAB | 1 | | | | |
| OLMESARTAN-HCTZ 20-12.5 MG TAB | 1 | | | | |
| OLMESARTAN-HCTZ 40-12.5 MG TAB | 1 | | | | |
| OLMESARTAN-HCTZ 40-25 MG TAB | 1 | | | | |
| OLMSRTN-AMLDPN-HCTZ 20-5-12.5 | 1 | | | | |
| OLMSRTN-AMLDPN-HCTZ 40-10-12.5 | 1 | | | | |
| OLMSRTN-AMLDPN-HCTZ 40-10-25MG | 1 | | | | |
| OLMSRTN-AMLDPN-HCTZ 40-5-12.5 | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| OLMSRTN-AMLDPN-HCTZ 40-5-25 MG | 1 | | | | |
| OLOPATADINE 665 MCG NASAL SPRY | 1 | QL | | | |
| OLPRUVA 2 GRAM DOSE ENVELOPE | 3 | | PA | | SP |
| OLPRUVA 2 GRAM DOSE KIT | 3 | | PA | | SP |
| OLPRUVA 3 GRAM DOSE ENVELOPE | 3 | | PA | | SP |
| OLPRUVA 3 GRAM DOSE KIT | 3 | | PA | | SP |
| OLPRUVA 4 GRAM DOSE ENVELOPE | 3 | | PA | | SP |
| OLPRUVA 4 GRAM DOSE KIT | 3 | | PA | | SP |
| OLPRUVA 5 GRAM DOSE ENVELOPE | 3 | | PA | | SP |
| OLPRUVA 5 GRAM DOSE KIT | 3 | | PA | | SP |
| OLPRUVA 6 GRAM DOSE ENVELOPE | 3 | | PA | | SP |
| OLPRUVA 6 GRAM DOSE KIT | 3 | | PA | | SP |
| OLPRUVA 6.67 GM DOSE ENVELOPE | 3 | | PA | | SP |
| OLPRUVA 6.67 GRAM DOSE KIT | 3 | | PA | | SP |
| OLUMIANT 1 MG TABLET | 3 | QL | PA | | SP |
| OLUMIANT 2 MG TABLET | 3 | QL | PA | | SP |
| OLUMIANT 4 MG TABLET | 3 | QL | PA | | SP |
| OLUX 0.05% FOAM | 3 | QL | | ST | |
| OLUX-E 0.05% FOAM | 3 | QL | | ST | |
| OMECLAMOX-PAK COMBO PACK | 3 | QL | | | |
| OMECLAMOX-PAK DAILY CARD | 3 | QL | | | |
| OMEGA-3 ETHYL ESTERS 1 GM CAP | 1 | | PA | | |
| OMEPRAZOLE DR 10 MG CAPSULE | 1 | QL | | | |
| OMEPRAZOLE DR 20 MG CAPSULE | 1 | QL | | | |
| OMEPRAZOLE DR 40 MG CAPSULE | 1 | | | | |
| OMEPRAZOLE-BICARB 20-1,680 PKT | 1 | QL | | ST | |
| OMEPRAZOLE-BICARB 40-1,100 CAP | 1 | | | ST | |
| OMEPRAZOLE-BICARB 40-1,680 PKT | 1 | | | ST | |
| OMIDRIA 1-0.3% VIAL | 3 | | | | |
| OMNARIS 50 MCG NASAL SPRAY | 3 | QL | | ST | |
| OMNIPOD 5 G6 INTRO KIT (GEN 5) | 2 | QL | PA | | |
| OMNIPOD 5 G6 PODS (GEN 5) 5PK | 2 | QL | PA | | |
| OMNIPOD CLASSIC PDM KIT(GEN 3) | 2 | | PA | | |
| OMNIPOD CLASSIC PODS(GEN3) 5PK | 2 | QL | PA | | |
| OMNIPOD DASH INTRO KIT (GEN 4) | 2 | QL | PA | | |
| OMNIPOD DASH PODS (GEN 4) 5PK | 2 | QL | PA | | |
| OMNIPOD GO 10 UNIT/DAY PODS | 2 | QL | PA | | |
| OMNIPOD GO 15 UNIT/DAY PODS | 2 | QL | PA | | |
| OMNIPOD GO 20 UNIT/DAY PODS | 2 | QL | PA | | |
| OMNIPOD GO 25 UNIT/DAY PODS | 2 | QL | PA | | |
| OMNIPOD GO 30 UNIT/DAY PODS | 2 | QL | PA | | |
| OMNIPOD GO 35 UNIT/DAY PODS | 2 | QL | PA | | |
| OMNIPOD GO 40 UNIT/DAY PODS | 2 | QL | PA | | |
| OMNITROPE 10 MG/1.5 ML CRTG | 2 | | PA | | SP |
| OMNITROPE 5 MG/1.5 ML CRTG | 2 | | PA | | SP |
| OMNITROPE 5.8 MG VIAL | 2 | | PA | | SP |
| OMVOH 100 MG/ML PEN | 2 | | PA | | SP |
| OMVOH 300 MG/15 ML VIAL | 2 | | PA | | SP |
| ON CALL 30G LANCET | 2 | | | | |
| ON CALL EXPRESS CTRL SOLN PAK | 3 | | | | |
| ON CALL EXPRESS METER | 3 | | | | |
| ON CALL EXPRESS METER SYSTEM | 3 | | | | |
| ON CALL EXPRESS TEST STRIP | 3 | | | | |
| ON CALL LANCING DEVICE | 2 | | | | |
| ON CALL PLUS 30G LANCET | 2 | | | | |
| ON CALL PLUS CONTROL SOLUTION | 3 | | | | |
| ON CALL PLUS LANCING DEVICE | 2 | | | | |
| ON CALL PLUS METER | 3 | | | | |
| ON CALL PLUS TEST STRIP | 3 | | | | |
| ON CALL VIVID CONTROL SOLUTION | 3 | | | | |
| ON CALL VIVID METER | 3 | | | | |
| ON CALL VIVID PAL METER | 3 | | | | |
| ON CALL VIVID TEST STRIP | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| ONDANSETRON 4 MG/5 ML SOLN CUP | 1 | QL | | | |
| ONDANSETRON 4 MG/5 ML SOLUTION | 1 | QL | | | |
| ONDANSETRON HCL 4 MG TABLET | 1 | QL | | | |
| ONDANSETRON HCL 8 MG TABLET | 1 | QL | | | |
| ONDANSETRON ODT 4 MG TABLET | 1 | QL | | | |
| ONDANSETRON ODT 8 MG TABLET | 1 | QL | | | |
| ONE WAY VALVED MOUTHPIECE | 2 | | | | |
| ONELAX MAGNESIUM CITRATE SOLN | 1 | | | | |
| ONETOUCH DELICA PLUS 30G LANCT | 2 | | | | |
| ONETOUCH DELICA PLUS 33G LANCT | 2 | | | | |
| ONETOUCH DELICA PLUS LANC DEV | 2 | | | | |
| ONETOUCH DELICA SAF 30G LANCET | 2 | | | | |
| ONETOUCH SOLUTIONS STARTER KIT | 3 | | | | |
| ONETOUCH SURESOFT 18G LANC DEV | 2 | | | | |
| ONETOUCH SURESOFT 21G LANC DEV | 2 | | | | |
| ONETOUCH SURESOFT 28G LANC DEV | 2 | | | | |
| ONETOUCH ULTRA CONTROL SOLN | 2 | | | | |
| ONETOUCH ULTRA TEST STRIP | 2 | | | | |
| ONETOUCH ULTRA2 GLUCOSE SYST | 2 | | | | |
| ONETOUCH ULTRASOFT LANCETS | 2 | | | | |
| ONETOUCH ULTRASOFT2 30G LANCET | 2 | | | | |
| ONETOUCH VERIO FLEX METER | 2 | | | | |
| ONETOUCH VERIO HIGH CNTRL SOLN | 2 | | | | |
| ONETOUCH VERIO METER | 2 | | | | |
| ONETOUCH VERIO MID CNTRL SOLN | 2 | | | | |
| ONETOUCH VERIO REFLECT METER | 2 | | | | |
| ONETOUCH VERIO TEST STRIP | 2 | | | | |
| ONEXTON GEL PUMP | 3 | | | ST | |
| ONFI 10 MG TABLET | 3 | | PA | | |
| ONFI 2.5 MG/ML SUSPENSION | 3 | | PA | | |
| ONFI 20 MG TABLET | 3 | | PA | | |
| ONGENTYS 25 MG CAPSULE | 3 | QL | PA | | |
| ONGENTYS 50 MG CAPSULE | 3 | QL | PA | | |
| ONGLYZA 2.5 MG TABLET | 3 | QL | | | |
| ONGLYZA 5 MG TABLET | 3 | QL | | | |
| ONMEL 200 MG TABLET | 3 | QL | | | |
| ON-THE-GO 30G LANCETS | 2 | | | | |
| ONUREG 200 MG TABLET | 3 | QL | PA | | SP |
| ONUREG 300 MG TABLET | 3 | QL | PA | | SP |
| ONZETRA XSAIL 11 MG/NOSEPIECE | 3 | QL | | ST | |
| OPCICON ONE-STEP 1.5 MG TABLET | 1 | QL | | | |
| OPFOLDA 65 MG CAPSULE | 3 | | PA | | SP |
| OPIUM TINCTURE 10 MG/ML | 1 | | | | |
| OPSUMIT 10 MG TABLET | 2 | QL | PA | | SP |
| OPTICHAMBER ADULT MASK-LARGE | 2 | | | | |
| OPTICHAMBER DIAMOND VHC | 2 | | | | |
| OPTICHAMBER DIAMOND W-LRG MASK | 2 | | | | |
| OPTICHAMBER DIAMOND W-MED MASK | 2 | | | | |
| OPTICHAMBER DIAMOND W-SML MASK | 2 | | | | |
| OPTION 2 1.5 MG TABLET | 1 | QL | | | |
| OPTIUM EZ TEST STRIP | 3 | | | | |
| OPTIUM TEST STRIP | 3 | | | | |
| OPTUMRX BLOOD GLUCOSE METER | 3 | | | | |
| OPTUMRX BLOOD GLUCOSE SYSTEM | 3 | | | | |
| OPTUMRX GLUCOSE CONTROL SOLN | 3 | | | | |
| OPTUMRX TEST STRIP | 3 | | | | |
| OPVEE 2.7 MG NASAL SPRAY | 3 | | | | |
| OPZELURA 1.5% CREAM | 3 | QL | | | |
| ORACEA 40 MG CAPSULE | 3 | | | ST | |
| ORACIT ORAL SOLUTION | 3 | | | | |
| ORAL SALINE LAXATIVE LIQUID | 1 | | | | |
| ORALONE 0.1% PASTE | 1 | | | | |
| ORAMAGICRX ORAL RINSE | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| ORAPRED ODT 10 MG TABLET | 3 | | | | |
| ORAPRED ODT 15 MG TABLET | 3 | | | | |
| ORAPRED ODT 30 MG TABLET | 3 | | | | |
| ORAVIG 50 MG BUCCAL TABLET | 3 | | | | |
| ORENCIA 125 MG/ML SYRINGE | 3 | QL | PA | | SP |
| ORENCIA 50 MG/0.4 ML SYRINGE | 3 | QL | PA | | SP |
| ORENCIA 87.5 MG/0.7 ML SYRINGE | 3 | QL | PA | | SP |
| ORENCIA CLICKJECT 125 MG/ML | 3 | QL | PA | | SP |
| ORENITRAM ER 0.125 MG TABLET | 3 | QL | PA | | SP |
| ORENITRAM ER 0.25 MG TABLET | 3 | QL | PA | | SP |
| ORENITRAM ER 1 MG TABLET | 3 | QL | PA | | SP |
| ORENITRAM ER 2.5 MG TABLET | 3 | QL | PA | | SP |
| ORENITRAM ER 5 MG TABLET | 3 | QL | PA | | SP |
| ORENITRAM MONTH 1 TITRATION KT | 3 | QL | PA | | SP |
| ORENITRAM MONTH 2 TITRATION KT | 3 | QL | PA | | SP |
| ORENITRAM MONTH 3 TITRATION KT | 3 | QL | PA | | SP |
| ORFADIN 10 MG CAPSULE | 3 | | PA | | SP |
| ORFADIN 2 MG CAPSULE | 3 | | PA | | SP |
| ORFADIN 20 MG CAPSULE | 3 | | PA | | SP |
| ORFADIN 4 MG/ML SUSPENSION | 3 | | PA | | SP |
| ORFADIN 5 MG CAPSULE | 3 | | PA | | SP |
| ORGOVYX 120 MG TABLET | 3 | QL | PA | | SP |
| ORIAHNN 300-1-0.5MG/300MG CAPS | 2 | | PA | | |
| ORILISSA 150 MG TABLET | 2 | QL | PA | | |
| ORILISSA 200 MG TABLET | 2 | QL | PA | | |
| ORKAMBI 100 MG-125 MG TABLET | 2 | QL | PA | | SP |
| ORKAMBI 100-125 MG GRANULE PKT | 2 | QL | PA | | SP |
| ORKAMBI 150-188 MG GRANULE PKT | 2 | QL | PA | | SP |
| ORKAMBI 200 MG-125 MG TABLET | 2 | QL | PA | | SP |
| ORKAMBI 75-94 MG GRANULE PKT | 2 | QL | PA | | SP |
| ORLADEYO 110 MG CAPSULE | 3 | QL | PA | | SP |
| ORLADEYO 150 MG CAPSULE | 3 | QL | PA | | SP |
| ORPHENADRINE ER 100 MG TABLET | 1 | | | | |
| ORSERDU 345 MG TABLET | 2 | QL | PA | | SP |
| ORSERDU 86 MG TABLET | 2 | QL | PA | | SP |
| ORSYTHIA-28 TABLET | 1 | | | | |
| ORTIKOS ER 6 MG CAPSULE | 3 | | | | |
| ORTIKOS ER 9 MG CAPSULE | 3 | | | | |
| OSCIMIN 0.125 MG TABLET | 1 | | | | |
| OSCIMIN SL 0.125 MG TABLET | 1 | | | | |
| OSCIMIN SR 0.375 MG TABLET | 1 | | | | |
| OSELTAMIVIR 6 MG/ML SUSPENSION | 1 | QL | | | |
| OSELTAMIVIR PHOS 30 MG CAPSULE | 1 | QL | | | |
| OSELTAMIVIR PHOS 45 MG CAPSULE | 1 | QL | | | |
| OSELTAMIVIR PHOS 75 MG CAPSULE | 1 | QL | | | |
| OSENI 12.5-15 MG TABLET | 3 | QL | | | |
| OSENI 12.5-30 MG TABLET | 3 | QL | | | |
| OSENI 12.5-45 MG TABLET | 3 | QL | | | |
| OSENI 25-15 MG TABLET | 3 | QL | | | |
| OSENI 25-30 MG TABLET | 3 | QL | | | |
| OSENI 25-45 MG TABLET | 3 | QL | | | |
| OSMOLEX ER 129 MG TABLET | 3 | QL | PA | | SP |
| OSMOLEX ER 193 MG TABLET | 3 | QL | PA | | SP |
| OSMOLEX ER 258 MG TABLET | 3 | QL | PA | | SP |
| OSMOLEX ER 322 MG DAILY DOSE | 3 | QL | PA | | SP |
| OSMOPREP TABLET | 3 | | | | |
| OSPHENA 60 MG TABLET | 3 | | | | |
| OTEZLA 28 DAY STARTER PACK | 2 | QL | PA | | SP |
| OTEZLA 30 MG TABLET | 2 | QL | PA | | SP |
| OTEZLA STARTER PACK | 2 | QL | PA | | SP |
| OTIPRIO 6% VIAL | 3 | QL | | | |
| OTOVEL 0.3%-0.025% EAR DROPS | 3 | | | | |
| OTREXUP 10 MG/0.4 ML AUTO-INJ | 3 | | | ST | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| OTREXUP 12.5 MG/0.4 ML AUTOINJ | 3 | | | ST | |
| OTREXUP 15 MG/0.4 ML AUTO-INJ | 3 | | | ST | |
| OTREXUP 17.5 MG/0.4 ML AUTOINJ | 3 | | | ST | |
| OTREXUP 20 MG/0.4 ML AUTO-INJ | 3 | | | ST | |
| OTREXUP 22.5 MG/0.4 ML AUTOINJ | 3 | | | ST | |
| OTREXUP 25 MG/0.4 ML AUTO-INJ | 3 | | | ST | |
| OVACE 10% WASH | 3 | | | | |
| OVACE PLUS 10% CREAM | 3 | | | | |
| OVACE PLUS 10% SHAMPOO | 3 | | | | |
| OVACE PLUS 10% WASH | 3 | | | | |
| OVACE PLUS 9.8% FOAM | 3 | | | | |
| OVACE PLUS 9.8% LOTION | 3 | | | | |
| OVACE PLUS WASH 10% CLNSNG GEL | 3 | | | | |
| OVAL TAPE | 3 | | | | |
| OVIDE 0.5% LOTION | 3 | | | | |
| OXANDRIN 10 MG TABLET | 3 | | | | |
| OXANDRIN 2.5 MG TABLET | 3 | | | | |
| OXANDROLONE 10 MG TABLET | 1 | | | | |
| OXANDROLONE 2.5 MG TABLET | 1 | | | | |
| OXAPROZIN 600 MG CAPLET | 1 | | | | |
| OXAPROZIN 600 MG TABLET | 1 | | | | |
| OXAYDO 5 MG TABLET | 3 | | PA | | |
| OXAYDO 7.5 MG TABLET | 3 | | PA | | |
| OXAZEPAM 10 MG CAPSULE | 1 | | | ST | |
| OXAZEPAM 15 MG CAPSULE | 1 | | | ST | |
| OXAZEPAM 30 MG CAPSULE | 1 | | | ST | |
| OXBRYTA 300 MG TABLET | 3 | QL | PA | | SP |
| OXBRYTA 300 MG TABLET FOR SUSP | 3 | QL | PA | | SP |
| OXBRYTA 500 MG TABLET | 3 | QL | PA | | SP |
| OXCARBAZEPINE 150 MG TABLET | 1 | | | | |
| OXCARBAZEPINE 300 MG TABLET | 1 | | | | |
| OXCARBAZEPINE 300 MG/5 ML CUP | 1 | | | | |
| OXCARBAZEPINE 300 MG/5 ML SUSP | 1 | | | | |
| OXCARBAZEPINE 600 MG TABLET | 1 | | | | |
| OXERVATE 0.002% EYE DROP | 2 | | PA | | SP |
| OXICONAZOLE NITRATE 1% CREAM | 1 | QL | | | |
| OXISTAT 1% CREAM | 3 | QL | | | |
| OXISTAT 1% LOTION | 3 | QL | | | |
| OXSORALEN-ULTRA 10 MG CAP | 3 | | | | |
| OXTELLAR XR 150 MG TABLET | 3 | | | ST | |
| OXTELLAR XR 300 MG TABLET | 3 | | | ST | |
| OXTELLAR XR 600 MG TABLET | 3 | | | ST | |
| OXYBUTYNIN 2.5 MG TABLET | 3 | | | | |
| OXYBUTYNIN 5 MG TABLET | 1 | | | | |
| OXYBUTYNIN 5 MG/5 ML SOLUTION | 1 | | | | |
| OXYBUTYNIN 5 MG/5 ML SYRUP | 1 | | | | |
| OXYBUTYNIN CL ER 10 MG TABLET | 1 | | | | |
| OXYBUTYNIN CL ER 15 MG TABLET | 1 | | | | |
| OXYBUTYNIN CL ER 5 MG TABLET | 1 | | | | |
| OXYCODON-ACETAMINOPHEN 7.5-300 | 1 | | PA | | |
| OXYCODONE HCL (IR) 10 MG TAB | 1 | | PA | | |
| OXYCODONE HCL (IR) 15 MG TAB | 1 | | PA | | |
| OXYCODONE HCL (IR) 20 MG TAB | 1 | | PA | | |
| OXYCODONE HCL (IR) 30 MG TAB | 1 | | PA | | |
| OXYCODONE HCL (IR) 5 MG CAP | 1 | | PA | | |
| OXYCODONE HCL (IR) 5 MG TABLET | 1 | | PA | | |
| OXYCODONE HCL 100 MG/5 ML CONC | 1 | | PA | | |
| OXYCODONE HCL 5 MG/5 ML CUP | 1 | | PA | | |
| OXYCODONE HCL 5 MG/5 ML SOLN | 1 | | PA | | |
| OXYCODONE-ACETAMINOPH 10-300/5 | 1 | | PA | | |
| OXYCODONE-ACETAMINOPHEN 10-300 | 1 | | PA | | |
| OXYCODONE-ACETAMINOPHEN 10-325 | 1 | | PA | | |
| OXYCODONE-ACETAMINOPHEN 5-300 | 1 | | PA | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| OXYCODONE-ACETAMINOPHEN 5-325 | 1 | | PA | | |
| OXYCODONE-ACETAMINOPHN 2.5-300 | 1 | | PA | | |
| OXYCODONE-ACETAMINOPHN 2.5-325 | 1 | | PA | | |
| OXYCODONE-ACETAMINOPHN 5-325/5 | 1 | | PA | | |
| OXYCODONE-ACETAMINOPHN 7.5-325 | 1 | | PA | | |
| OXYCODONE-ASPIRIN 4.8355-325 | 1 | | PA | | |
| OXYCONTIN ER 10 MG TABLET | 2 | QL | PA | | |
| OXYCONTIN ER 15 MG TABLET | 2 | QL | PA | | |
| OXYCONTIN ER 20 MG TABLET | 2 | QL | PA | | |
| OXYCONTIN ER 30 MG TABLET | 2 | QL | PA | | |
| OXYCONTIN ER 40 MG TABLET | 2 | QL | PA | | |
| OXYCONTIN ER 60 MG TABLET | 2 | QL | PA | | |
| OXYCONTIN ER 80 MG TABLET | 2 | QL | PA | | |
| OXYMORPHONE HCL 10 MG TABLET | 1 | | PA | | |
| OXYMORPHONE HCL 5 MG TABLET | 1 | | PA | | |
| OXYMORPHONE HCL ER 10 MG TAB | 1 | QL | PA | | |
| OXYMORPHONE HCL ER 15 MG TAB | 1 | QL | PA | | |
| OXYMORPHONE HCL ER 20 MG TAB | 1 | QL | PA | | |
| OXYMORPHONE HCL ER 30 MG TAB | 1 | QL | PA | | |
| OXYMORPHONE HCL ER 40 MG TAB | 1 | QL | PA | | |
| OXYMORPHONE HCL ER 5 MG TABLET | 1 | QL | PA | | |
| OXYMORPHONE HCL ER 7.5 MG TAB | 1 | QL | PA | | |
| OXYTROL 3.9 MG/24HR PATCH | 3 | QL | | ST | |
| OZEMPIC 0.25-0.5 MG/DOSE PEN | 2 | QL | PA | | |
| OZEMPIC 1 MG/DOSE (2 MG/1.5ML) | 2 | QL | PA | | |
| OZEMPIC 1 MG/DOSE (4 MG/3 ML) | 2 | QL | PA | | |
| OZEMPIC 2 MG/DOSE (8 MG/3 ML) | 2 | QL | PA | | |
| OZOBAX 5 MG/5 ML SOLUTION | 3 | | | ST | |
| OZOBAX DS 10 MG/5 ML SOLUTION | 3 | | | ST | |
| PACERONE 100 MG TABLET | 1 | | | | |
| PACERONE 200 MG TABLET | 1 | | | | |
| PACERONE 400 MG TABLET | 1 | | | | |
| PACNEX 7% WASH | 3 | | | ST | |
| PACNEX HP 7% CLEANSING PADS | 3 | | | ST | |
| PACNEX LP 4.25% CLEANSING PADS | 3 | | | ST | |
| PALIPERIDONE ER 1.5 MG TABLET | 1 | QL | | | |
| PALIPERIDONE ER 3 MG TABLET | 1 | QL | | | |
| PALIPERIDONE ER 6 MG TABLET | 1 | QL | | | |
| PALIPERIDONE ER 9 MG TABLET | 1 | QL | | | |
| PALYNZIQ 10 MG/0.5 ML SYRINGE | 2 | QL | PA | | SP |
| PALYNZIQ 2.5 MG/0.5 ML SYRINGE | 2 | QL | PA | | SP |
| PALYNZIQ 20 MG/ML SYRINGE | 2 | QL | PA | | SP |
| PAMELOR 10 MG CAPSULE | 3 | | | | |
| PAMELOR 25 MG CAPSULE | 3 | | | | |
| PAMELOR 50 MG CAPSULE | 3 | | | | |
| PAMELOR 75 MG CAPSULE | 3 | | | | |
| PANCREAZE DR 10,500 UNIT CAP | 2 | | | | |
| PANCREAZE DR 16,800 UNIT CAP | 2 | | | | |
| PANCREAZE DR 2,600 UNIT CAP | 2 | | | | |
| PANCREAZE DR 21,000 UNIT CAP | 2 | | | | |
| PANCREAZE DR 37,000 UNIT CAP | 2 | | | | |
| PANCREAZE DR 4,200 UNIT CAP | 2 | | | | |
| PANDA MASK LARGE | 2 | | | | |
| PANDA MASK MEDIUM | 2 | | | | |
| PANDA MASK SMALL | 2 | | | | |
| PANDEL 0.1% CREAM | 3 | | | ST | |
| PANRETIN 0.1% GEL | 3 | | PA | | |
| PANTOPRAZOLE DR 40 MG SUSP PKT | 1 | | | ST | |
| PANTOPRAZOLE SOD DR 20 MG TAB | 1 | QL | | | |
| PANTOPRAZOLE SOD DR 40 MG TAB | 1 | | | | |
| PARADIGM REMOTE CONTROL | 3 | | | | |
| PAREMYD EYE DROPS | 3 | | | | |
| PARICALCITOL 1 MCG CAPSULE | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| PARICALCITOL 10 MCG/2 ML VIAL | 1 | | | | |
| PARICALCITOL 2 MCG CAPSULE | 1 | | | | |
| PARICALCITOL 2 MCG/ML VIAL | 1 | | | | |
| PARICALCITOL 4 MCG CAPSULE | 1 | | | | |
| PARICALCITOL 5 MCG/ML VIAL | 1 | | | | |
| PARLODEL 2.5 MG TABLET | 3 | | | | |
| PARLODEL 5 MG CAPSULE | 3 | | | | |
| PARNATE 10 MG TABLET | 3 | | | | |
| PAROEX 0.12% ORAL RINSE | 1 | | | | |
| PAROMOMYCIN 250 MG CAPSULE | 1 | | | | |
| PAROXETINE CR 12.5 MG TABLET | 1 | QL | PA | | |
| PAROXETINE CR 25 MG TABLET | 1 | QL | PA | | |
| PAROXETINE CR 37.5 MG TABLET | 1 | QL | PA | | |
| PAROXETINE ER 12.5 MG TABLET | 1 | QL | PA | | |
| PAROXETINE ER 25 MG TABLET | 1 | QL | PA | | |
| PAROXETINE ER 37.5 MG TABLET | 1 | QL | PA | | |
| PAROXETINE HCL 10 MG TABLET | 1 | QL | | | |
| PAROXETINE HCL 10 MG/5 ML SUSP | 1 | | PA | | |
| PAROXETINE HCL 20 MG TABLET | 1 | QL | | | |
| PAROXETINE HCL 30 MG TABLET | 1 | QL | | | |
| PAROXETINE HCL 40 MG TABLET | 1 | QL | | | |
| PAROXETINE MESYLATE 7.5 MG CAP | 1 | QL | PA | | |
| PASER GRANULES 4 GM PACKET | 3 | | | | |
| PATANASE 665 MCG NASAL SPRAY | 3 | QL | | | |
| PAXIL 10 MG TABLET | 3 | QL | PA | | |
| PAXIL 10 MG/5 ML SUSPENSION | 3 | | PA | | |
| PAXIL 20 MG TABLET | 3 | QL | PA | | |
| PAXIL 30 MG TABLET | 3 | QL | PA | | |
| PAXIL 40 MG TABLET | 3 | QL | PA | | |
| PAXIL CR 12.5 MG TABLET | 3 | QL | PA | | |
| PAXIL CR 25 MG TABLET | 3 | QL | PA | | |
| PAXIL CR 37.5 MG TABLET | 3 | QL | PA | | |
| PAXLOVID 150-100 MG DOSE PACK | 2 | QL | | | |
| PAXLOVID 150-100 MG PACK (EUA) | 2 | QL | | | |
| PAXLOVID 300-100 MG DOSE PACK | 2 | QL | | | |
| PAXLOVID 300-100 MG PACK (EUA) | 2 | QL | | | |
| PAZOPANIB HCL 200 MG TABLET | 1 | QL | PA | | SP |
| PC SUPER THIN 30G LANCETS | 2 | | | | |
| PC UNIFINE PENTIPS 12MM NEEDLE | 3 | | | | |
| PC UNIFINE PENTIPS 6MM NEEDLE | 3 | | | | |
| PC UNIFINE PENTIPS 8MM NEEDLE | 3 | | | | |
| PCM LA TABLET | 1 | | | | |
| PEDIAPRED 5 MG/5 ML SOLN | 3 | | | | |
| PEDIATRIC MEDIUM MASK | 2 | | | | |
| PEDIATRIC MOUTHPIECE | 2 | | | | |
| PEDIATRIC PANDA MASK | 2 | | | | |
| PEDIATRIC SMALL MASK | 2 | | | | |
| PEG 3350-ELECTROLYTE SOLUTION | 1 | | | | |
| PEG3350 100-7.5-2.691-1.01-5.9 | 1 | | | | |
| PEG-3350 AND ELECTROLYTES SOLN | 1 | | | | |
| PEGANONE 250 MG TABLET | 2 | | | | |
| PEGASYS 180 MCG/0.5 ML SYRINGE | 2 | QL | | | SP |
| PEGASYS 180 MCG/ML VIAL | 2 | QL | | | SP |
| PEGINTRON 50 MCG KIT | 3 | QL | | | SP |
| PEG-PREP KIT | 1 | | | | |
| PE-GUAI DROPS | 1 | | | | |
| PEMAZYRE 13.5 MG TABLET | 2 | QL | PA | | SP |
| PEMAZYRE 4.5 MG TABLET | 2 | QL | PA | | SP |
| PEMAZYRE 9 MG TABLET | 2 | QL | PA | | SP |
| PEN NEEDLE 29G 12MM | 3 | | | | |
| PEN NEEDLE 30G 5MM | 3 | | | | |
| PEN NEEDLE 30G 8MM | 3 | | | | |
| PEN NEEDLE 30G X 5/16" | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| PEN NEEDLE 31G 5MM | 3 | | | | |
| PEN NEEDLE 31G 6MM | 3 | | | | |
| PEN NEEDLE 31G 8MM | 3 | | | | |
| PEN NEEDLE 31G X 1/4" | 3 | | | | |
| PEN NEEDLE 31G X 3/16" | 3 | | | | |
| PEN NEEDLE 31G X 5/16" | 3 | | | | |
| PEN NEEDLE 32G 4MM | 3 | | | | |
| PEN NEEDLE 32G X 1/4" | 3 | | | | |
| PEN NEEDLE 32G X 3/16" | 3 | | | | |
| PEN NEEDLE 32G X 5/32" | 3 | | | | |
| PEN NEEDLE 33G 4MM | 3 | | | | |
| PEN NEEDLE 6MM 31G | 3 | | | | |
| PEN NEEDLES 12MM 29G | 3 | | | | |
| PEN NEEDLES 4MM 32G | 3 | | | | |
| PEN NEEDLES 5MM 31G | 3 | | | | |
| PEN NEEDLES 6MM 31G | 3 | | | | |
| PEN NEEDLES 8MM 31G | 3 | | | | |
| PENCICLOVIR 1% CREAM | 1 | | | | |
| PENICILLAMINE 250 MG CAPSULE | 1 | | PA | | |
| PENICILLAMINE 250 MG TABLET | 1 | | PA | | |
| PENICILLIN VK 125 MG/5 ML SOLN | 1 | | | | |
| PENICILLIN VK 250 MG TABLET | 1 | | | | |
| PENICILLIN VK 250 MG/5 ML SOLN | 1 | | | | |
| PENICILLIN VK 500 MG TABLET | 1 | | | | |
| PENTAMIDINE 300 MG INHAL POWDR | 1 | QL | | | |
| PENTASA 250 MG CAPSULE | 2 | | | | |
| PENTASA 500 MG CAPSULE | 3 | | | | |
| PENTAZOCINE-NALOXONE TABLET | 1 | | PA | | |
| PENTIPS PEN NEEDLE 29G 12MM | 3 | | | | |
| PENTIPS PEN NEEDLE 29GX1/2" | 3 | | | | |
| PENTIPS PEN NEEDLE 31G 5MM | 3 | | | | |
| PENTIPS PEN NEEDLE 31G 6MM | 3 | | | | |
| PENTIPS PEN NEEDLE 31G 8MM | 3 | | | | |
| PENTIPS PEN NEEDLE 31GX1/4" | 3 | | | | |
| PENTIPS PEN NEEDLE 31GX3/16" | 3 | | | | |
| PENTIPS PEN NEEDLE 31GX5/16" | 3 | | | | |
| PENTIPS PEN NEEDLE 32G 4MM | 3 | | | | |
| PENTIPS PEN NEEDLE 32G 6MM | 3 | | | | |
| PENTIPS PEN NEEDLE 32GX5/32" | 3 | | | | |
| PENTIPS PEN NEEDLE 6MM 31G | 3 | | | | |
| PENTOXIFYLLINE ER 400 MG TAB | 1 | | | | |
| PEPCID 40 MG TABLET | 3 | | | | |
| PERCOCET 10-325 MG TABLET | 3 | | PA | | |
| PERCOCET 2.5-325 MG TABLET | 3 | | PA | | |
| PERCOCET 5-325 MG TABLET | 3 | | PA | | |
| PERCOCET 7.5-325 MG TABLET | 3 | | PA | | |
| PERFOROMIST 20 MCG/2 ML SOLN | 3 | QL | | | |
| PERIDEX 0.12% ORAL RINSE | 3 | | | | |
| PERINDOPRIL ERBUMINE 2 MG TAB | 1 | | | | |
| PERINDOPRIL ERBUMINE 4 MG TAB | 1 | | | | |
| PERINDOPRIL ERBUMINE 8 MG TAB | 1 | | | | |
| PERIOGARD 0.12% ORAL RINSE | 1 | | | | |
| PERMETHRIN 5% CREAM | 1 | | | | |
| PERPHEN-AMITRIP 2 MG-10 MG TAB | 1 | | | | |
| PERPHEN-AMITRIP 2 MG-25 MG TAB | 1 | | | | |
| PERPHEN-AMITRIP 4 MG-10 MG TAB | 1 | | | | |
| PERPHEN-AMITRIP 4 MG-25 MG TAB | 1 | | | | |
| PERPHEN-AMITRIP 4 MG-50 MG TAB | 1 | | | | |
| PERPHENAZINE 16 MG TABLET | 1 | | | | |
| PERPHENAZINE 2 MG TABLET | 1 | | | | |
| PERPHENAZINE 4 MG TABLET | 1 | | | | |
| PERPHENAZINE 8 MG TABLET | 1 | | | | |
| PERRY PRENATAL CAPSULE | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| PERTZYE DR 16,000 UNIT CAPSULE | 3 | | | | |
| PERTZYE DR 24,000 UNIT CAPSULE | 3 | | | | |
| PERTZYE DR 4,000 UNIT CAPSULE | 3 | | | | |
| PERTZYE DR 8,000 UNIT CAPSULE | 3 | | | | |
| PEXEVA 10 MG TABLET | 3 | QL | PA | | |
| PEXEVA 20 MG TABLET | 3 | QL | PA | | |
| PEXEVA 30 MG TABLET | 3 | QL | PA | | |
| PEXEVA 40 MG TABLET | 3 | QL | PA | | |
| PH 12 DILUENT FOR FLOLAN | 3 | | | | SP |
| PHARMABASE BARRIER 9.38% OINT | 3 | | | | |
| PHARMACIST CHOICE 28G LANCETS | 2 | | | | |
| PHARMACIST CHOICE 30G LANCETS | 2 | | | | |
| PHARMACIST CHOICE 33G LANCETS | 2 | | | | |
| PHARMACIST CHOICE GLUCOSE SYS | 3 | | | | |
| PHARMACIST CHOICE MINI GLU SYS | 3 | | | | |
| PHARMACIST CHOICE TEST STRIPS | 3 | | | | |
| PHASEAL PROTECTOR 14 | 3 | | | | |
| PHASEAL PROTECTOR 21 | 3 | | | | |
| PHASEAL PROTECTOR 28 | 3 | | | | |
| PHASEAL PROTECTOR 50 | 3 | | | | |
| PHEBURANE PELLET | 2 | | PA | | SP |
| PHENAZOPYRIDINE 100 MG TAB | 1 | | | | |
| PHENAZOPYRIDINE 200 MG TAB | 1 | | | | |
| PHENELZINE SULFATE 15 MG TAB | 1 | | | | |
| PHENOBARB-HYO-ATROP-SCOP ELIX | 1 | | | | |
| PHENOBARB-HYOSC-ATROP-SCOP TA | 1 | | | | |
| PHENOBARBITAL 100 MG TABLET | 1 | | | | |
| PHENOBARBITAL 15 MG TABLET | 1 | | | | |
| PHENOBARBITAL 16.2 MG TABLET | 1 | | | | |
| PHENOBARBITAL 20 MG/5 ML CUP | 1 | | | | |
| PHENOBARBITAL 20 MG/5 ML ELIX | 1 | | | | |
| PHENOBARBITAL 20 MG/5 ML SOLN | 1 | | | | |
| PHENOBARBITAL 30 MG TABLET | 1 | | | | |
| PHENOBARBITAL 30 MG/7.5 ML CUP | 1 | | | | |
| PHENOBARBITAL 32.4 MG TABLET | 1 | | | | |
| PHENOBARBITAL 60 MG TABLET | 1 | | | | |
| PHENOBARBITAL 60 MG/15 ML CUP | 1 | | | | |
| PHENOBARBITAL 64.8 MG TABLET | 1 | | | | |
| PHENOBARBITAL 97.2 MG TABLET | 1 | | | | |
| PHENOBARBITAL-BELLADONNA ELIXR | 3 | | | | |
| PHENOHYTRO ELIXIR | 1 | | | | |
| PHENOHYTRO TABLET | 1 | | | | |
| PHENOXYBENZAMINE HCL 10 MG CAP | 1 | | PA | | |
| PHENYLEPHRINE 10% EYE DROPS | 1 | | | | |
| PHENYLEPHRINE 2.5% EYE DROP | 1 | | | | |
| PHENYLEPHRINE-LIDO 15-10 MG/ML | 1 | | | | |
| PHENYTEK 200 MG CAPSULE | 3 | | | | |
| PHENYTEK 300 MG CAPSULE | 3 | | | | |
| PHENYTOIN 100 MG/4 ML SUSP CUP | 1 | | | | |
| PHENYTOIN 125 MG/5 ML SUSP | 1 | | | | |
| PHENYTOIN 50 MG INFATAB CHEW | 1 | | | | |
| PHENYTOIN 50 MG TABLET CHEW | 1 | | | | |
| PHENYTOIN SOD EXT 100 MG CAP | 1 | | | | |
| PHENYTOIN SOD EXT 200 MG CAP | 1 | | | | |
| PHENYTOIN SOD EXT 300 MG CAP | 1 | | | | |
| PHEXXI 1.8-1-0.4% VAGINAL GEL | 3 | QL | PA | | |
| PHILITH 0.4-0.035 MG TABLET | 1 | | | | |
| PHOSLYRA 667 MG/5 ML SOLUTION | 2 | QL | | | |
| PHOSPHASAL TABLET | 1 | | | | |
| PHOSPHATE ORAL SALINE LAXATIVE | 1 | | | | |
| PHOSPHOLINE IODIDE 0.125% | 2 | | | | SP |
| PHOSPHOLINE IODIDE 0.125% DROP | 2 | | | | SP |
| PHOTREXA CROSS-LINKING KIT | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| PHOTREXA VISCOUS 0.146% DROPS | 3 | | | | |
| PHOXILLUM B22K4/0 SOLUTION BAG | 3 | | | | |
| PHOXILLUM BK4/2.5 SOLUTION BAG | 3 | | | | |
| PHYSIOLYTE IRRIGATION SOLN | 3 | | | | |
| PHYSIOSOL IRRIGATION SOLN | 3 | | | | |
| PHYTONADIONE 1 MG/0.5 ML SYR | 2 | | | | |
| PHYTONADIONE 1 MG/0.5 ML VIAL | 2 | | | | |
| PHYTONADIONE 10 MG/ML AMPUL | 1 | | | | |
| PHYTONADIONE 10 MG/ML VIAL | 1 | | | | |
| PHYTONADIONE 5 MG TABLET | 1 | QL | | | |
| PICATO 0.015% GEL | 2 | | | | |
| PICATO 0.05% GEL | 2 | | | | |
| PIFELTRO 100 MG TABLET | 3 | | | | |
| PILOCARPINE 1% EYE DROPS | 1 | | | | |
| PILOCARPINE 2% EYE DROPS | 1 | | | | |
| PILOCARPINE 4% EYE DROPS | 1 | | | | |
| PILOCARPINE HCL 5 MG TABLET | 1 | | | | |
| PILOCARPINE HCL 7.5 MG TABLET | 1 | | | | |
| PIMECROLIMUS 1% CREAM | 1 | QL | | ST | |
| PIMOZIDE 1 MG TABLET | 1 | | | | |
| PIMOZIDE 2 MG TABLET | 1 | | | | |
| PIMTREA 28 DAY TABLET | 1 | | | | |
| PINDOLOL 10 MG TABLET | 1 | | | | |
| PINDOLOL 5 MG TABLET | 1 | | | | |
| PIOGLITAZONE HCL 15 MG TABLET | 1 | QL | | | |
| PIOGLITAZONE HCL 30 MG TABLET | 1 | QL | | | |
| PIOGLITAZONE HCL 45 MG TABLET | 1 | QL | | | |
| PIOGLITAZONE-GLIMEPIRIDE 30-2 | 1 | QL | | | |
| PIOGLITAZONE-GLIMEPIRIDE 30-4 | 1 | QL | | | |
| PIOGLITAZONE-METFORMIN 15-500 | 1 | QL | | | |
| PIOGLITAZONE-METFORMIN 15-850 | 1 | QL | | | |
| PIP 28G LANCET | 2 | | | | |
| PIP 30G LANCET | 2 | | | | |
| PIP BLOOD GLUCOSE MONITOR | 3 | | | | |
| PIP BLOOD GLUCOSE TEST STRIP | 3 | | | | |
| PIP GLUCOSE CONTROL SOLN L1-L2 | 3 | | | | |
| PIP PEN NEEDLE 31G X 5MM | 3 | | | | |
| PIP PEN NEEDLE 32G X 4MM | 3 | | | | |
| PIQRAY 200 MG DAILY DOSE PACK | 2 | | PA | | SP |
| PIQRAY 250 MG DAILY DOSE PACK | 2 | | PA | | SP |
| PIQRAY 300 MG DAILY DOSE PACK | 2 | | PA | | SP |
| PIRFENIDONE 267 MG CAPSULE | 1 | QL | PA | | SP |
| PIRFENIDONE 267 MG TABLET | 1 | QL | PA | | SP |
| PIRFENIDONE 534 MG TABLET | 3 | QL | PA | | SP |
| PIRFENIDONE 801 MG TABLET | 1 | QL | PA | | SP |
| PIRMELLA 1-35 28 TABLET | 1 | | | | |
| PIRMELLA 7-7-7-28 TABLET | 1 | | | | |
| PIROXICAM 10 MG CAPSULE | 1 | | | | |
| PIROXICAM 20 MG CAPSULE | 1 | | | | |
| PISTON ENFIT 60 ML SYRINGE | 3 | | | | |
| PITAVASTATIN 1 MG TABLET | 1 | QL | | | |
| PITAVASTATIN 2 MG TABLET | 1 | QL | | | |
| PITAVASTATIN 4 MG TABLET | 1 | QL | | | |
| PLAN B ONE-STEP 1.5 MG TABLET | 2 | QL | | | |
| PLAQUENIL 200 MG TABLET | 3 | | | | |
| PLAVIX 75 MG TABLET | 3 | | | | |
| PLEGISOL 16 MEQ K/1,000 ML SOL | 3 | | | | |
| PLEGRIDY 125 MCG/0.5 ML PEN | 2 | QL | PA | | SP |
| PLEGRIDY 125 MCG/0.5 ML SYRING | 2 | QL | PA | | SP |
| PLEGRIDY PEN INJ STARTER PACK | 2 | QL | PA | | SP |
| PLEGRIDY SYRINGE STARTER PACK | 2 | QL | PA | | SP |
| PLENVU POWDER PACKETS | 3 | | | | |
| PLEXION 9.8-4.8% CLEANSER | 3 | | | ST | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| PLEXION 9.8-4.8% CLNSING CLOTH | 3 | | | ST | |
| PLEXION 9.8-4.8% CREAM | 3 | | | ST | |
| PLEXION 9.8-4.8% LOTION | 3 | | | ST | |
| PLEXION NS 9.8% SHAMPOO | 3 | | | | |
| PLIAGLIS 7%-7% CREAM | 3 | QL | PA | | |
| PNV 29-1 TABLET | 1 | | | | |
| PNV PRENATAL PLUS MULTIVIT TAB | 1 | | | | |
| PNV-DHA + DOCUSATE SOFTGEL | 1 | | | | |
| PNV-DHA SOFTGEL | 1 | | | | |
| PNV-OMEGA SOFTGEL | 1 | | | | |
| PNV-SELECT TABLET | 1 | | | | |
| POCKET CHAMBER | 2 | | | | |
| PODOFILOX 0.5% GEL | 1 | QL | | | |
| PODOFILOX 0.5% TOPICAL SOLN | 1 | | | | |
| POGO AUTOMATIC BLOOD GLUC SYS | 3 | | | | |
| POGO AUTOMATIC TEST CARTRIDGE | 3 | | | | |
| POKONZA 10 MEQ PACKET | 3 | | | | |
| POLY HUB NEEDLE 18GX1" | 2 | | | | |
| POLY HUB NEEDLE 18GX1-1/2" | 2 | | | | |
| POLY HUB NEEDLE 21GX1" | 2 | | | | |
| POLY HUB NEEDLE 21GX1-1/2" | 2 | | | | |
| POLY HUB NEEDLE 22GX1" | 2 | | | | |
| POLY HUB NEEDLE 22GX1-1/2" | 2 | | | | |
| POLY HUB NEEDLE 23GX1" | 2 | | | | |
| POLY HUB NEEDLE 23GX1-1/2" | 2 | | | | |
| POLY HUB NEEDLE 25GX1" | 2 | | | | |
| POLY HUB NEEDLE 25GX1-1/2" | 2 | | | | |
| POLY HUB NEEDLE 25GX5/8" | 2 | | | | |
| POLY HUB NEEDLE 27GX1/2" | 2 | | | | |
| POLY HUB NEEDLE 27GX1-1/4" | 2 | | | | |
| POLY HUB NEEDLE 30GX1/2" | 2 | | | | |
| POLYCIN EYE OINTMENT | 1 | | | | |
| POLYETHYLENE GLYCOL 3350 POWD | 1 | | | | |
| POLYETHYLENE GLYCOL 400 LIQ | 1 | | | | |
| POLYMYXIN B-TMP EYE DROPS | 1 | | | | |
| POLYTRIM EYE DROPS | 3 | | | | |
| POLY-TUSSIN AC LIQUID | 3 | | | | |
| POMALYST 1 MG CAPSULE | 2 | | PA | | SP |
| POMALYST 2 MG CAPSULE | 2 | | PA | | SP |
| POMALYST 3 MG CAPSULE | 2 | | PA | | SP |
| POMALYST 4 MG CAPSULE | 2 | | PA | | SP |
| POMBILITI 105 MG VIAL | 3 | | PA | | SP |
| PONTOCAINE 2% SOLUTION | 3 | | | | |
| PONVORY 14-DAY STARTER PACK | 2 | QL | PA | | SP |
| PONVORY 20 MG TABLET | 2 | QL | PA | | SP |
| PORTIA-28 TABLET | 1 | | | | |
| POSACONAZOLE 200 MG/5 ML SUSP | 1 | | PA | | |
| POSACONAZOLE DR 100 MG TABLET | 1 | | PA | | |
| POTABA 500 MG CAPSULE | 3 | | | | |
| POTASSIUM CITRATE ER 10 MEQ TB | 1 | | | | |
| POTASSIUM CITRATE ER 15 MEQ TB | 1 | | | | |
| POTASSIUM CITRATE ER 5 MEQ TAB | 1 | | | | |
| POTASSIUM CL 10% (20 MEQ/15ML) | 1 | | | | |
| POTASSIUM CL 10% (40 MEQ/30ML) | 1 | | | | |
| POTASSIUM CL 20 MEQ PACKET | 1 | | | | |
| POTASSIUM CL 20% (40 MEQ/15ML) | 1 | | | | |
| POTASSIUM CL ER 10 MEQ CAPSULE | 1 | | | | |
| POTASSIUM CL ER 10 MEQ TABLET | 1 | | | | |
| POTASSIUM CL ER 15 MEQ TABLET | 1 | | | | |
| POTASSIUM CL ER 20 MEQ TABLET | 1 | | | | |
| POTASSIUM CL ER 8 MEQ CAPSULE | 1 | | | | |
| POTASSIUM CL ER 8 MEQ TABLET | 1 | | | | |
| POTASSIUM CL10%(20MEQ/15ML)CUP | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| POTASSIUM CL10%(40MEQ/30ML)CUP | 1 | | | | |
| POTASSIUM CL20%(40MEQ/15ML)CUP | 1 | | | | |
| POTASSIUM IODIDE 1 GM/ML SOL | 1 | | | | |
| POWDERLAX POWDER | 1 | | | | |
| PR BENZOYL PEROXIDE 7% WASH | 1 | | | | |
| PR NATAL 400 COMBO PACK | 1 | | | | |
| PR NATAL 400 EC COMBO PACK | 1 | | | | |
| PR NATAL 430 COMBO PACK | 1 | | | | |
| PR NATAL 430 EC COMBO PACK | 1 | | | | |
| PRADAXA 110 MG CAPSULE | 3 | | PA | | |
| PRADAXA 110 MG PELLET PACK | 3 | | PA | | SP |
| PRADAXA 150 MG CAPSULE | 3 | | PA | | |
| PRADAXA 150 MG PELLET PACK | 3 | | PA | | SP |
| PRADAXA 20 MG PELLET PACK | 3 | | PA | | SP |
| PRADAXA 30 MG PELLET PACK | 3 | | PA | | SP |
| PRADAXA 40 MG PELLET PACK | 3 | | PA | | SP |
| PRADAXA 50 MG PELLET PACK | 3 | | PA | | SP |
| PRADAXA 75 MG CAPSULE | 3 | | PA | | |
| PRALUENT 150 MG/ML PEN | 3 | QL | PA | | |
| PRALUENT 75 MG/ML PEN | 3 | QL | PA | | |
| PRAMIPEXOLE 0.125 MG TABLET | 1 | | | | |
| PRAMIPEXOLE 0.25 MG TABLET | 1 | | | | |
| PRAMIPEXOLE 0.5 MG TABLET | 1 | | | | |
| PRAMIPEXOLE 0.75 MG TABLET | 1 | | | | |
| PRAMIPEXOLE 1 MG TABLET | 1 | | | | |
| PRAMIPEXOLE 1.5 MG TABLET | 1 | | | | |
| PRAMIPEXOLE ER 0.375 MG TABLET | 1 | | | | |
| PRAMIPEXOLE ER 0.75 MG TABLET | 1 | | | | |
| PRAMIPEXOLE ER 1.5 MG TABLET | 1 | | | | |
| PRAMIPEXOLE ER 2.25 MG TABLET | 1 | | | | |
| PRAMIPEXOLE ER 3 MG TABLET | 1 | | | | |
| PRAMIPEXOLE ER 3.75 MG TABLET | 1 | | | | |
| PRAMIPEXOLE ER 4.5 MG TABLET | 1 | | | | |
| PRAMOSONE 1% LOTION | 3 | | | ST | |
| PRAMOSONE 1%-1% CREAM | 3 | | | ST | |
| PRAMOSONE 1%-1% OINTMENT | 3 | | | ST | |
| PRAMOSONE 2.5%-1% CREAM | 3 | | | ST | |
| PRAMOSONE 2.5%-1% LOTION | 3 | | | ST | |
| PRAMOSONE 2.5%-1% OINTMENT | 3 | | | ST | |
| PRASUGREL 10 MG TABLET | 1 | | | | |
| PRASUGREL 5 MG TABLET | 1 | | | | |
| PRAVACHOL 20 MG TABLET | 3 | QL | | ST | |
| PRAVACHOL 40 MG TABLET | 3 | QL | | ST | |
| PRAVASTATIN SODIUM 10 MG TAB | 1 | QL | | | |
| PRAVASTATIN SODIUM 20 MG TAB | 1 | QL | | | |
| PRAVASTATIN SODIUM 40 MG TAB | 1 | QL | | | |
| PRAVASTATIN SODIUM 80 MG TAB | 1 | QL | | | |
| PRAZIQUANTEL 600 MG TABLET | 1 | | | | |
| PRAZOSIN 1 MG CAPSULE | 1 | | | | |
| PRAZOSIN 2 MG CAPSULE | 1 | | | | |
| PRAZOSIN 5 MG CAPSULE | 1 | | | | |
| PRECISION PCX PLUS TEST STR | 3 | | | | |
| PRECISION PCX TEST STRIPS | 3 | | | | |
| PRECISION POINT OF CARE STR | 3 | | | | |
| PRECISION Q-I-D TEST STRIPS | 3 | | | | |
| PRECISION XTR B-KETONE STRIP | 2 | | | | |
| PRECISION XTRA KETONE-GLUC KIT | 2 | | | | |
| PRECISION XTRA MONITOR | 2 | | | | |
| PRECISION XTRA MONITOR NFRS | 2 | | | | |
| PRECISION XTRA TEST STRIPS | 2 | | | | |
| PRECOSE 100 MG TABLET | 3 | | | | |
| PRECOSE 25 MG TABLET | 3 | | | | |
| PRECOSE 50 MG TABLET | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| PRED AC-GATI-BROM 1-0.5-0.075% | 3 | | | | |
| PRED AC-MOXI-BROM 1-0.5-0.075% | 3 | | | | |
| PRED AC-MOXI-NEPAF 1-0.5-0.1% | 3 | | | | |
| PRED FORTE 1% EYE DROPS | 3 | | | | |
| PRED MILD 0.12% EYE DROPS | 3 | | | ST | |
| PRED PH-GATI-BROM 1-0.5-0.075% | 3 | | | | |
| PRED PH-MOXI-BROM 1-0.5-0.075% | 3 | | | | |
| PRED-G 1% EYE DROPS | 3 | | | | |
| PREDNICARBATE 0.1% CREAM | 1 | | | | |
| PREDNICARBATE 0.1% OINTMENT | 1 | | | | |
| PREDNISOLONE 1%-BROMFEN 0.075% | 3 | | | | |
| PREDNISOLONE 1%-NEPAFENAC 0.1% | 3 | | | | |
| PREDNISOLONE 10 MG/5 ML SOLN | 1 | | | | |
| PREDNISOLONE 15 MG/5 ML SOLN | 1 | | | | |
| PREDNISOLONE 15MG/5ML SOLN CUP | 1 | | | | |
| PREDNISOLONE 20 MG/5 ML SOLN | 1 | | | | |
| PREDNISOLONE 5 MG TABLET | 1 | | | | |
| PREDNISOLONE 5 MG/5 ML SOLN | 1 | | | | |
| PREDNISOLONE AC 1% EYE DROP | 1 | | | | |
| PREDNISOLONE ACET 1% EYE DROP | 3 | | | | |
| PREDNISOLONE ACET 1%-GATI 0.5% | 3 | | | | |
| PREDNISOLONE ACET 1%-MOXI 0.5% | 3 | | | | |
| PREDNISOLONE ODT 10 MG TABLET | 1 | | | | |
| PREDNISOLONE ODT 15 MG TABLET | 1 | | | | |
| PREDNISOLONE ODT 30 MG TABLET | 1 | | | | |
| PREDNISOLONE PH 1%-BROM 0.075% | 3 | | | | |
| PREDNISOLONE PHOS 1%-MOXI 0.5% | 3 | | | | |
| PREDNISOLONE SOD 1% EYE DROP | 1 | | | | |
| PREDNISOLONE SOD PH 25 MG/5 ML | 1 | | | | |
| PREDNISONE 1 MG TABLET | 1 | | | | |
| PREDNISONE 10 MG TAB DOSE PACK | 1 | | | | |
| PREDNISONE 10 MG TABLET | 1 | | | | |
| PREDNISONE 2.5 MG TABLET | 1 | | | | |
| PREDNISONE 20 MG TABLET | 1 | | | | |
| PREDNISONE 5 MG TAB DOSE PACK | 1 | | | | |
| PREDNISONE 5 MG TABLET | 1 | | | | |
| PREDNISONE 5 MG/5 ML SOLUTION | 1 | | | | |
| PREDNISONE 50 MG TABLET | 1 | | | | |
| PREDNISONE INTENSOL 5 MG/ML | 1 | | | | |
| PREF PLUS INS 0.3 ML 29GX1/2" | 3 | | | | |
| PREF PLUS SYR 0.5 ML 30GX5/16" | 3 | | | | |
| PREF PLUS SYRING 1 ML 29GX1/2" | 3 | | | | |
| PREFERRED PLUS 0.3 ML 30GX5/16 | 3 | | | | |
| PREFERRED PLUS 0.5 ML 29GX1/2" | 3 | | | | |
| PREFERRED PLUS LANCETS | 2 | | | | |
| PREFERRED PLUS SYRINGE 0.5 ML | 3 | | | | |
| PREFERRED PLUS SYRINGE 1 ML | 3 | | | | |
| PREFERRED PLUS THIN LANCETS | 2 | | | | |
| PREFEST TABLET | 3 | | | | |
| PREFPLS INS SYR 1 ML 30GX5/16" | 3 | | | | |
| PREGABALIN 100 MG CAPSULE | 1 | | | | |
| PREGABALIN 150 MG CAPSULE | 1 | | | | |
| PREGABALIN 20 MG/ML SOLUTION | 1 | | | | |
| PREGABALIN 200 MG CAPSULE | 1 | | | | |
| PREGABALIN 225 MG CAPSULE | 1 | | | | |
| PREGABALIN 25 MG CAPSULE | 1 | | | | |
| PREGABALIN 300 MG CAPSULE | 1 | | | | |
| PREGABALIN 50 MG CAPSULE | 1 | | | | |
| PREGABALIN 75 MG CAPSULE | 1 | | | | |
| PREGABALIN ER 165 MG TABLET | 1 | | | ST | |
| PREGABALIN ER 330 MG TABLET | 1 | | | ST | |
| PREGABALIN ER 82.5 MG TABLET | 1 | | | ST | |
| PREMARIN 0.3 MG TABLET | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| PREMARIN 0.45 MG TABLET | 3 | | | | |
| PREMARIN 0.625 MG TABLET | 3 | | | | |
| PREMARIN 0.9 MG TABLET | 3 | | | | |
| PREMARIN 1.25 MG TABLET | 3 | | | | |
| PREMARIN VAGINAL CREAM-APPL | 2 | | | | |
| PREMIUM BLOOD GLUCOSE SYSTEM | 3 | | | | |
| PREMIUM BLOOD GLUCOSE TEST STR | 3 | | | | |
| PREMIUM BLOOD GLUCOSE TST STRP | 3 | | | | |
| PREMIUM V10 BLOOD GLUCOSE MTR | 3 | | | | |
| PREMIUM V10 GLUCOSE TEST STRIP | 3 | | | | |
| PREMPHASE 0.625-5 MG TABLET | 3 | | | | |
| PREMPRO 0.3 MG-1.5 MG TABLET | 3 | | | | |
| PREMPRO 0.45-1.5 MG TABLET | 3 | | | | |
| PREMPRO 0.625-2.5 MG TABLET | 3 | | | | |
| PREMPRO 0.625-5 MG TABLET | 3 | | | | |
| PRENA1 CHEW TABLET | 1 | | | | |
| PRENA1 PEARL SOFTGEL | 1 | | | | |
| PRENA1 TRUE COMBO PACK | 1 | | | | |
| PRENAISSANCE CAPSULE | 1 | | | | |
| PRENAISSANCE PLUS SOFTGEL | 1 | | | | |
| PRENATA CHEWABLE TABLET | 3 | | | | |
| PRENATABS FA TABLET | 1 | | | | |
| PRENATABS RX TABLET | 1 | | | | |
| PRENATAL 19 CHEWABLE TABLET | 3 | | | | |
| PRENATAL 19 TABLET | 3 | | | | |
| PRENATAL CAPLET | 1 | | | | |
| PRENATAL COMPLETE CAPLET | 1 | | | | |
| PRENATAL LOW IRON TABLET | 1 | | | | |
| PRENATAL MULTI-DHA SOFTGEL | 1 | | | | |
| PRENATAL MULTIVITAMIN TABLET | 1 | | | | |
| PRENATAL ONE DAILY TABLET | 1 | | | | |
| PRENATAL PLUS IRON TABLET | 1 | | | | |
| PRENATAL PLUS VITAMIN-MINERAL | 3 | | | | |
| PRENATAL PLUS-DHA COMBO PACK | 3 | | | | |
| PRENATAL TABLET | 1 | | | | |
| PRENATAL VITAMIN PLUS LOW IRON | 1 | | | | |
| PRENATAL VITAMIN TABLET | 1 | | | | |
| PRENATAL VITAMINS TABLET | 1 | | | | |
| PRENATAL-U CAPSULE | 1 | | | | |
| PRENATE AM TABLET | 3 | | | | |
| PRENATE CHEWABLE TABLET | 3 | | | | |
| PRENATE DHA SOFTGEL | 3 | | | | |
| PRENATE ELITE TABLET | 3 | | | | |
| PRENATE ENHANCE SOFTGEL | 3 | | | | |
| PRENATE ESSENTIAL SOFTGEL | 3 | | | | |
| PRENATE MINI SOFTGEL | 3 | | | | |
| PRENATE PIXIE SOFTGEL | 3 | | | | |
| PRENATE RESTORE SOFTGEL | 3 | | | | |
| PRENATE STAR TABLET | 3 | | | | |
| PREPIDIL 0.5 MG/3 GM GEL | 3 | | | | |
| PREPLUS CA-FE 27 MG-FA 1 MG TB | 1 | | | | |
| PRESSURE ACTIVATED 21G LANCETS | 2 | | | | |
| PRESSURE ACTIVATED 28G LANCETS | 2 | | | | |
| PRESTALIA 14 MG-10 MG TABLET | 3 | | | | |
| PRESTALIA 3.5 MG-2.5 MG TABLET | 3 | | | | |
| PRESTALIA 7 MG-5 MG TABLET | 3 | | | | |
| PRESTO PRO BLOOD GLUCOSE METEI | 3 | | | | |
| PRETAB 29 MG-1 MG TABLET | 1 | | | | |
| PRETOMANID 200 MG TABLET | 3 | | PA | | |
| PREVACID DR 15 MG SOLUTAB | 3 | QL | | ST | |
| PREVACID DR 30 MG CAPSULE | 3 | | | ST | |
| PREVACID DR 30 MG SOLUTAB | 3 | | | ST | |
| PREVALITE PACKET | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| PREVALITE POWDER | 1 | | | | |
| PREVENT PEN NEEDLE 31GX1/4" | 3 | | | | |
| PREVENT PEN NEEDLE 31GX5/16" | 3 | | | | |
| PREVIDENT 0.2% RINSE | 3 | | | | |
| PREVIDENT 1.1% GEL | 3 | | | | |
| PREVIDENT 5000 1.1% DRY MOUTH | 3 | | | | |
| PREVIDENT 5000 BOOSTER PLUS | 3 | | | | |
| PREVIDENT 5000 ENAMEL PROTECT | 3 | | | | |
| PREVIDENT 5000 ORTHO DEFENSE | 3 | | | | |
| PREVIDENT 5000 PLUS CREAM | 3 | | | | |
| PREVIDENT 5000 SENSITIVE PASTE | 3 | | | | |
| PREVIDENT DENTAL RINSE | 3 | | | | |
| PREVIFEM TABLET | 1 | | | | |
| PREVYMIS 240 MG TABLET | 2 | QL | | | |
| PREVYMIS 480 MG TABLET | 2 | QL | | | |
| PREZCOBIX 800 MG-150 MG TABLET | 3 | | | | |
| PREZISTA 100 MG/ML SUSPENSION | 2 | | | | |
| PREZISTA 150 MG TABLET | 2 | | | | |
| PREZISTA 600 MG TABLET | 3 | | | | |
| PREZISTA 75 MG TABLET | 2 | | | | |
| PREZISTA 800 MG TABLET | 3 | | | | |
| PRIFTIN 150 MG TABLET | 2 | | | | |
| PRILOSEC DR 10 MG SUSPENSION | 3 | QL | | ST | |
| PRILOSEC DR 2.5 MG SUSPENSION | 3 | QL | | ST | |
| PRIMACARE SOFTGEL | 3 | | | | |
| PRIMAQUINE 26.3 MG TABLET | 2 | QL | | | |
| PRIMEAIRE CHAMBER | 2 | | | | |
| PRIMIDONE 125 MG TABLET | 3 | | | | |
| PRIMIDONE 250 MG TABLET | 1 | | | | |
| PRIMIDONE 50 MG TABLET | 1 | | | | |
| PRIMLEV 10-300 MG TABLET | 3 | | PA | | |
| PRIMLEV 5-300 MG TABLET | 3 | | PA | | |
| PRIMLEV 7.5-300 MG TABLET | 3 | | PA | | |
| PRIMSOL 50 MG/5 ML ORAL SOLN | 3 | | | | |
| PRINIVIL 10 MG TABLET | 3 | | | | |
| PRINIVIL 20 MG TABLET | 3 | | | | |
| PRISMASOL B22GK 2/0 DIALYSIS | 3 | | | | |
| PRISMASOL B22GK 4/0 DIALYSIS | 3 | | | | |
| PRISMASOL BGK 0/2.5 DIALYSIS | 3 | | | | |
| PRISMASOL BGK 2/0 DIALYSIS | 3 | | | | |
| PRISMASOL BGK 2/3.5 DIALYSIS | 3 | | | | |
| PRISMASOL BGK 4/0/1.2 DIALYSIS | 3 | | | | |
| PRISMASOL BGK 4/2.5 DIALYSIS | 3 | | | | |
| PRISMASOL BK 0/0/1.2 DIALYSIS | 3 | | | | |
| PRISTIQ ER 100 MG TABLET | 3 | QL | | ST | |
| PRISTIQ ER 25 MG TABLET | 3 | QL | | ST | |
| PRISTIQ ER 50 MG TABLET | 3 | QL | | ST | |
| PRO COMFORT 0.5 ML 30GX1/2" | 3 | | | | |
| PRO COMFORT 0.5 ML 30GX5/16" | 3 | | | | |
| PRO COMFORT 0.5 ML 31GX5/16" | 3 | | | | |
| PRO COMFORT 1 ML 30GX1/2" | 3 | | | | |
| PRO COMFORT 1 ML 30GX5/16" | 3 | | | | |
| PRO COMFORT 1 ML 31GX5/16" | 3 | | | | |
| PRO COMFORT 30G LANCETS | 2 | | | | |
| PRO COMFORT 30G SAFETY LANCET | 2 | | | | |
| PRO COMFORT 31G LANCET | 2 | | | | |
| PRO COMFORT PEN NDL 31GX5/16" | 3 | | | | |
| PRO COMFORT PEN NDL 32G X 1/4" | 3 | | | | |
| PRO COMFORT PEN NDL 4MM 32G | 3 | | | | |
| PRO COMFORT PEN NDL 5MM 32G | 3 | | | | |
| PRO COMFORT SPACER-ADULT MASK | 2 | | | | |
| PRO COMFORT SPACER-CHILD MASK | 3 | | | | |
| PRO COMFORT SPACER-INFANT MASK | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| PRO VOICE V8 GLUCOSE MONITOR | 3 | | | | |
| PRO VOICE V8-V9 TEST STRIP | 3 | | | | |
| PRO VOICE V9 GLUCOSE MONITOR | 3 | | | | |
| PROAIR DIGIHALER 90 MCG INHALR | 3 | QL | | | |
| PROAIR HFA 90 MCG INHALER | 3 | QL | | | |
| PROAIR RESPICLICK 90 MCG INHLR | 3 | QL | | | |
| PROBENECID 500 MG TABLET | 1 | | | | |
| PROBENECID-COLCHICINE TABLET | 1 | | | | |
| PROCARDIA 10 MG CAPSULE | 3 | | | | |
| PROCARDIA XL 30 MG TABLET | 3 | | | | |
| PROCARDIA XL 60 MG TABLET | 3 | | | | |
| PROCARDIA XL 90 MG TABLET | 3 | | | | |
| PROCARE SPACER WITH ADULT MASK | 2 | | | | |
| PROCARE SPACER WITH CHILD MASK | 2 | | | | |
| PROCENTRA 5 MG/5 ML SOLUTION | 1 | | | | |
| PROCHAMBER HOLDING CHAMBER | 2 | | | | |
| PROCHLORPERAZINE 10 MG TAB | 1 | | | | |
| PROCHLORPERAZINE 25 MG SUPP | 1 | | | | |
| PROCHLORPERAZINE 5 MG TABLET | 1 | | | | |
| PROCORT 1.85%-1.15% CREAM | 3 | | | | |
| PROCRIT 10,000 UNITS/ML VIAL | 2 | | PA | | SP |
| PROCRIT 2,000 UNITS/ML VIAL | 2 | | PA | | SP |
| PROCRIT 20,000 UNITS/ML VIAL | 2 | | PA | | SP |
| PROCRIT 3,000 UNITS/ML VIAL | 2 | | PA | | SP |
| PROCRIT 4,000 UNITS/ML VIAL | 2 | | PA | | SP |
| PROCRIT 40,000 UNITS/ML VIAL | 2 | | PA | | SP |
| PROCTOCORT 30 MG SUPPOSITORY | 3 | | | ST | |
| PROCTOFOAM-HC 1%-1% FOAM | 3 | | | ST | |
| PROCTO-MED HC 2.5% CREAM | 1 | | | | |
| PROCTOSOL-HC 2.5% CREAM | 1 | | | | |
| PROCTOZONE-HC 2.5% CREAM | 1 | | | | |
| PROCYSBI DR 25 MG CAPSULE | 3 | | | ST | SP |
| PROCYSBI DR 300 MG GRANULE PKT | 3 | | | ST | SP |
| PROCYSBI DR 75 MG CAPSULE | 3 | | | ST | SP |
| PROCYSBI DR 75 MG GRANULE PKT | 3 | | | ST | SP |
| PRODIGY AUTOCODE METER KIT | 3 | | | | |
| PRODIGY AUTOCODE MONITOR SYST | 3 | | | | |
| PRODIGY CONTROL SOLUTION | 3 | | | | |
| PRODIGY CONTROL SOLUTION LOW | 3 | | | | |
| PRODIGY COUNT-A-DOSE | 2 | | | | |
| PRODIGY INS SYR 1ML 28GX1/2" | 3 | | | | |
| PRODIGY LANCING DEVICE | 2 | | | | |
| PRODIGY NO CODING TEST STRIPS | 3 | | | | |
| PRODIGY POCKET METER KIT | 3 | | | | |
| PRODIGY PRESSURE ACTIVATED 28G | 2 | | | | |
| PRODIGY SAFETY 26G LANCETS | 2 | | | | |
| PRODIGY SYRNG 0.5 ML 31GX5/16" | 3 | | | | |
| PRODIGY SYRNGE 0.3ML 31GX5/16" | 3 | | | | |
| PRODIGY TWIST TOP 28G LANCET | 2 | | | | |
| PRODIGY VOICE METER KIT | 3 | | | | |
| PROGESTERONE 100 MG CAPSULE | 1 | | | | |
| PROGESTERONE 200 MG CAPSULE | 1 | | | | |
| PROGESTERONE 500 MG/10 ML VIAL | 1 | | | | SP |
| PROGLYCEM 50 MG/ML ORAL SUSP | 3 | | | | |
| PROGRAF 0.2 MG GRANULE PACKET | 2 | | | | |
| PROGRAF 0.5 MG CAPSULE | 3 | | | | |
| PROGRAF 1 MG CAPSULE | 3 | | | | |
| PROGRAF 1 MG GRANULE PACKET | 2 | | | | |
| PROGRAF 5 MG CAPSULE | 3 | | | | |
| PROLATE 10 MG-300 MG/5 ML SOLN | 3 | | PA | | |
| PROLATE 10-300 MG TABLET | 1 | | PA | | |
| PROLATE 5-300 MG TABLET | 1 | | PA | | |
| PROLATE 7.5-300 MG TABLET | 1 | | PA | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| PROLENSA 0.07% EYE DROPS | 3 | | | | |
| PROLEUKIN 22 MILLION UNIT VIAL | 2 | | PA | | SP |
| PROLIA 60 MG/ML SYRINGE | 3 | QL | PA | | SP |
| PROMACTA 12.5 MG SUSPEN PACKET | 2 | | PA | | SP |
| PROMACTA 12.5 MG TABLET | 2 | | PA | | SP |
| PROMACTA 25 MG SUSPENSION PCKT | 2 | | PA | | SP |
| PROMACTA 25 MG TABLET | 2 | | PA | | SP |
| PROMACTA 50 MG TABLET | 2 | | PA | | SP |
| PROMACTA 75 MG TABLET | 2 | | PA | | SP |
| PROMETHAZINE 12.5 MG SUPPOS | 1 | | | | |
| PROMETHAZINE 12.5 MG TABLET | 1 | | | | |
| PROMETHAZINE 25 MG SUPPOSITORY | 1 | | | | |
| PROMETHAZINE 25 MG TABLET | 1 | | | | |
| PROMETHAZINE 50 MG SUPPOSITORY | 1 | | | | |
| PROMETHAZINE 50 MG TABLET | 1 | | | | |
| PROMETHAZINE 6.25 MG/5 ML SOLN | 1 | | | | |
| PROMETHAZINE 6.25 MG/5 ML SYRP | 1 | | | | |
| PROMETHAZINE VC SOLUTION | 1 | | | | |
| PROMETHAZINE VC-CODEINE SOLN | 1 | | | | |
| PROMETHAZINE-CODEINE SOLUTION | 1 | | | | |
| PROMETHAZINE-CODEINE SYRUP | 1 | | | | |
| PROMETHAZINE-DM 6.25-15 MG/5ML | 1 | | | | |
| PROMETHAZINE-PE-CODEINE SYRUP | 1 | | | | |
| PROMETHAZINE-PHENYLEPHRINE SYR | 1 | | | | |
| PROMETHEGAN 12.5 MG SUPPOS | 1 | | | | |
| PROMETHEGAN 25 MG SUPPOSITORY | 1 | | | | |
| PROMETHEGAN 50 MG SUPPOSITORY | 1 | | | | |
| PROMETRIUM 100 MG CAPSULE | 3 | | | | |
| PROMETRIUM 200 MG CAPSULE | 3 | | | | |
| PROPAFENONE HCL 150 MG TABLET | 1 | | | | |
| PROPAFENONE HCL 225 MG TAB | 1 | | | | |
| PROPAFENONE HCL 300 MG TAB | 1 | | | | |
| PROPAFENONE HCL ER 225 MG CAP | 1 | | | | |
| PROPAFENONE HCL ER 325 MG CAP | 1 | | | | |
| PROPAFENONE HCL ER 425 MG CAP | 1 | | | | |
| PROPANTHELINE 15 MG TABLET | 1 | | | | |
| PROPARACAINE 0.5% EYE DROPS | 1 | | | | |
| PROPRANOLOL 10 MG TABLET | 1 | | | | |
| PROPRANOLOL 20 MG TABLET | 1 | | | | |
| PROPRANOLOL 20 MG/5 ML SOLN | 1 | | | | |
| PROPRANOLOL 40 MG TABLET | 1 | | | | |
| PROPRANOLOL 40 MG/5 ML SOLN | 1 | | | | |
| PROPRANOLOL 60 MG TABLET | 1 | | | | |
| PROPRANOLOL 80 MG TABLET | 1 | | | | |
| PROPRANOLOL ER 120 MG CAPSULE | 1 | | | | |
| PROPRANOLOL ER 160 MG CAPSULE | 1 | | | | |
| PROPRANOLOL ER 60 MG CAPSULE | 1 | | | | |
| PROPRANOLOL ER 80 MG CAPSULE | 1 | | | | |
| PROPRANOLOL-HCTZ 40-25 MG TAB | 1 | | | | |
| PROPRANOLOL-HCTZ 80-25 MG TAB | 1 | | | | |
| PROPYLTHIOURACIL 50 MG TABLET | 1 | | | | |
| PROSCAR 5 MG TABLET | 3 | | PA | | |
| PROSTIN E2 VAGINAL 20 MG SUP | 3 | | | | |
| PROTHELIAL 1 GM/10 ML PASTE | 3 | | | | SP |
| PROTONIX 40 MG SUSPENSION | 3 | | | ST | |
| PROTONIX DR 20 MG TABLET | 3 | QL | | ST | |
| PROTONIX DR 40 MG TABLET | 3 | | | ST | |
| PROTOPIC 0.03% OINTMENT | 3 | QL | | ST | |
| PROTOPIC 0.1% OINTMENT | 3 | QL | | ST | |
| PROTRIPTYLINE HCL 10 MG TABLET | 1 | | | | |
| PROTRIPTYLINE HCL 5 MG TABLET | 1 | | | | |
| PROVENTIL HFA 90 MCG INHALER | 3 | QL | | | |
| PROVERA 10 MG TABLET | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| PROVERA 2.5 MG TABLET | 3 | | | | |
| PROVERA 5 MG TABLET | 3 | | | | |
| PROVIDA OB CAPSULE | 3 | | | | |
| PROVIGIL 100 MG TABLET | 3 | QL | | ST | |
| PROVIGIL 200 MG TABLET | 3 | QL | | ST | |
| PROZAC 10 MG PULVULE | 3 | QL | PA | | |
| PROZAC 20 MG PULVULE | 3 | | PA | | |
| PROZAC 40 MG PULVULE | 3 | QL | PA | | |
| PRUDOXIN 5% CREAM | 1 | QL | | ST | |
| PUB 28G LANCETS | 2 | | | | |
| PUB ADVANCED LANCING DEVICE | 2 | | | | |
| PUB ASPIRIN 81 MG CHEWABLE TAB | 1 | | | | |
| PUB INS SYRIN 0.3 ML 30GX1/2" | 3 | | | | |
| PUB INS SYRINGE 1 ML 30GX1/2" | 3 | | | | |
| PUB INSUL SYR 0.3 ML 31GX5/16" | 3 | | | | |
| PUB INSUL SYR 0.5 ML 30GX1/2" | 3 | | | | |
| PUB INSUL SYR 0.5 ML 31GX5/16" | 3 | | | | |
| PUB INSULIN SYR 1 ML 31GX5/16" | 3 | | | | |
| PUB LAXATIVE EC 5 MG TABLET | 1 | | | | |
| PUB MICRO THIN 33G LANCET | 2 | | | | |
| PUB MILK OF MAGNESIA SUSP | 1 | | | | |
| PUB PEN 12MM 29G NEEDLES | 3 | | | | |
| PUB PEN 8MM 31G NEEDLES | 3 | | | | |
| PUB PEN NEEDLE 6MM 31G | 3 | | | | |
| PUB UNIFINE PNTP PLUS 31GX3/16 | 3 | | | | |
| PULMICORT 0.25 MG/2 ML RESPUL | 3 | QL | | | |
| PULMICORT 0.5 MG/2 ML RESPULE | 3 | QL | | | |
| PULMICORT 1 MG/2 ML RESPULE | 3 | QL | | | |
| PULMICORT 180 MCG FLEXHALER | 3 | QL | | | |
| PULMICORT 90 MCG FLEXHALER | 3 | QL | | | |
| PULMOSAL 7% VIAL | 1 | | | | |
| PULMOZYME 1 MG/ML AMPUL | 2 | | PA | | SP |
| PURE CMFT SFTY PEN NDL 31G 5MM | 3 | | | | |
| PURE CMFT SFTY PEN NDL 31G 6MM | 3 | | | | |
| PURE CMFT SFTY PEN NDL 32G 4MM | 3 | | | | |
| PURE COMFORT 30G SAFETY LANCET | 2 | | | | |
| PURE COMFORT 30G TWIST LANCET | 2 | | | | |
| PURE COMFORT PEN NDL 32G 4MM | 3 | | | | |
| PURE COMFORT PEN NDL 32G 5MM | 3 | | | | |
| PURE COMFORT PEN NDL 32G 6MM | 3 | | | | |
| PURE COMFORT PEN NDL 32G 8MM | 3 | | | | |
| PURE COMFORT SPACER-ADULT MASK | 3 | | | | |
| PURIXAN 20 MG/ML ORAL SUSP | 2 | | | | SP |
| PUSH BUTTON SAFETY 28G LANCET | 2 | | | | |
| PV AUTOLET LANCING DEVICE | 2 | | | | |
| PV UNIFINE PENTIP PLUS 31GX5MM | 3 | | | | |
| PV UNIFINE PENTIP PLUS 31GX6MM | 3 | | | | |
| PV UNIFINE PENTIP PLUS 31GX8MM | 3 | | | | |
| PV UNIFINE PENTIP PLUS 32GX4MM | 3 | | | | |
| PV UNIFINE PENTIP PLUS 33GX4MM | 3 | | | | |
| PV UNILET MICRO THIN 33G LANCT | 2 | | | | |
| PV UNILET SUPER THIN 30G LANCT | 2 | | | | |
| PYLERA CAPSULE | 3 | | | | |
| PYRAZINAMIDE 500 MG TABLET | 1 | | | | |
| PYRIDIUM 100 MG TABLET | 3 | | | | |
| PYRIDIUM 200 MG TABLET | 3 | | | | |
| PYRIDOSTIGMINE 60 MG/5 ML CUP | 1 | | | | |
| PYRIDOSTIGMINE 60 MG/5 ML SOLN | 1 | | | | |
| PYRIDOSTIGMINE BR 30 MG TABLET | 3 | | | | |
| PYRIDOSTIGMINE BR 60 MG TABLET | 1 | | | | |
| PYRIDOSTIGMINE ER 180 MG TAB | 1 | | | | |
| PYRIMETHAMINE 25 MG TABLET | 1 | | PA | | |
| PYRUKYND 20 MG TABLET | 3 | QL | PA | | SP |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| PYRUKYND 20-5 MG TAPER PACK | 3 | QL | PA | | SP |
| PYRUKYND 5 MG TABLET | 3 | QL | PA | | SP |
| PYRUKYND 5 MG TAPER PACK | 3 | QL | PA | | SP |
| PYRUKYND 50 MG TABLET | 3 | QL | PA | | SP |
| PYRUKYND 50-20 MG TAPER PACK | 3 | QL | PA | | SP |
| QBRELIS 1MG/ML SOLUTION | 3 | | | ST | |
| QBREXZA 2.4% CLOTH | 3 | | PA | | |
| QC ASPIRIN 81 MG CHEWABLE TAB | 1 | | | | |
| QC ASPIRIN EC 81 MG TABLET | 1 | | | | |
| QC AUTOLET LANCING DEVICE | 2 | | | | |
| QC MAGNESIUM CITRATE SOLUTION | 1 | | | | |
| QC MILK OF MAGNESIA SUSPENSION | 1 | | | | |
| QC NATURA-LAX 17 GM POWDER | 1 | | | | |
| QC PRENATAL TABLET | 1 | | | | |
| QC UNIFINE PENTIPS 32GX5/32" | 3 | | | | |
| QC UNIFINE PENTIPS 4MM 32G | 3 | | | | |
| QC UNILET SUPER THIN 30G LANCT | 2 | | | | |
| QC UNILET ULTRA THIN 28G LANCT | 2 | | | | |
| QDOLO 5 MG/ML SOLUTION | 3 | QL | | ST | |
| QELBREE ER 100 MG CAPSULE | 3 | | | ST | |
| QELBREE ER 150 MG CAPSULE | 3 | | | ST | |
| QELBREE ER 200 MG CAPSULE | 3 | | | ST | |
| QINLOCK 50 MG TABLET | 3 | QL | PA | | SP |
| QNASL 80 MCG NASAL SPRAY | 3 | QL | | ST | |
| QNASL CHILDREN'S 40 MCG SPRAY | 3 | QL | | ST | |
| QTERN 10 MG-5 MG TABLET | 3 | | | ST | |
| QTERN 5 MG-5 MG TABLET | 3 | | | ST | |
| QUALAQUIN 324 MG CAPSULE | 3 | QL | | | |
| QUARTETTE TABLET | 3 | | | | |
| QUAZEPAM 15 MG TABLET | 3 | | | | |
| QUDEXY XR 100 MG CAPSULE | 3 | | | ST | |
| QUDEXY XR 150 MG CAPSULE | 3 | | | ST | |
| QUDEXY XR 200 MG CAPSULE | 3 | | | ST | |
| QUDEXY XR 25 MG CAPSULE | 3 | | | ST | |
| QUDEXY XR 50 MG CAPSULE | 3 | | | ST | |
| QUESTRAN LIGHT POWDER | 3 | | | | |
| QUESTRAN PACKET | 3 | | | | |
| QUESTRAN POWDER | 3 | | | | |
| QUETIAPINE 150 MG TABLET | 3 | QL | | | |
| QUETIAPINE ER 150 MG TABLET | 1 | QL | | | |
| QUETIAPINE ER 200 MG TABLET | 1 | QL | | | |
| QUETIAPINE ER 300 MG TABLET | 1 | QL | | | |
| QUETIAPINE ER 400 MG TABLET | 1 | QL | | | |
| QUETIAPINE ER 50 MG TABLET | 1 | QL | | | |
| QUETIAPINE FUMARATE 100 MG TAB | 1 | QL | | | |
| QUETIAPINE FUMARATE 200 MG TAB | 1 | QL | | | |
| QUETIAPINE FUMARATE 25 MG TAB | 1 | QL | | | |
| QUETIAPINE FUMARATE 300 MG TAB | 1 | QL | | | |
| QUETIAPINE FUMARATE 400 MG TAB | 1 | QL | | | |
| QUETIAPINE FUMARATE 50 MG TAB | 1 | QL | | | |
| QUILLICHEW ER 20 MG CHEW TAB | 3 | | | ST | |
| QUILLICHEW ER 30 MG CHEW TAB | 3 | | | ST | |
| QUILLICHEW ER 40 MG CHEW TAB | 3 | | | ST | |
| QUILLIVANT XR 25 MG/5 ML SUSP | 3 | | | ST | |
| QUINAPRIL 10 MG TABLET | 1 | | | | |
| QUINAPRIL 20 MG TABLET | 1 | | | | |
| QUINAPRIL 40 MG TABLET | 1 | | | | |
| QUINAPRIL 5 MG TABLET | 1 | | | | |
| QUINAPRIL-HCTZ 10-12.5 MG TAB | 1 | | | | |
| QUINAPRIL-HCTZ 20-12.5 MG TAB | 1 | | | | |
| QUINAPRIL-HCTZ 20-25 MG TAB | 1 | | | | |
| QUINIDINE GLUC ER 324 MG TAB | 1 | | | | |
| QUINIDINE SULFATE 200 MG TAB | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| QUINIDINE SULFATE 300 MG TAB | 1 | | | | |
| QUININE SULFATE 324 MG CAPSULE | 1 | QL | | | |
| QUINTET AC BLOOD GLUCOSE METER | 3 | | | | |
| QUINTET AC GLUCOSE TEST STRIPS | 3 | | | | |
| QUINTET BLOOD GLUCOSE SYSTEM | 3 | | | | |
| QUINTET GLUCOSE TEST STRIPS | 3 | | | | |
| QULIPTA 10 MG TABLET | 2 | QL | PA | | |
| QULIPTA 30 MG TABLET | 2 | QL | PA | | |
| QULIPTA 60 MG TABLET | 2 | QL | PA | | |
| QUVIVIQ 25 MG TABLET | 3 | | | ST | |
| QUVIVIQ 50 MG TABLET | 3 | | | ST | |
| QVAR REDIHALER 40 MCG | 2 | QL | | | |
| QVAR REDIHALER 80 MCG | 2 | QL | | | |
| RA ASPIRIN 81 MG CHEWABLE TAB | 1 | | | | |
| RA ASPIRIN EC 81 MG TABLET | 1 | | | | |
| RA BALANCED B-100 TABLET | 1 | | | | |
| RA CITRATE OF MAGNESIA SOLN | 1 | | | | |
| RA E-ZJECT 26G LANCETS | 1 | | | | |
| RA E-ZJECT 28G LANCETS | 1 | | | | |
| RA E-ZJECT 30G LANCETS | 1 | | | | |
| RA E-ZJECT COLOR 33G LANCETS | 1 | | | | |
| RA FOLIC ACID 0.4 MG TABLET | 1 | | | | |
| RA FOLIC ACID 800 MCG TABLET | 1 | | | | |
| RA HEALTH CARE LANCING DEVICE | 2 | | | | |
| RA INS SYR 0.5 ML 29GX1/2" | 3 | | | | |
| RA INS SYR 0.5 ML 30GX5/16" | 3 | | | | |
| RA INS SYR 1 ML 29GX1/2" | 3 | | | | |
| RA INS SYRINGE 1 ML 30GX5/16" | 3 | | | | |
| RA LAXATIVE EC 5 MG TABLET | 1 | | | | |
| RA LAXATIVE PEG 3350 POWDER | 1 | | | | |
| RA MILK OF MAGNESIA SUSPENSION | 1 | | | | |
| RA ONE DAILY PRENATAL DHA PACK | 1 | | | | |
| RA PEN NEEDLE 31GX3/16" | 3 | | | | |
| RA PEN NEEDLE 31GX5/16" | 3 | | | | |
| RA PRENATAL TABLET | 1 | | | | |
| RABEPRAZOLE SOD DR 20 MG TAB | 1 | | | | |
| RADICAVA ORS 105 MG/5 ML SUSP | 2 | | PA | | SP |
| RADICAVA ORS STARTER KIT SUSP | 2 | | PA | | SP |
| RADIOGARDASE 0.5 GM CAPSULE | 3 | | | | |
| RALOXIFENE HCL 60 MG TABLET | 1 | | | | |
| RAMELTEON 8 MG TABLET | 1 | QL | | ST | |
| RAMIPRIL 1.25 MG CAPSULE | 1 | | | | |
| RAMIPRIL 10 MG CAPSULE | 1 | | | | |
| RAMIPRIL 2.5 MG CAPSULE | 1 | | | | |
| RAMIPRIL 5 MG CAPSULE | 1 | | | | |
| RANEXA ER 1,000 MG TABLET | 3 | | | ST | |
| RANEXA ER 500 MG TABLET | 3 | | | ST | |
| RANOLAZINE ER 1,000 MG TABLET | 1 | | | | |
| RANOLAZINE ER 500 MG TABLET | 1 | | | | |
| RAPAFLO 4 MG CAPSULE | 3 | | | ST | |
| RAPAFLO 8 MG CAPSULE | 3 | | | ST | |
| RAPAMUNE 0.5 MG TABLET | 3 | | | | |
| RAPAMUNE 1 MG TABLET | 3 | | | | |
| RAPAMUNE 1 MG/ML ORAL SOLN | 3 | | | | |
| RAPAMUNE 2 MG TABLET | 3 | | | | |
| RASAGILINE MESYLATE 0.5 MG TAB | 1 | | | | |
| RASAGILINE MESYLATE 1 MG TAB | 1 | | | | |
| RASUVO 10 MG/0.2 ML AUTOINJ | 2 | | | ST | |
| RASUVO 12.5 MG/0.25 ML AUTOINJ | 2 | | | ST | |
| RASUVO 15 MG/0.3 ML AUTOINJ | 2 | | | ST | |
| RASUVO 17.5 MG/0.35 ML AUTOINJ | 2 | | | ST | |
| RASUVO 20 MG/0.4 ML AUTOINJ | 2 | | | ST | |
| RASUVO 22.5 MG/0.45 ML AUTOINJ | 2 | | | ST | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| RASUVO 25 MG/0.5 ML AUTOINJ | 2 | | | ST | |
| RASUVO 30 MG/0.6 ML AUTOINJ | 2 | | | ST | |
| RASUVO 7.5 MG/0.15 ML AUTOINJ | 2 | | | ST | |
| RAVICTI 1.1 GRAM/ML LIQUID | 3 | | PA | | SP |
| RAYA SURE PEN NEEDLE 29G 12MM | 3 | | | | |
| RAYA SURE PEN NEEDLE 31G 4MM | 3 | | | | |
| RAYA SURE PEN NEEDLE 31G 5MM | 3 | | | | |
| RAYA SURE PEN NEEDLE 31G 6MM | 3 | | | | |
| RAYALDEE ER 30 MCG CAPSULE | 3 | | | | |
| RAYOS DR 1 MG TABLET | 3 | | | ST | |
| RAYOS DR 2 MG TABLET | 3 | | | ST | |
| RAYOS DR 5 MG TABLET | 3 | | | ST | |
| RAZADYNE 4 MG TABLET | 3 | | | ST | |
| RAZADYNE ER 16 MG CAPSULE | 3 | | | ST | |
| RAZADYNE ER 24 MG CAPSULE | 3 | | | ST | |
| RAZADYNE ER 8 MG CAPSULE | 3 | | | ST | |
| READYLANCE 21G SAFETY LANCETS | 2 | | | | |
| READYLANCE 23G SAFETY LANCETS | 2 | | | | |
| READYLANCE 26G SAFETY LANCETS | 2 | | | | |
| READYLANCE 28G SAFETY LANCETS | 2 | | | | |
| READYLANCE 30G SAFETY LANCETS | 2 | | | | |
| REBIF 22 MCG/0.5 ML SYRINGE | 2 | QL | PA | | SP |
| REBIF 44 MCG/0.5 ML SYRINGE | 2 | QL | PA | | SP |
| REBIF REBIDOSE 22 MCG/0.5 ML | 2 | QL | PA | | SP |
| REBIF REBIDOSE 44 MCG/0.5 ML | 2 | QL | PA | | SP |
| REBIF REBIDOSE TITRATION PACK | 2 | QL | PA | | SP |
| REBIF TITRATION PACK | 2 | QL | PA | | SP |
| RECLIPSEN 28 DAY TABLET | 1 | | | | |
| RECORLEV 150 MG TABLET | 3 | | PA | | SP |
| RECOTHROM 20,000 UNIT SPRAY KT | 3 | | | | |
| RECOTHROM 20,000 UNIT VIAL | 3 | | | | |
| RECOTHROM 5,000 UNIT VIAL | 3 | | | | |
| RECTIV 0.4% OINTMENT | 2 | | | | |
| REDITREX 10 MG/0.4 ML SYRINGE | 3 | | | ST | |
| REDITREX 12.5 MG/0.5 ML SYRING | 3 | | | ST | |
| REDITREX 15 MG/0.6 ML SYRINGE | 3 | | | ST | |
| REDITREX 17.5 MG/0.7 ML SYRING | 3 | | | ST | |
| REDITREX 20 MG/0.8 ML SYRINGE | 3 | | | ST | |
| REDITREX 22.5 MG/0.9 ML SYRING | 3 | | | ST | |
| REDITREX 25 MG/ML SYRINGE | 3 | | | ST | |
| REDITREX 7.5 MG/0.3 ML SYRINGE | 3 | | | ST | |
| REFUAH PLUS CONTROL SOLUTION | 3 | | | | |
| REFUAH PLUS MONITORING SYSTEM | 3 | | | | |
| REFUAH PLUS TEST STRIPS | 3 | | | | |
| REGLAN 10 MG TABLET | 3 | | | | |
| REGLAN 5 MG TABLET | 3 | | | | |
| REGRANEX 0.01% GEL | 2 | QL | | | |
| RELAFEN 500 MG TABLET | 3 | | | ST | |
| RELAFEN 750 MG TABLET | 3 | | | ST | |
| RELAFEN DS 1,000 MG TABLET | 3 | | | ST | |
| RELAGARD VAGINAL GEL | 3 | | | | |
| RELENZA 5 MG DISKHALER | 3 | QL | | | |
| RELEUKO 300 MCG/0.5 ML SYRINGE | 3 | | PA | | SP |
| RELEUKO 300 MCG/ML VIAL | 3 | | PA | | SP |
| RELEUKO 480 MCG/0.8 ML SYRINGE | 3 | | PA | | SP |
| RELEUKO 480 MCG/1.6 ML VIAL | 3 | | PA | | SP |
| RELEXXII ER 18 MG TABLET | 3 | | | ST | |
| RELEXXII ER 27 MG TABLET | 3 | | | ST | |
| RELEXXII ER 36 MG TABLET | 3 | | | ST | |
| RELEXXII ER 45 MG TABLET | 3 | | | ST | |
| RELEXXII ER 54 MG TABLET | 3 | | | ST | |
| RELEXXII ER 63 MG TABLET | 3 | | | ST | |
| RELEXXII ER 72 MG TABLET | 3 | | | ST | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| RELI ON 31G X 1/4" NEEDLES | 3 | | | | |
| RELIAMED 28G LANCETS | 2 | | | | |
| RELIAMED 30G LANCETS | 2 | | | | |
| RELIAMED LANCING DEVICE | 2 | | | | |
| RELIAMED MINI LANCING DEVICE | 2 | | | | |
| RELIAMED SAFETY SEAL 28G LANCT | 2 | | | | |
| RELIAMED SAFETY SEAL 30G LANCT | 2 | | | | |
| RELION 2-IN-1 LANCET DEVICE | 2 | | | | |
| RELION ALL-IN-ONE METER KIT | 3 | | | | |
| RELION CONFIRM SYSTEM KIT | 3 | | | | |
| RELION CONFIRM-MICRO TEST STRP | 3 | | | | |
| RELION INS SYR 0.3 ML 29GX1/2" | 3 | | | | |
| RELION INS SYR 0.3 ML 31GX6MM | 3 | | | | |
| RELION INS SYR 0.5 ML 29GX1/2" | 3 | | | | |
| RELION INS SYR 0.5 ML 31GX6MM | 3 | | | | |
| RELION INS SYR 1 ML 29GX1/2" | 3 | | | | |
| RELION INS SYR 1 ML 30GX5/16" | 3 | | | | |
| RELION INS SYR 1 ML 31GX15/64" | 3 | | | | |
| RELION INS SYR 1 ML 31GX5/16" | 3 | | | | |
| RELION INSULIN SYR 0.5 ML | 3 | | | | |
| RELION KETONE TEST STRIP | 2 | | | | |
| RELION LANCING DEVICE | 2 | | | | |
| RELION MICRO SYSTEM KIT | 3 | | | | |
| RELION MICRO TEST STRIPS | 3 | | | | |
| RELION MICRO THIN 33G LANCET | 2 | | | | |
| RELION MINI PEN 31G X 1/4" NDL | 3 | | | | |
| RELION NEWTEK METER KIT | 3 | | | | |
| RELION NOVOLIN 70-30 FLEXPEN | 3 | | | | |
| RELION NOVOLIN 70-30 VIAL | 3 | | | | |
| RELION NOVOLIN N 100 UNIT/ML | 3 | | | | |
| RELION NOVOLIN N U-100 FLEXPEN | 3 | | | | |
| RELION NOVOLIN R 100 UNIT/ML | 3 | | | | |
| RELION NOVOLIN R U-100 FLEXPEN | 3 | | | | |
| RELION NOVOLOG 100 UNIT/ML VL | 3 | | | | |
| RELION NOVOLOG MIX 70-30 FLXPN | 3 | | | | |
| RELION NOVOLOG MIX 70-30 VIAL | 3 | | | | |
| RELION NOVOLOG U-100 FLEXPEN | 3 | | | | |
| RELION PEN 29G NEEDLE | 3 | | | | |
| RELION PEN 31G NEEDLE | 3 | | | | |
| RELION PEN NEEDLE 29GX1/2" | 3 | | | | |
| RELION PEN NEEDLE 31G 6MM | 3 | | | | |
| RELION PEN NEEDLE 31GX1/4" | 3 | | | | |
| RELION PEN NEEDLE 31GX5/16" | 3 | | | | |
| RELION PEN NEEDLE 32GX5/32" | 3 | | | | |
| RELION PEN NEEDLES 32GX5/32" | 3 | | | | |
| RELION PREMIER BLU GLUCOSE MTR | 3 | | | | |
| RELION PREMIER CLASSIC GLU MTR | 3 | | | | |
| RELION PREMIER COMPACT METER | 3 | | | | |
| RELION PREMIER TEST STRIP | 3 | | | | |
| RELION PREMIER VOICE GLUCO MTR | 3 | | | | |
| RELION PRIME BLOOD GLUCOSE MTR | 3 | | | | |
| RELION PRIME TEST STRIPS | 3 | | | | |
| RELION SYR 0.5 ML 30GX5/16" | 3 | | | | |
| RELION SYRING 0.3 ML 31GX5/16" | 3 | | | | |
| RELION SYRING 0.5 ML 31GX5/16" | 3 | | | | |
| RELION THIN 26G LANCETS | 2 | | | | |
| RELION TRUE METRIX AIR GLU MTR | 3 | | | | |
| RELION TRUE METRIX TEST STRIP | 3 | | | | |
| RELION ULTIMA GLUCOSE METER | 3 | | | | |
| RELION ULTIMA TEST STRIPS | 3 | | | | |
| RELION ULTRA THIN 30G LANCETS | 2 | | | | |
| RELION ULTRA THIN PLUS 33G | 2 | | | | |
| RELION ULTRA THIN PLUS LANCETS | 2 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| RELISTOR 12 MG/0.6 ML SYRINGE | 2 | | | ST | |
| RELISTOR 12 MG/0.6 ML VIAL | 2 | | | ST | |
| RELISTOR 150 MG TABLET | 2 | | | ST | |
| RELISTOR 8 MG/0.4 ML SYRINGE | 2 | | | ST | |
| RELPAX 20 MG TABLET | 3 | QL | | ST | |
| RELPAX 40 MG TABLET | 3 | QL | | ST | |
| RELTONE 200 MG CAPSULE | 3 | | | | |
| RELTONE 400 MG CAPSULE | 3 | | | | |
| RELYVRIO 3 GM-1 GM POWDER PKT | 3 | | PA | | SP |
| REMERON 15 MG SOLTAB | 3 | | | | |
| REMERON 15 MG TABLET | 3 | | | | |
| REMERON 30 MG SOLTAB | 3 | | | | |
| REMERON 30 MG TABLET | 3 | | | | |
| REMERON 45 MG SOLTAB | 3 | | | | |
| RENACIDIN IRRIGATION SOLUTION | 2 | | | | |
| RENAGEL 800 MG TABLET | 3 | QL | | | |
| RENA-VITE TABLET | 1 | | | | |
| RENVELA 0.8 GM POWDER PACKET | 3 | QL | | | |
| RENVELA 2.4 GM POWDER PACKET | 3 | QL | | | |
| RENVELA 800 MG TABLET | 3 | QL | | | |
| REPAGLINIDE 0.5 MG TABLET | 1 | | | | |
| REPAGLINIDE 1 MG TABLET | 1 | | | | |
| REPAGLINIDE 2 MG TABLET | 1 | | | | |
| REPAGLINIDE-METFORMIN 1-500 MG | 1 | QL | | | |
| REPAGLINIDE-METFORMIN 2-500 MG | 1 | QL | | | |
| REPATHA 140 MG/ML SURECLICK | 2 | QL | PA | | |
| REPATHA 140 MG/ML SYRINGE | 2 | QL | PA | | |
| REPATHA 420 MG/3.5ML PUSHTRONX | 2 | QL | PA | | |
| REQUIP XL 12 MG TABLET | 3 | | | | |
| REQUIP XL 6 MG TABLET | 3 | | | | |
| RESECTISOL 5% SOLUTION | 2 | | | | |
| RESPA A.R. TABLET SA | 3 | | | | |
| RESTASIS 0.05% EYE EMULSION | 3 | QL | PA | | |
| RESTASIS MULTIDOSE 0.05% EYE | 2 | QL | PA | | |
| RESTORIL 15 MG CAPSULE | 3 | | | | |
| RESTORIL 22.5 MG CAPSULE | 3 | | | | |
| RESTORIL 30 MG CAPSULE | 3 | | | | |
| RESTORIL 7.5 MG CAPSULE | 3 | | | | |
| RETACRIT 10,000 UNIT/ML VIAL | 2 | | PA | | SP |
| RETACRIT 2,000 UNIT/ML VIAL | 2 | | PA | | SP |
| RETACRIT 20,000 UNIT/2 ML VIAL | 2 | | PA | | SP |
| RETACRIT 20,000 UNIT/ML VIAL | 2 | | PA | | SP |
| RETACRIT 3,000 UNIT/ML VIAL | 2 | | PA | | SP |
| RETACRIT 4,000 UNIT/ML VIAL | 2 | | PA | | SP |
| RETACRIT 40,000 UNIT/ML VIAL | 2 | | PA | | SP |
| RETEVMO 40 MG CAPSULE | 3 | QL | PA | | SP |
| RETEVMO 80 MG CAPSULE | 3 | QL | PA | | SP |
| RETIN-A 0.01% GEL | 3 | | | | |
| RETIN-A 0.025% CREAM | 3 | | | | |
| RETIN-A 0.025% GEL | 3 | | | | |
| RETIN-A 0.05% CREAM | 3 | | | | |
| RETIN-A 0.1% CREAM | 3 | | | | |
| RETIN-A MICRO 0.04% GEL | 3 | | | | |
| RETIN-A MICRO 0.1% GEL | 3 | | | | |
| RETIN-A MICRO PUMP 0.04% GEL | 3 | | | | |
| RETIN-A MICRO PUMP 0.06% GEL | 3 | | | | |
| RETIN-A MICRO PUMP 0.08% GEL | 3 | | | | |
| RETIN-A MICRO PUMP 0.1% GEL | 3 | | | | |
| RETROVIR 10 MG/ML SYRUP | 3 | | | | |
| RETROVIR 100 MG CAPSULE | 3 | | | | |
| REVATIO 10 MG/12.5 ML VIAL | 3 | | | | SP |
| REVATIO 10 MG/ML ORAL SUSP | 3 | QL | PA | | SP |
| REVATIO 20 MG TABLET | 3 | QL | PA | | SP |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| REVCOVI 2.4 MG/1.5 ML VIAL | 2 | | PA | | SP |
| REVEAL BLOOD GLUCOSE METER | 3 | | | | |
| REVEAL TEST STRIP | 3 | | | | |
| REVLIMID 10 MG CAPSULE | 2 | QL | PA | | SP |
| REVLIMID 15 MG CAPSULE | 2 | QL | PA | | SP |
| REVLIMID 2.5 MG CAPSULE | 2 | QL | PA | | SP |
| REVLIMID 20 MG CAPSULE | 2 | QL | PA | | SP |
| REVLIMID 25 MG CAPSULE | 2 | QL | PA | | SP |
| REVLIMID 5 MG CAPSULE | 2 | QL | PA | | SP |
| REXALL BLOOD GLUCOSE TEST STRP | 3 | | | | |
| REXALL GLUCOSE MONITORING SYS | 3 | | | | |
| REXALL UNIVERSAL 1 30G LANCETS | 2 | | | | |
| REXULTI 0.25 MG TABLET | 3 | QL | | | |
| REXULTI 0.5 MG TABLET | 3 | QL | | | |
| REXULTI 1 MG TABLET | 3 | QL | | | |
| REXULTI 2 MG TABLET | 3 | QL | | | |
| REXULTI 3 MG TABLET | 3 | QL | | | |
| REXULTI 4 MG TABLET | 3 | QL | | | |
| REYATAZ 150 MG CAPSULE | 3 | | | | |
| REYATAZ 200 MG CAPSULE | 3 | | | | |
| REYATAZ 300 MG CAPSULE | 3 | | | | |
| REYATAZ 50 MG POWDER PACKET | 2 | | | | |
| REYVOW 100 MG TABLET | 3 | QL | PA | | |
| REYVOW 50 MG TABLET | 3 | QL | PA | | |
| REZLIDHIA 150 MG CAPSULE | 3 | QL | PA | | SP |
| REZUROCK 200 MG TABLET | 3 | QL | PA | | |
| REZVOGLAR 100 UNIT/ML KWIKPEN | 3 | | | | |
| RHOFADE 1% CREAM | 3 | | PA | | |
| RHOPRESSA 0.02% OPHTH SOLUTION | 3 | | | | |
| RIBAVIRIN 200 MG CAPSULE | 1 | | PA | | SP |
| RIBAVIRIN 200 MG TABLET | 1 | | PA | | SP |
| RIDAURA 3 MG CAPSULE | 2 | | | | |
| RIFABUTIN 150 MG CAPSULE | 1 | | | | |
| RIFADIN 150 MG CAPSULE | 3 | | | | |
| RIFADIN 300 MG CAPSULE | 3 | | | | |
| RIFAMATE CAPSULE | 3 | | | | |
| RIFAMPIN 150 MG CAPSULE | 1 | | | | |
| RIFAMPIN 300 MG CAPSULE | 1 | | | | |
| RIFATER TABLET | 3 | | | | |
| RIGHTEST CONTROL SOLN NORMAL | 3 | | | | |
| RIGHTEST CONTROL SOLUTION HIGH | 3 | | | | |
| RIGHTEST GD500 LANCING DEVICE | 2 | | | | |
| RIGHTEST GL300 30G LANCETS | 2 | | | | |
| RIGHTEST GM100 SYSTEM KIT | 3 | | | | |
| RIGHTEST GM300 SYSTEM KIT | 3 | | | | |
| RIGHTEST GM550 SYSTEM KIT | 3 | | | | |
| RIGHTEST GS100 TEST STRIP | 3 | | | | |
| RIGHTEST GS300 TEST STRIP | 3 | | | | |
| RIGHTEST GS550 TEST STRIP | 3 | | | | |
| RIGHTEST GT333 GLUCOSE METER | 3 | | | | |
| RIGHTEST GT333 TEST STRIP | 3 | | | | |
| RILUTEK 50 MG TABLET | 3 | | PA | | |
| RILUZOLE 50 MG TABLET | 1 | | PA | | |
| RIMANTADINE HCL 100 MG TABLET | 1 | | | | |
| RINGERS IRRIGATION SOLUTION | 1 | | | | |
| RINVOQ ER 15 MG TABLET | 2 | QL | PA | | SP |
| RINVOQ ER 30 MG TABLET | 2 | QL | PA | | SP |
| RINVOQ ER 45 MG TABLET | 2 | QL | PA | | SP |
| RIOMET 500 MG/5 ML SOLUTION | 3 | | | ST | |
| RIOMET ER 500 MG/5 ML SUSP | 3 | | | ST | |
| RISEDRONATE SOD DR 35 MG TAB | 1 | QL | | | |
| RISEDRONATE SODIUM 150 MG TAB | 1 | QL | | | |
| RISEDRONATE SODIUM 30 MG TAB | 1 | QL | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| RISEDRONATE SODIUM 35 MG TAB | 1 | QL | | | |
| RISEDRONATE SODIUM 5 MG TABLET | 1 | QL | | | |
| RISPERDAL 0.5 MG TABLET | 3 | QL | | | |
| RISPERDAL 1 MG TABLET | 3 | QL | | | |
| RISPERDAL 1 MG/ML SOLUTION | 3 | | | | |
| RISPERDAL 2 MG TABLET | 3 | QL | | | |
| RISPERDAL 3 MG TABLET | 3 | QL | | | |
| RISPERDAL 4 MG TABLET | 3 | QL | | | |
| RISPERIDONE 0.25 MG ODT | 1 | QL | | | |
| RISPERIDONE 0.25 MG TABLET | 1 | QL | | | |
| RISPERIDONE 0.5 MG ODT | 1 | QL | | | |
| RISPERIDONE 0.5 MG TABLET | 1 | QL | | | |
| RISPERIDONE 1 MG ODT | 1 | QL | | | |
| RISPERIDONE 1 MG TABLET | 1 | QL | | | |
| RISPERIDONE 1 MG/ML SOLUTION | 1 | | | | |
| RISPERIDONE 2 MG ODT | 1 | QL | | | |
| RISPERIDONE 2 MG TABLET | 1 | QL | | | |
| RISPERIDONE 3 MG ODT | 1 | QL | | | |
| RISPERIDONE 3 MG TABLET | 1 | QL | | | |
| RISPERIDONE 4 MG ODT | 1 | QL | | | |
| RISPERIDONE 4 MG TABLET | 1 | QL | | | |
| RITALIN 10 MG TABLET | 3 | | | | |
| RITALIN 20 MG TABLET | 3 | | | | |
| RITALIN 5 MG TABLET | 3 | | | | |
| RITALIN LA 10 MG CAPSULE | 3 | | | ST | |
| RITALIN LA 20 MG CAPSULE | 3 | | | ST | |
| RITALIN LA 30 MG CAPSULE | 3 | | | ST | |
| RITALIN LA 40 MG CAPSULE | 3 | | | ST | |
| RITEFLO SPACER | 2 | | | | |
| RITONAVIR 100 MG TABLET | 1 | | | | |
| RIVASTIGMINE 1.5 MG CAPSULE | 1 | | | | |
| RIVASTIGMINE 13.3 MG/24HR PTCH | 1 | | | | |
| RIVASTIGMINE 3 MG CAPSULE | 1 | | | | |
| RIVASTIGMINE 4.5 MG CAPSULE | 1 | | | | |
| RIVASTIGMINE 4.6 MG/24HR PATCH | 1 | | | | |
| RIVASTIGMINE 6 MG CAPSULE | 1 | | | | |
| RIVASTIGMINE 9.5 MG/24HR PATCH | 1 | | | | |
| RIVELSA TABLET | 1 | | | | |
| RIZATRIPTAN 10 MG ODT | 1 | QL | | | |
| RIZATRIPTAN 10 MG TABLET | 1 | QL | | | |
| RIZATRIPTAN 5 MG ODT | 1 | QL | | | |
| RIZATRIPTAN 5 MG TABLET | 1 | QL | | | |
| R-NATAL OB SOFTGEL | 3 | | | | |
| ROBAXIN-750 TABLET | 3 | | | | |
| ROBINUL 1 MG TABLET | 3 | | | | |
| ROBINUL FORTE 2 MG TABLET | 3 | | | | |
| ROCALTROL 0.25 MCG CAPSULE | 3 | | | | |
| ROCALTROL 0.5 MCG CAPSULE | 3 | | | | |
| ROCALTROL 1 MCG/ML ORAL SOLN | 3 | | | | |
| ROCKLATAN 0.02%-0.005% EYE DRP | 3 | | PA | | |
| ROCTAVIAN 16 X 10E13 VG/8 ML | 2 | | PA | | SP |
| ROFLUMILAST 250 MCG TABLET | 1 | QL | | ST | |
| ROFLUMILAST 500 MCG TABLET | 1 | | | ST | |
| ROPINIROLE HCL 0.25 MG TABLET | 1 | | | | |
| ROPINIROLE HCL 0.5 MG TABLET | 1 | | | | |
| ROPINIROLE HCL 1 MG TABLET | 1 | | | | |
| ROPINIROLE HCL 2 MG TABLET | 1 | | | | |
| ROPINIROLE HCL 3 MG TABLET | 1 | | | | |
| ROPINIROLE HCL 4 MG TABLET | 1 | | | | |
| ROPINIROLE HCL 5 MG TABLET | 1 | | | | |
| ROPINIROLE HCL ER 12 MG TABLET | 1 | | | | |
| ROPINIROLE HCL ER 2 MG TABLET | 1 | | | | |
| ROPINIROLE HCL ER 4 MG TABLET | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| ROPINIROLE HCL ER 6 MG TABLET | 1 | | | | |
| ROPINIROLE HCL ER 8 MG TABLET | 1 | | | | |
| ROSADAN 0.75% CREAM | 1 | | | | |
| ROSADAN 0.75% CREAM KIT | 3 | | | ST | |
| ROSADAN 0.75% GEL | 1 | | | | |
| ROSADAN 0.75% GEL KIT | 3 | | | ST | |
| ROSULA 10%-4.5% WASH | 3 | | | ST | |
| ROSULA 10%-5% CLOTHS | 1 | | | | |
| ROSUVASTATIN CALCIUM 10 MG TAB | 1 | QL | | | |
| ROSUVASTATIN CALCIUM 20 MG TAB | 1 | QL | | | |
| ROSUVASTATIN CALCIUM 40 MG TAB | 1 | QL | | | |
| ROSUVASTATIN CALCIUM 5 MG TAB | 1 | QL | | | |
| ROSZET 10-10 MG TABLET | 3 | QL | | ST | |
| ROSZET 20-10 MG TABLET | 3 | QL | | ST | |
| ROSZET 40-10 MG TABLET | 3 | QL | | ST | |
| ROSZET 5-10 MG TABLET | 3 | QL | | ST | |
| ROWASA 4 GM/60 ML ENEMA KIT | 3 | | | | |
| ROWEEPRA 1,000 MG TABLET | 1 | | | | |
| ROWEEPRA 500 MG TABLET | 1 | | | | |
| ROWEEPRA 750 MG TABLET | 1 | | | | |
| ROWEEPRA XR 500 MG TABLET | 1 | | | | |
| ROWEEPRA XR 750 MG TABLET | 1 | | | | |
| ROXICODONE 15 MG TABLET | 3 | | PA | | |
| ROXICODONE 30 MG TABLET | 3 | | PA | | |
| ROXICODONE 5 MG TABLET | 3 | | PA | | |
| ROXYBOND 15 MG TABLET | 3 | | PA | | |
| ROXYBOND 30 MG TABLET | 3 | | PA | | |
| ROXYBOND 5 MG TABLET | 3 | | PA | | |
| ROZEREM 8 MG TABLET | 3 | QL | | ST | |
| ROZLYTREK 100 MG CAPSULE | 2 | QL | PA | | SP |
| ROZLYTREK 200 MG CAPSULE | 2 | QL | PA | | SP |
| ROZLYTREK 50 MG PELLET PACKET | 2 | | PA | | SP |
| R-TANNA TABLET | 1 | | | | |
| RUBRACA 200 MG TABLET | 2 | QL | PA | | SP |
| RUBRACA 250 MG TABLET | 2 | QL | PA | | SP |
| RUBRACA 300 MG TABLET | 2 | QL | PA | | SP |
| RUCONEST 2,100 UNIT VIAL | 2 | QL | PA | | SP |
| RUFINAMIDE 200 MG TABLET | 1 | | PA | | |
| RUFINAMIDE 40 MG/ML SUSPENSION | 1 | | PA | | |
| RUFINAMIDE 400 MG TABLET | 1 | | PA | | |
| RUKOBIA ER 600 MG TABLET | 3 | | PA | | |
| RUZURGI 10 MG TABLET | 2 | | | | |
| RYALTRIS 665-25 MCG SPRAY | 3 | QL | | ST | |
| RYBELSUS 14 MG TABLET | 2 | QL | PA | | |
| RYBELSUS 3 MG TABLET | 2 | QL | PA | | |
| RYBELSUS 7 MG TABLET | 2 | QL | PA | | |
| RYCLORA 2 MG/5 ML SOLUTION | 3 | | | | |
| RYDAPT 25 MG CAPSULE | 2 | QL | PA | | SP |
| RYDEX LIQUID | 1 | | | | |
| RYLAZE 10 MG/0.5 ML VIAL | 3 | | PA | | SP |
| RYSTIGGO 280 MG/2 ML VIAL | 3 | | PA | | SP |
| RYTARY ER 23.75 MG-95 MG CAP | 3 | | | | |
| RYTARY ER 36.25 MG-145 MG CAP | 3 | | | | |
| RYTARY ER 48.75 MG-195 MG CAP | 3 | | | | |
| RYTARY ER 61.25 MG-245 MG CAP | 3 | | | | |
| RYTHMOL SR 225 MG CAPSULE | 3 | | | | |
| RYTHMOL SR 325 MG CAPSULE | 3 | | | | |
| RYTHMOL SR 425 MG CAPSULE | 3 | | | | |
| RYVENT 6 MG TABLET | 3 | | | ST | |
| SABRIL 500 MG POWDER PACKET | 3 | QL | PA | | SP |
| SABRIL 500 MG TABLET | 3 | QL | PA | | SP |
| SAF-CLENS AF WOUND CLEANSER | 2 | | | | |
| SAFESNAP ALLERGY SYRINGE 1 ML | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| SAFESNAP INSUL SYRINGE 0.3 ML | 3 | | | | |
| SAFESNAP INSUL SYRINGE 0.5 ML | 3 | | | | |
| SAFESNAP INSULIN SYRINGE 1 ML | 3 | | | | |
| SAFESNAP SYRINGE 10 ML | 2 | | | | |
| SAFESNAP SYRINGE 3 ML | 2 | | | | |
| SAFESNAP SYRINGE 5 ML | 2 | | | | |
| SAFESNAP TUBERCULIN SYR 1 ML | 3 | | | | |
| SAFETY 21G LANCETS | 2 | | | | |
| SAFETY 28G LANCETS | 2 | | | | |
| SAFETY LANCETS 26G | 2 | | | | |
| SAFETY PEN NEEDLE 31G 4MM | 3 | | | | |
| SAFETY PEN NEEDLE 31G 5MM | 3 | | | | |
| SAFETY PEN NEEDLE 5MM X 31G | 3 | | | | |
| SAFETY SEAL 28G LANCETS | 2 | | | | |
| SAFETY SEAL 30G LANCETS | 2 | | | | |
| SAFETY SYRINGE W-SHIELD 3 ML | 2 | | | | |
| SAFETY-LET 30G LANCETS | 2 | | | | |
| SAFETY-LOK 1 ML TB SYRINGE | 2 | | | | |
| SAFETY-LOK 10 ML SYRINGE | 2 | | | | |
| SAFETY-LOK 3 ML SYRINGE | 2 | | | | |
| SAFETY-LOK 5 ML SYRINGE | 2 | | | | |
| SAFYRAL TABLET | 3 | | | | |
| SAIZEN 5 MG VIAL | 3 | | PA | | |
| SAIZEN 8.8 MG SAIZENPREP CART | 3 | | PA | | |
| SAIZEN 8.8 MG VIAL | 3 | | PA | | |
| SAJAZIR 30 MG/3 ML SYRINGE | 1 | QL | PA | | SP |
| SALAGEN 5 MG TABLET | 3 | | | | |
| SALAGEN 7.5 MG TABLET | 3 | | | | |
| SALSALATE 500 MG TABLET | 1 | | | | |
| SALSALATE 750 MG TABLET | 1 | | | | |
| SAMSCA 15 MG TABLET | 3 | QL | PA | | SP |
| SAMSCA 30 MG TABLET | 3 | QL | PA | | SP |
| SANCUSO 3.1 MG/24 HR PATCH | 3 | QL | | | |
| SANDIMMUNE 100 MG CAPSULE | 3 | | | | |
| SANDIMMUNE 100 MG/ML SOLN | 2 | | | | |
| SANDIMMUNE 25 MG CAPSULE | 3 | | | | |
| SANDOSTATIN 0.05 MG/ML AMPUL | 3 | | PA | | SP |
| SANDOSTATIN 0.1 MG/ML AMPUL | 3 | | PA | | SP |
| SANDOSTATIN 0.5 MG/ML AMPUL | 3 | | PA | | SP |
| SANDOSTATIN LAR DEPOT 10 MG KT | 3 | QL | PA | | SP |
| SANDOSTATIN LAR DEPOT 10 MG VL | 3 | QL | PA | | SP |
| SANDOSTATIN LAR DEPOT 20 MG KT | 3 | QL | PA | | SP |
| SANDOSTATIN LAR DEPOT 20 MG VL | 3 | QL | PA | | SP |
| SANDOSTATIN LAR DEPOT 30 MG KT | 3 | QL | PA | | SP |
| SANDOSTATIN LAR DEPOT 30 MG VL | 3 | QL | PA | | SP |
| SANTYL OINTMENT | 2 | QL | | | |
| SAPHRIS 10 MG TAB SUBLINGUAL | 3 | QL | | | |
| SAPHRIS 2.5 MG TAB SUBLINGUAL | 3 | QL | | | |
| SAPHRIS 5 MG TAB SUBLINGUAL | 3 | QL | | | |
| SAPROPTERIN 100 MG POWDER PKT | 1 | | PA | | SP |
| SAPROPTERIN 100 MG TABLET | 1 | | PA | | SP |
| SAPROPTERIN 500 MG POWDER PKT | 1 | | PA | | SP |
| SAPS TWIST TOP 30G LANCET | 2 | | | | |
| SAPS TWIST TOP 30G LANCETS | 2 | | | | |
| SAVAYSA 15 MG TABLET | 3 | | PA | | |
| SAVAYSA 30 MG TABLET | 3 | | PA | | |
| SAVAYSA 60 MG TABLET | 3 | | PA | | |
| SAVELLA 100 MG TABLET | 2 | QL | | ST | |
| SAVELLA 12.5 MG TABLET | 2 | QL | | ST | |
| SAVELLA 25 MG TABLET | 2 | QL | | ST | |
| SAVELLA 50 MG TABLET | 2 | QL | | ST | |
| SAVELLA TITRATION PACK | 2 | QL | | ST | |
| SAXAGLIPTIN HCL 2.5 MG TABLET | 1 | QL | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| SAXAGLIPTIN HCL 5 MG TABLET | 1 | QL | | | |
| SAXAGLIPTIN-METFORMIN ER 5-500 | 1 | QL | | | |
| SAXAGLIPTIN-METFORMN ER 5-1000 | 1 | QL | | | |
| SAXAGLIPTN-METFORM ER 2.5-1000 | 1 | QL | | | |
| SCALACORT 2% LOTION | 1 | | | | |
| SCALACORT DK 2% KIT | 3 | | | ST | |
| SCEMBLIX 20 MG TABLET | 2 | QL | PA | | SP |
| SCEMBLIX 40 MG TABLET | 2 | QL | PA | | SP |
| SCLEROSOL INTRAPLEURAL AERO | 3 | | | | |
| SCOPOLAMINE 1 MG/3 DAY PATCH | 1 | | | | |
| SEASONIQUE 0.15-0.03-0.01 TAB | 3 | | | | |
| SECONAL SODIUM 100 MG CAPSULE | 1 | QL | | | |
| SECUADO 3.8 MG/24 HR PATCH | 3 | QL | | | |
| SECUADO 5.7 MG/24 HR PATCH | 3 | QL | | | |
| SECUADO 7.6 MG/24 HR PATCH | 3 | QL | | | |
| SECURESAFE PEN NDL 30GX5/16" | 3 | | | | |
| SECURESAFE SYR 0.5 ML 29G 1/2" | 3 | | | | |
| SECURESAFE SYRNG 1 ML 29G 1/2" | 3 | | | | |
| SEGLENTIS 56 MG-44 MG TABLET | 3 | QL | PA | | |
| SEGLUROMET 2.5-1,000 MG TABLET | 2 | QL | | ST | |
| SEGLUROMET 2.5-500 MG TABLET | 2 | QL | | ST | |
| SEGLUROMET 7.5-1,000 MG TABLET | 2 | QL | | ST | |
| SEGLUROMET 7.5-500 MG TABLET | 2 | QL | | ST | |
| SELECT-OB + DHA PACK | 3 | | | | |
| SELECT-OB CHEWABLE CAPLET | 3 | | | | |
| SELEGILINE HCL 5 MG CAPSULE | 1 | | | | |
| SELEGILINE HCL 5 MG TABLET | 1 | | | | |
| SELENIUM SULFIDE 2.25% SHAMPOO | 1 | | | | |
| SELENIUM SULFIDE 2.3% SHAMPOO | 1 | | | | |
| SELENIUM SULFIDE 2.5% LOTION | 1 | | | | |
| SELRX 2.3% SHAMPOO | 3 | | | | |
| SELZENTRY 150 MG TABLET | 3 | | | | |
| SELZENTRY 20 MG/ML ORAL SOLN | 2 | | | | |
| SELZENTRY 25 MG TABLET | 2 | | | | |
| SELZENTRY 300 MG TABLET | 3 | | | | |
| SELZENTRY 75 MG TABLET | 2 | | | | |
| SEMGLEE (YFGN) 100 UNIT/ML PEN | 2 | | | | |
| SEMGLEE (YFGN) 100 UNIT/ML VL | 2 | | | | |
| SEMGLEE 100 UNIT/ML PEN | 3 | | | | |
| SEMGLEE 100 UNIT/ML VIAL | 3 | | | | |
| SEMPREX-D 8 MG-60 MG CAPSULE | 3 | | | | |
| SE-NATAL 19 CHEWABLE TABLET | 1 | | | | |
| SE-NATAL-19 TABLET | 1 | | | | |
| SENSIPAR 30 MG TABLET | 3 | | PA | | |
| SENSIPAR 60 MG TABLET | 3 | | PA | | |
| SENSIPAR 90 MG TABLET | 3 | | PA | | |
| SEREVENT DISKUS 50 MCG | 3 | QL | | | |
| SERNIVO 0.05% SPRAY | 3 | | | ST | |
| SEROQUEL 100 MG TABLET | 3 | QL | | | |
| SEROQUEL 200 MG TABLET | 3 | QL | | | |
| SEROQUEL 25 MG TABLET | 3 | QL | | | |
| SEROQUEL 300 MG TABLET | 3 | QL | | | |
| SEROQUEL 400 MG TABLET | 3 | QL | | | |
| SEROQUEL 50 MG TABLET | 3 | QL | | | |
| SEROQUEL XR 150 MG TABLET | 3 | QL | | | |
| SEROQUEL XR 200 MG TABLET | 3 | QL | | | |
| SEROQUEL XR 300 MG TABLET | 3 | QL | | | |
| SEROQUEL XR 400 MG TABLET | 3 | QL | | | |
| SEROQUEL XR 50 MG TABLET | 3 | QL | | | |
| SEROSTIM 4 MG VIAL | 2 | | | | SP |
| SEROSTIM 5 MG VIAL | 2 | | | | SP |
| SEROSTIM 6 MG VIAL | 2 | | | | SP |
| SERTRALINE 150 MG CAPSULE | 3 | QL | PA | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| SERTRALINE 20 MG/ML ORAL CONC | 1 | | | | |
| SERTRALINE 200 MG CAPSULE | 3 | QL | PA | | |
| SERTRALINE HCL 100 MG TABLET | 1 | QL | | | |
| SERTRALINE HCL 25 MG TABLET | 1 | QL | | | |
| SERTRALINE HCL 50 MG TABLET | 1 | QL | | | |
| SETLAKIN 0.15 MG-0.03 MG TAB | 1 | | | | |
| SEVELAMER 0.8 GM POWDER PACKET | 1 | QL | | | |
| SEVELAMER 2.4 GM POWDER PACKET | 1 | QL | | | |
| SEVELAMER CARBONATE 800 MG TAB | 1 | QL | | | |
| SEVELAMER HCL 400 MG TABLET | 1 | QL | | | |
| SEVELAMER HCL 800 MG TABLET | 1 | QL | | | |
| SEVOFLURANE INHALATION LIQUID | 1 | | | | |
| SEYSARA 100 MG TABLET | 3 | | | ST | |
| SEYSARA 150 MG TABLET | 3 | | | ST | |
| SEYSARA 60 MG TABLET | 3 | | | ST | |
| SF 1.1% GEL | 1 | | | | |
| SF 5000 PLUS CREAM | 1 | | | | |
| SFROWASA 4 GM/60 ML ENEMA | 3 | | | | |
| SHAROBEL 0.35 MG TABLET | 1 | | | | |
| SHOPKO AUTOLET LANCING DEVICE | 2 | | | | |
| SHOPKO ON-THE-GO 30G LANCETS | 2 | | | | |
| SHOPKO UNIFINE PENTIPS 4MM 32G | 3 | | | | |
| SHOPKO UNIFINE PENTIPS 5MM 31G | 3 | | | | |
| SHOPKO UNIFINE PENTIPS 8MM 31G | 3 | | | | |
| SHOPKO UNIFINE PNTIPS 12MM 29G | 3 | | | | |
| SHOPKO UNILET SUPER THIN 30G | 2 | | | | |
| SHOPKO UNILET ULTRA THIN 28G | 2 | | | | |
| SIDESTREAM PEDIATRIC FACE MASK | 2 | | | | |
| SIGNIFOR 0.3 MG/ML AMPULE | 2 | | PA | | SP |
| SIGNIFOR 0.6 MG/ML AMPULE | 2 | | PA | | SP |
| SIGNIFOR 0.9 MG/ML AMPULE | 2 | | PA | | SP |
| SIKLOS 1,000 MG TABLET | 3 | | | ST | |
| SIKLOS 100 MG TABLET | 3 | | | ST | |
| SILATRIX 10% GEL | 3 | | | | |
| SILDENAFIL 10 MG/12.5 ML VIAL | 1 | | | | SP |
| SILDENAFIL 10 MG/ML ORAL SUSP | 1 | QL | PA | | SP |
| SILDENAFIL 20 MG TABLET | 1 | QL | PA | | SP |
| SILENOR 3 MG TABLET | 3 | QL | | ST | |
| SILENOR 6 MG TABLET | 3 | QL | | ST | |
| SILICONE MASK-INFANT | 2 | | | | |
| SILICONE MASK-PEDIATRIC | 2 | | | | |
| SILIQ 210 MG/1.5 ML SYRINGE | 3 | QL | PA | | SP |
| SILODOSIN 4 MG CAPSULE | 1 | | | | |
| SILODOSIN 8 MG CAPSULE | 1 | | | | |
| SIL-SERTER INFUSION SET | 2 | | | | |
| SILVADENE 1% CREAM | 3 | | | | |
| SILVER SULFADIAZINE 1% CREAM | 1 | | | | |
| SIMBRINZA 1%-0.2% EYE DROP | 3 | | | | |
| SIMBRINZA 1%-0.2% EYE DROPS | 3 | | | | |
| SIMLIYA 28 DAY TABLET | 1 | | | | |
| SIMPESSE 0.15-0.03-0.01 MG TAB | 1 | | | | |
| SIMPLE DIAGNSTIC LANCET DEVICE | 2 | | | | |
| SIMPONI 100 MG/ML PEN INJECTOR | 2 | QL | PA | | SP |
| SIMPONI 100 MG/ML SYRINGE | 2 | QL | PA | | SP |
| SIMPONI 50 MG/0.5 ML PEN INJEC | 3 | QL | PA | | SP |
| SIMPONI 50 MG/0.5 ML SYRINGE | 3 | QL | PA | | SP |
| SIMPONI ARIA 50 MG/4 ML VIAL | 3 | | PA | | SP |
| SIMVASTATIN 10 MG TABLET | 1 | QL | | | |
| SIMVASTATIN 20 MG TABLET | 1 | QL | | | |
| SIMVASTATIN 40 MG TABLET | 1 | QL | | | |
| SIMVASTATIN 5 MG TABLET | 1 | QL | | | |
| SIMVASTATIN 80 MG TABLET | 1 | QL | | | |
| SINEMET 10-100 MG TABLET | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| SINEMET 25-100 MG TABLET | 3 | | | | |
| SINEMET 25-250 MG TABLET | 3 | | | | |
| SINGLE-LET LANCETS | 2 | | | | |
| SINGULAIR 10 MG TABLET | 3 | | | | |
| SINGULAIR 4 MG GRANULES | 3 | | | | |
| SINGULAIR 4 MG TABLET CHEW | 3 | | | | |
| SINGULAIR 5 MG TABLET CHEW | 3 | | | | |
| SIROLIMUS 0.5 MG TABLET | 1 | | | | |
| SIROLIMUS 1 MG TABLET | 1 | | | | |
| SIROLIMUS 1 MG/ML SOLUTION | 1 | | | | |
| SIROLIMUS 2 MG TABLET | 1 | | | | |
| SIRTURO 100 MG TABLET | 2 | | PA | | |
| SIRTURO 20 MG TABLET | 2 | | PA | | |
| SIVEXTRO 200 MG TABLET | 3 | | | | |
| SKELAXIN 800 MG TABLET | 3 | | | | |
| SKLICE 0.5% LOTION | 3 | | | | |
| SKY SAFETY PEN NEEDLE 30G 5MM | 3 | | | | |
| SKY SAFETY PEN NEEDLE 30G 8MM | 3 | | | | |
| SKYCLARYS 50 MG CAPSULE | 3 | | PA | | SP |
| SKYRIZI 150 MG DOSE KIT-2 SYRN | 2 | QL | PA | | SP |
| SKYRIZI 150 MG/ML PEN | 2 | QL | PA | | SP |
| SKYRIZI 150 MG/ML SYRINGE | 2 | QL | PA | | SP |
| SKYRIZI 180 MG/1.2 ML ON-BODY | 2 | QL | PA | | SP |
| SKYRIZI 360 MG/2.4 ML ON-BODY | 2 | QL | PA | | SP |
| SKYTROFA 11 MG CARTRIDGE | 3 | | PA | | SP |
| SKYTROFA 13.3 MG CARTRIDGE | 3 | | PA | | SP |
| SKYTROFA 3 MG CARTRIDGE | 3 | | PA | | SP |
| SKYTROFA 3.6 MG CARTRIDGE | 3 | | PA | | SP |
| SKYTROFA 4.3 MG CARTRIDGE | 3 | | PA | | SP |
| SKYTROFA 5.2 MG CARTRIDGE | 3 | | PA | | SP |
| SKYTROFA 6.3 MG CARTRIDGE | 3 | | PA | | SP |
| SKYTROFA 7.6 MG CARTRIDGE | 3 | | PA | | SP |
| SKYTROFA 9.1 MG CARTRIDGE | 3 | | PA | | SP |
| SLYND 4 MG TABLET | 3 | | | | |
| SM ASPIRIN 81 MG CHEWABLE TAB | 1 | | | | |
| SM ASPIRIN EC 81 MG TABLET | 1 | | | | |
| SM CHILD ASPIRIN 81 MG CHW TAB | 1 | | | | |
| SM CLEARLAX POWDER | 1 | | | | |
| SM COLOR LANCETS 21G | 2 | | | | |
| SM FOLIC ACID 400 MCG TABLET | 1 | | | | |
| SM GENTLE LAXATIVE EC 5 MG TAB | 1 | | | | |
| SM INS SYR 0.5 ML 29GX1/2" | 3 | | | | |
| SM INS SYR 0.5 ML 30GX5/16" | 3 | | | | |
| SM INS SYR 1 ML 29GX1/2" | 3 | | | | |
| SM INS SYRING 0.3 ML 30GX5/16" | 3 | | | | |
| SM INS SYRINGE 1 ML 28GX1/2" | 3 | | | | |
| SM INS SYRINGE 1 ML 30GX5/16" | 3 | | | | |
| SM INSUL SYR 0.3 ML 31GX5/16" | 3 | | | | |
| SM INSUL SYR 0.5 ML 31GX5/16" | 3 | | | | |
| SM INSULIN SYR 0.3 ML 29GX1/2" | 3 | | | | |
| SM INSULIN SYR 0.5 ML 28GX1/2" | 3 | | | | |
| SM INSULIN SYR 1 ML 31GX5/16" | 3 | | | | |
| SM LANCETS 21G | 2 | | | | |
| SM MAGNESIUM CITRATE SOLUTION | 1 | | | | |
| SM MICRO THIN 33G LANCETS | 2 | | | | |
| SM MILK OF MAGNESIA SUSPENSION | 1 | | | | |
| SM SUPER THIN 30G LANCETS | 2 | | | | |
| SM SUPER VITAMIN B COMPLEX TAB | 1 | | | | |
| SM THIN LANCETS 26G | 2 | | | | |
| SMART SENSE COLOR 33G LANCETS | 2 | | | | |
| SMART SENSE MONITORING SYSTEM | 3 | | | | |
| SMART SENSE STANDARD 21G | 2 | | | | |
| SMART SENSE SUPER THIN 30G | 2 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| SMART SENSE TEST STRIPS | 3 | | | | |
| SMART SENSE THIN 26G LANCETS | 2 | | | | |
| SMARTEST CONTROL SOLUTION | 3 | | | | |
| SMARTEST EJECT METER | 3 | | | | |
| SMARTEST LANCET | 2 | | | | |
| SMARTEST PERSONA STARTER KIT | 3 | | | | |
| SMARTEST PRONTO STARTER KIT | 3 | | | | |
| SMARTEST PROTEGE METER | 3 | | | | |
| SMARTEST TEST STRIPS | 3 | | | | |
| SMOOTHLAX POWDER | 1 | | | | |
| SOAANZ 20 MG TABLET | 3 | | | ST | |
| SOAANZ 40 MG TABLET | 3 | | | ST | |
| SOAANZ 60 MG TABLET | 3 | | | ST | |
| SOD FLUORIDE ENAM PROT 5000PPM | 1 | | | | |
| SOD POLYSTYREN SULF 15 G/60 ML | 1 | | | | |
| SOD SULFACE-SULF 8-4% CLEANSER | 3 | | | ST | |
| SOD SULFACE-SULF 9.8-4.8% CLSR | 1 | | | | |
| SOD SULFACE-SULFUR 9-4.5% WASH | 1 | | | | |
| SOD SULFACETAM 10% CLNSNG GEL | 1 | | | | |
| SOD SULFACETAMIDE 10% SHAMPOO | 1 | | | | |
| SOD SULFACETAMIDE 9.8% SHAMPOO | 1 | | | | |
| SOD SULFACET-SULFR 9.8-4.8%PAD | 1 | | | | |
| SOD SULFACET-SULFUR 10-2% CLSR | 1 | | | | |
| SOD SULFACET-SULFUR 10-4% PAD | 1 | | | | |
| SOD SULFACET-SULFUR 10-5% CLSR | 1 | | | | |
| SOD SULFAC-SULFUR 9.8-4.8% CRM | 1 | | | | |
| SOD SULFAC-SULFUR 9.8-4.8% LOT | 1 | | | | |
| SOD SUL-POTASS SUL-MAG SUL SOL | 1 | | | | |
| SODIUM CHLORIDE 0.9% (PWR INJ) | 1 | | | | |
| SODIUM CHLORIDE 0.9% 1,000 ML | 1 | | | | |
| SODIUM CHLORIDE 0.9% 10 ML SYR | 1 | | | | |
| SODIUM CHLORIDE 0.9% 100 ML | 1 | | | | |
| SODIUM CHLORIDE 0.9% 50 ML | 1 | | | | |
| SODIUM CHLORIDE 0.9% 500 ML | 1 | | | | |
| SODIUM CHLORIDE 0.9% CARPUJECT | 1 | | | | |
| SODIUM CHLORIDE 0.9% INHAL VL | 1 | | | | |
| SODIUM CHLORIDE 0.9% IRRIG | 1 | | | | |
| SODIUM CHLORIDE 0.9% IRRIG. | 1 | | | | |
| SODIUM CHLORIDE 0.9% PRCSS SOL | 1 | | | | |
| SODIUM CHLORIDE 0.9% SOL-EXCEL | 1 | | | | |
| SODIUM CHLORIDE 0.9% SOLN | 1 | | | | |
| SODIUM CHLORIDE 0.9% SOLUTION | 1 | | | | |
| SODIUM CHLORIDE 0.9% SYRINGE | 1 | | | | |
| SODIUM CHLORIDE 0.9% VIAL | 1 | | | | |
| SODIUM CHLORIDE 0.9% ZR SYR | 1 | | | | |
| SODIUM CHLORIDE 0.9%-WATER | 1 | | | | |
| SODIUM CHLORIDE 10% VIAL | 1 | | | | |
| SODIUM CHLORIDE 3% VIAL | 1 | | | | |
| SODIUM CHLORIDE 7% VIAL | 1 | | | | |
| SODIUM CITRATE 4% LOCK FLUSH | 3 | | | | |
| SODIUM CITRATE 4% SOLN | 3 | | | | |
| SODIUM CITRATE 4% SYRINGE | 3 | | | | |
| SODIUM FLUORIDE 0.2% RINSE | 1 | | | | |
| SODIUM FLUORIDE 0.25 (0.55) MG | 1 | | | | |
| SODIUM FLUORIDE 0.5 MG(1.1 MG) | 1 | | | | |
| SODIUM FLUORIDE 0.5 MG/ML DROP | 1 | | | | |
| SODIUM FLUORIDE 1 MG (2.2 MG) | 1 | | | | |
| SODIUM FLUORIDE 1.1% CREAM | 1 | | | | |
| SODIUM FLUORIDE 1.1% GEL | 1 | | | | |
| SODIUM FLUORIDE 5000 DRY MOUTH | 1 | | | | |
| SODIUM FLUORIDE 5000 PLUS CRM | 1 | | | | |
| SODIUM FLUORIDE 5000 PPM CREAM | 1 | | | | |
| SODIUM FLUORIDE 5000 PPM PASTE | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| SODIUM FLUORIDE SENSTV 5000PPM | 1 | | | | |
| SODIUM IODIDE I-123 3.7 MBQ CP | 3 | | | | |
| SODIUM IODIDE I-123 7.4 MBQ CP | 3 | | | | |
| SODIUM OXYBATE 0.5 G/ML SOLN | 2 | QL | PA | | SP |
| SODIUM PHENYLBUTYRATE 500MG TB | 1 | | PA | | |
| SODIUM PHENYLBUTYRATE POWDER | 1 | | PA | | |
| SODIUM POLYSTYRENE SULF POWDEI | 1 | | | | |
| SODIUM SULFACETAMIDE 10% LOTN | 1 | | | | |
| SODIUM SULFACETAMIDE 10% WASH | 1 | | | | |
| SOFT TOUCH LANCETS | 2 | | | | |
| SOGROYA 10 MG/1.5 ML PEN | 3 | | PA | | SP |
| SOGROYA 15 MG/1.5 ML PEN | 3 | | PA | | SP |
| SOGROYA 5 MG/1.5 ML PEN | 3 | | PA | | SP |
| SOHONOS 1 MG CAPSULE | 3 | | PA | | SP |
| SOHONOS 1.5 MG CAPSULE | 3 | | PA | | SP |
| SOHONOS 10 MG CAPSULE | 3 | | PA | | SP |
| SOHONOS 2.5 MG CAPSULE | 3 | | PA | | SP |
| SOHONOS 5 MG CAPSULE | 3 | | PA | | SP |
| SOLARAZE 3% GEL | 3 | QL | PA | | |
| SOLIFENACIN 10 MG TABLET | 1 | | | | |
| SOLIFENACIN 5 MG TABLET | 1 | | | | |
| SOLIQUA 100 UNIT-33 MCG/ML PEN | 2 | QL | | | |
| SOLODYN ER 105 MG TABLET | 3 | | | ST | |
| SOLODYN ER 115 MG TABLET | 3 | | | ST | |
| SOLODYN ER 55 MG TABLET | 3 | | | ST | |
| SOLODYN ER 65 MG TABLET | 3 | | | ST | |
| SOLODYN ER 80 MG TABLET | 3 | | | ST | |
| SOLOSEC 2 GM GRANULE PACKET | 2 | QL | | | |
| SOLTAMOX 20 MG/10 ML SOLN | 3 | | | | |
| SOLUS V2 28G LANCETS | 2 | | | | |
| SOLUS V2 30G TWIST LANCETS | 2 | | | | |
| SOLUS V2 AUDIBLE METER | 3 | | | | |
| SOLUS V2 AUDIBLE METER SYS KIT | 3 | | | | |
| SOLUS V2 AUDIBLE TEST STRIPS | 3 | | | | |
| SOLUS V2 CONTROL SOLUTION HIGH | 3 | | | | |
| SOLUS V2 CONTROL SOLUTION LOW | 3 | | | | |
| SOLUS V2 LANCING DEVICE | 2 | | | | |
| SOMA 250 MG TABLET | 3 | | | | |
| SOMA 350 MG TABLET | 3 | | | | |
| SOMATULINE DEPOT 120 MG/0.5 ML | 2 | QL | PA | | SP |
| SOMATULINE DEPOT 60 MG/0.2 ML | 2 | QL | PA | | SP |
| SOMATULINE DEPOT 90 MG/0.3 ML | 2 | QL | PA | | SP |
| SOMAVERT 10 MG VIAL | 2 | | PA | | SP |
| SOMAVERT 15 MG VIAL | 2 | | PA | | SP |
| SOMAVERT 20 MG VIAL | 2 | | PA | | SP |
| SOMAVERT 25 MG VIAL | 2 | | PA | | SP |
| SOMAVERT 30 MG VIAL | 2 | | PA | | SP |
| SOOLANTRA 1% CREAM | 3 | QL | | ST | |
| SORAFENIB 200 MG TABLET | 1 | QL | PA | | SP |
| SORBITOL 3% UROLOGIC IRRIG | 3 | | | | |
| SORBITOL 3.3% UROLOGIC SOLN | 3 | | | | |
| SORBITOL-MANNITOL IRRIG | 3 | | | | |
| SORIATANE 10 MG CAPSULE | 3 | | | | |
| SORIATANE 25 MG CAPSULE | 3 | | | | |
| SORILUX 0.005% FOAM | 3 | QL | | ST | |
| SORINE 120 MG TABLET | 1 | | | | |
| SORINE 160 MG TABLET | 1 | | | | |
| SORINE 240 MG TABLET | 1 | | | | |
| SORINE 80 MG TABLET | 1 | | | | |
| SOTALOL 120 MG TABLET | 1 | | | | |
| SOTALOL 160 MG TABLET | 1 | | | | |
| SOTALOL 240 MG TABLET | 1 | | | | |
| SOTALOL 80 MG TABLET | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| SOTALOL AF 120 MG TABLET | 1 | | | | |
| SOTALOL AF 160 MG TABLET | 1 | | | | |
| SOTALOL AF 80 MG TABLET | 1 | | | | |
| SOTYKTU 6 MG TABLET | 3 | QL | PA | | SP |
| SOTYLIZE 5 MG/ML ORAL SOLUTION | 2 | | | | |
| SOVALDI 150 MG PELLET PACKET | 3 | QL | PA | | SP |
| SOVALDI 200 MG PELLET PACKET | 3 | QL | PA | | SP |
| SOVALDI 200 MG TABLET | 3 | QL | PA | | SP |
| SOVALDI 400 MG TABLET | 3 | QL | PA | | SP |
| SPINOSAD 0.9% TOPICAL SUSP | 1 | | | | |
| SPIRIVA HANDIHALER 18 MCG CAP | 2 | QL | | | |
| SPIRIVA RESPIMAT 1.25 MCG INH | 2 | QL | | | |
| SPIRIVA RESPIMAT 2.5 MCG INH | 2 | QL | | | |
| SPIRONOLACTONE 100 MG TABLET | 1 | | | | |
| SPIRONOLACTONE 25 MG TABLET | 1 | | | | |
| SPIRONOLACTONE 25 MG/5 ML SUSP | 1 | | | | |
| SPIRONOLACTONE 50 MG TABLET | 1 | | | | |
| SPIRONOLACTONE-HCTZ 25-25 TAB | 1 | | | | |
| SPORANOX 10 MG/ML SOLUTION | 3 | QL | | | |
| SPORANOX 100 MG CAPSULE | 3 | QL | | | |
| SPRINTEC 28 DAY TABLET | 1 | | | | |
| SPRITAM 1,000 MG TABLET | 3 | | | ST | |
| SPRITAM 250 MG TABLET | 3 | | | ST | |
| SPRITAM 500 MG TABLET | 3 | | | ST | |
| SPRITAM 750 MG TABLET | 3 | | | ST | |
| SPRIX 15.75 MG NASAL SPRAY | 3 | QL | | ST | SP |
| SPRYCEL 100 MG TABLET | 2 | QL | PA | | SP |
| SPRYCEL 140 MG TABLET | 2 | QL | PA | | SP |
| SPRYCEL 20 MG TABLET | 2 | QL | PA | | SP |
| SPRYCEL 50 MG TABLET | 2 | QL | PA | | SP |
| SPRYCEL 70 MG TABLET | 2 | QL | PA | | SP |
| SPRYCEL 80 MG TABLET | 2 | QL | PA | | SP |
| SPS 15 GM/60 ML SUSPENSION | 1 | | | | |
| SPS 30 GM/120 ML ENEMA SUSP | 1 | | | | |
| SRONYX 0.10-0.02 MG TABLET | 1 | | | | |
| SSD 1% CREAM | 1 | | | | |
| SSKI 1 GM/ML SOLUTION | 3 | | | | |
| SSS 10-5 CREAM | 1 | | | | |
| SSS 10-5 FOAM | 1 | | | | |
| ST. JOSEPH ASPIRIN 81 MG CHEW | 1 | | | | |
| ST. JOSEPH ASPIRIN EC 81 MG TB | 1 | | | | |
| STALEVO 100 TABLET | 3 | | | | |
| STALEVO 125 TABLET | 3 | | | | |
| STALEVO 150 TABLET | 3 | | | | |
| STALEVO 200 TABLET | 3 | | | | |
| STALEVO 50 TABLET | 3 | | | | |
| STALEVO 75 TABLET | 3 | | | | |
| STARLIX 120 MG TABLET | 3 | | | | |
| STARLIX 60 MG TABLET | 3 | | | | |
| STAVUDINE 15 MG CAPSULE | 1 | | | | |
| STAVUDINE 20 MG CAPSULE | 1 | | | | |
| STAVUDINE 30 MG CAPSULE | 1 | | | | |
| STAVUDINE 40 MG CAPSULE | 1 | | | | |
| STEGLATRO 15 MG TABLET | 2 | QL | | ST | |
| STEGLATRO 5 MG TABLET | 2 | QL | | ST | |
| STEGLUJAN 15-100 MG TABLET | 3 | QL | | ST | |
| STEGLUJAN 5-100 MG TABLET | 3 | QL | | ST | |
| STELARA 130 MG/26 ML VIAL | 3 | | PA | | SP |
| STELARA 45 MG/0.5 ML SYRINGE | 2 | QL | PA | | SP |
| STELARA 45 MG/0.5 ML VIAL | 2 | QL | PA | | SP |
| STELARA 90 MG/ML SYRINGE | 2 | QL | PA | | SP |
| STERILANCE TL TWIST 30G LANCET | 2 | | | | |
| STERILANCE TL TWIST 32G LANCET | 2 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| STERILE 33G LANCET | 2 | | | | |
| STERILE TALC POWDER | 3 | | | | |
| STERILE WATER FOR IRRIGATION | 1 | | | | |
| STERITALC 2 GRAM VIAL | 3 | | | | |
| STERITALC 3 GRAM VIAL | 3 | | | | |
| STERITALC 4 GRAM VIAL | 3 | | | | |
| STIMATE 1.5 MG/ML NASAL SPRAY | 2 | | | | SP |
| STIMUFEND 6 MG/0.6 ML SYRINGE | 3 | QL | PA | | SP |
| STIOLTO RESPIMAT INHAL SPRAY | 2 | QL | | | |
| STIVARGA 40 MG TABLET | 2 | QL | PA | | SP |
| STRATAGRAFT 8CM X 12.5CM SHEET | 3 | | | | |
| STRATTERA 10 MG CAPSULE | 3 | | | ST | |
| STRATTERA 100 MG CAPSULE | 3 | | | ST | |
| STRATTERA 18 MG CAPSULE | 3 | | | ST | |
| STRATTERA 25 MG CAPSULE | 3 | | | ST | |
| STRATTERA 40 MG CAPSULE | 3 | | | ST | |
| STRATTERA 60 MG CAPSULE | 3 | | | ST | |
| STRATTERA 80 MG CAPSULE | 3 | | | ST | |
| STRENSIQ 18 MG/0.45 ML VIAL | 2 | | PA | | SP |
| STRENSIQ 28 MG/0.7 ML VIAL | 2 | | PA | | SP |
| STRENSIQ 40 MG/ML VIAL | 2 | | PA | | SP |
| STRENSIQ 80 MG/0.8 ML VIAL | 2 | | PA | | SP |
| STRESS FORMULA WITH IRON TAB | 1 | | | | |
| STRESS-C WITH IRON TABLET | 1 | | | | |
| STRIBILD TABLET | 3 | | | | |
| STRIVERDI RESPIMAT INHAL SPRAY | 2 | QL | | | |
| STROMECTOL 3 MG TABLET | 3 | QL | PA | | |
| STRONG IODINE SOLUTION | 1 | | | | |
| SUBOXONE 12 MG-3 MG SL FILM | 3 | QL | PA | | |
| SUBOXONE 2 MG-0.5 MG SL FILM | 3 | QL | PA | | |
| SUBOXONE 4 MG-1 MG SL FILM | 3 | QL | PA | | |
| SUBOXONE 8 MG-2 MG SL FILM | 3 | QL | PA | | |
| SUBSYS 1,200 MCG SPRAY | 3 | QL | PA | | |
| SUBSYS 1,600 MCG SPRAY | 3 | QL | PA | | |
| SUBSYS 100 MCG SPRAY | 3 | QL | PA | | |
| SUBSYS 200 MCG SPRAY | 3 | QL | PA | | |
| SUBSYS 400 MCG SPRAY | 3 | QL | PA | | |
| SUBSYS 600 MCG SPRAY | 3 | QL | PA | | |
| SUBSYS 800 MCG SPRAY | 3 | QL | PA | | |
| SUBVENITE 100 MG TABLET | 1 | | | | |
| SUBVENITE 150 MG TABLET | 1 | | | | |
| SUBVENITE 200 MG TABLET | 1 | | | | |
| SUBVENITE 25 MG TABLET | 1 | | | | |
| SUBVENITE TAB START KIT (BLUE) | 1 | | | | |
| SUBVENITE TAB START KIT(GREEN) | 1 | | | | |
| SUBVENITE TAB START KT(ORANGE) | 1 | | | | |
| SUCRAID 17,000 UNIT/2 ML SOLN | 2 | | PA | | SP |
| SUCRAID 8,500 UNIT/ML SOLN | 2 | | PA | | SP |
| SUCRALFATE 1 GM TABLET | 1 | | | | |
| SUCRALFATE 1 GM/10 ML SUSP | 1 | | | | |
| SUCRALFATE 1 GM/10 ML SUSP CUP | 1 | | | | |
| SUFLAVE POWDER | 3 | | | | |
| SULAR ER 17 MG TABLET | 3 | | | | |
| SULAR ER 34 MG TABLET | 3 | | | | |
| SULAR ER 8.5 MG TABLET | 3 | | | | |
| SULCONAZOLE NITRATE 1% CREAM | 3 | QL | | | |
| SULCONAZOLE NITRATE 1% SOLN | 3 | QL | | | |
| SULFACETAMIDE 10% EYE DROPS | 1 | | | | |
| SULFACETAMIDE 10% EYE OINTMENT | 1 | | | | |
| SULFACETAMIDE SOD 10% TOP SUSP | 1 | | | | |
| SULFACETAMIDE-SULFUR 10-2% CRM | 1 | | | | |
| SULFACETAMIDE-SULFUR 10-5% CRM | 1 | | | | |
| SULFACETAMIDE-SULFUR 10-5% LOT | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| SULFACETAMIDE-SULFUR 10-5% SUS | 1 | | | | |
| SULFACETAMIDE-SULFUR 8-4% SUSP | 1 | | | | |
| SULFACETAMIDE-SULFUR 9-4% CLSR | 1 | | | | |
| SULFACET-SULFUR 9%-4.25% SUSP | 3 | | | ST | |
| SULFACLEANSE 8-4 SUSPENSION | 1 | | | ST | |
| SULFADIAZINE 500 MG TABLET | 1 | | | | |
| SULFAMETHOXAZOLE-TMP 20 ML CUP | 1 | | | | |
| SULFAMETHOXAZOLE-TMP DS TABLET | 1 | | | | |
| SULFAMETHOXAZOLE-TMP SS TABLET | 1 | | | | |
| SULFAMETHOXAZOLE-TMP SUSP | 1 | | | | |
| SULFAMYLON 8.5% CREAM | 2 | | | | |
| SULFAMYLON POWDER PACKET | 3 | | | | |
| SULFASALAZINE 500 MG TABLET | 1 | | | | |
| SULFASALAZINE DR 500 MG TAB | 1 | | | | |
| SULFATRIM PEDIATRIC SUSPENSION | 1 | | | | |
| SULF-PRED 10-0.23% EYE DROPS | 1 | | | | |
| SULINDAC 150 MG TABLET | 1 | | | | |
| SULINDAC 200 MG TABLET | 1 | | | | |
| SUMADAN 9%-4.5% WASH | 3 | | | ST | |
| SUMADAN KIT | 3 | | | ST | |
| SUMADAN XLT KIT | 3 | | | ST | |
| SUMATRIPTAN 20 MG NASAL SPRAY | 1 | QL | | | |
| SUMATRIPTAN 4 MG/0.5 ML CART | 1 | QL | | | |
| SUMATRIPTAN 4 MG/0.5 ML INJECT | 1 | QL | | | |
| SUMATRIPTAN 5 MG NASAL SPRAY | 1 | QL | | | |
| SUMATRIPTAN 6 MG/0.5 ML CART | 1 | QL | | | |
| SUMATRIPTAN 6 MG/0.5 ML SYRNG | 1 | QL | | | |
| SUMATRIPTAN 6 MG/0.5 ML VIAL | 1 | QL | | | |
| SUMATRIPTAN 6 MG/0.5ML AUTOINJ | 1 | QL | | | |
| SUMATRIPTAN SUCC 100 MG TABLET | 1 | QL | | | |
| SUMATRIPTAN SUCC 25 MG TABLET | 1 | QL | | | |
| SUMATRIPTAN SUCC 50 MG TABLET | 1 | QL | | | |
| SUMATRIPTAN-NAPROXEN 85-500 MG | 1 | QL | | ST | |
| SUMAXIN 9%-4% WASH | 3 | | | ST | |
| SUMAXIN CLEANSING PADS | 3 | | | ST | |
| SUMAXIN CP KIT | 3 | | | ST | |
| SUMAXIN TS TOPICAL SUSPENSION | 3 | | | ST | |
| SUNITINIB MALATE 12.5 MG CAP | 1 | QL | PA | | SP |
| SUNITINIB MALATE 25 MG CAPSULE | 1 | QL | PA | | SP |
| SUNITINIB MALATE 37.5 MG CAP | 1 | QL | PA | | SP |
| SUNITINIB MALATE 50 MG CAPSULE | 1 | QL | PA | | SP |
| SUNLENCA 4- 300 MG TABLET | 3 | | PA | | SP |
| SUNLENCA 5- 300 MG TABLET | 3 | | PA | | SP |
| SUNOSI 150 MG TABLET | 2 | QL | | ST | |
| SUNOSI 75 MG TABLET | 2 | QL | | ST | |
| SUPER B COMPLEX TABLET | 1 | | | | |
| SUPER B COMPLEX-VIT C CAPLET | 1 | | | | |
| SUPER B MAXI COMPLEX CAPLET | 1 | | | | |
| SUPER QUINTS B-50 TABLET | 1 | | | | |
| SUPER THIN 28G LANCETS | 2 | | | | |
| SUPER THIN 30G LANCETS | 2 | | | | |
| SUPOR SYRINGE FILTER 25MM 0.2M | 3 | | | | |
| SUPRANE INHALATION LIQUID | 3 | | | | |
| SUPRAX 100 MG TABLET CHEWABLE | 3 | | | | |
| SUPRAX 100 MG/5 ML SUSPENSION | 3 | | | | |
| SUPRAX 200 MG TABLET CHEWABLE | 3 | | | | |
| SUPREP BOWEL PREP KIT | 3 | | | | |
| SURE CMFT SFTY PEN NDL 31G 6MM | 3 | | | | |
| SURE CMFT SFTY PEN NDL 32G 4MM | 3 | | | | |
| SURE COMFORT 0.3 ML SYRINGE | 3 | | | | |
| SURE COMFORT 0.5 ML SYRINGE | 3 | | | | |
| SURE COMFORT 1 ML SYRINGE | 3 | | | | |
| SURE COMFORT 18G LANCETS | 2 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| SURE COMFORT 21G LANCETS | 2 | | | | |
| SURE COMFORT 23G LANCETS | 2 | | | | |
| SURE COMFORT 28G LANCETS | 2 | | | | |
| SURE COMFORT 3/10 ML SYRINGE | 3 | | | | |
| SURE COMFORT 30G LANCETS | 2 | | | | |
| SURE COMFORT 30G PEN NEEDLE | 3 | | | | |
| SURE COMFORT INS 0.3ML 31GX1/4 | 3 | | | | |
| SURE COMFORT INS 0.5ML 31GX1/4 | 3 | | | | |
| SURE COMFORT INS 1 ML 31GX1/4" | 3 | | | | |
| SURE COMFORT LANCING PEN | 2 | | | | |
| SURE COMFORT PEN NDL 29GX1/2" | 3 | | | | |
| SURE COMFORT PEN NDL 31G 5MM | 3 | | | | |
| SURE COMFORT PEN NDL 31G 8MM | 3 | | | | |
| SURE COMFORT PEN NDL 32G 4MM | 3 | | | | |
| SURE COMFORT PEN NDL 32G 6MM | 3 | | | | |
| SURE-FINE PEN NEEDLES 12.7MM | 3 | | | | |
| SURE-FINE PEN NEEDLES 5MM | 3 | | | | |
| SURE-FINE PEN NEEDLES 8MM | 3 | | | | |
| SURE-JECT INS 0.3 ML 31GX5/16" | 3 | | | | |
| SURE-JECT INS 0.5 ML 31GX5/16" | 3 | | | | |
| SURE-JECT INSU SYR U100 0.3 ML | 3 | | | | |
| SURE-JECT INSU SYR U100 0.5 ML | 3 | | | | |
| SURE-JECT INSU SYR U100 1 ML | 3 | | | | |
| SURE-JECT INSUL SYR U100 1 ML | 3 | | | | |
| SURE-JECT INSULIN SYRINGE 1 ML | 3 | | | | |
| SURE-LANCE 26G LANCETS | 2 | | | | |
| SURE-LANCE FLAT LANCETS | 2 | | | | |
| SURE-LANCE THIN 28G LANCETS | 2 | | | | |
| SURE-LANCE ULTRA THIN 30G | 2 | | | | |
| SURE-PEN LANCING DEVICE | 2 | | | | |
| SURE-TEST EASYPLUS MINI METER | 3 | | | | |
| SURE-TEST EASYPLUS MINI SOLN | 3 | | | | |
| SURE-TEST EASYPLUS MINI STRIP | 3 | | | | |
| SURE-TOUCH LANCET | 2 | | | | |
| SURFAXIN 34 MG/ML VIAL | 3 | | | | |
| SURGICEL HEMOSTAT 4" X 8" | 3 | | | | |
| SURGIFOAM SPONGE SIZE 100 | 3 | | | | |
| SURGIFOAM SPONGE SIZE 100C | 3 | | | | |
| SURGIFOAM SPONGE SIZE 12-7 | 1 | | | | |
| SURVANTA 25 MG/ML VIAL | 3 | | | | |
| SUSTIVA 200 MG CAPSULE | 3 | | | | |
| SUSTIVA 50 MG CAPSULE | 3 | | | | |
| SUSTIVA 600 MG TABLET | 3 | | | | |
| SUTAB 1.479-0.225-0.188 GM TAB | 3 | | | | |
| SUTENT 12.5 MG CAPSULE | 3 | QL | PA | | SP |
| SUTENT 25 MG CAPSULE | 3 | QL | PA | | SP |
| SUTENT 37.5 MG CAPSULE | 3 | QL | PA | | SP |
| SUTENT 50 MG CAPSULE | 3 | QL | PA | | SP |
| SV FOLIC ACID 800 MCG TABLET | 1 | | | | |
| SV PRENATAL TABLET | 1 | | | | |
| SW CLEARLAX POWDER | 1 | | | | |
| SWABFLUSH 0.9% NACL SYRINGE | 3 | | | | |
| SWI TWIST TOP 30G LANCET | 2 | | | | |
| SYEDA 28 TABLET | 1 | | | | |
| SYLATRON 200 MCG KIT | 2 | | | | SP |
| SYLATRON 300 MCG KIT | 2 | | | | SP |
| SYMAX DUOTAB | 3 | | | | |
| SYMAX FASTABS 0.125 MG TABLET | 1 | | | | |
| SYMAX-SL 0.125 MG TABLET SL | 1 | | | | |
| SYMAX-SR 0.375 MG TABLET | 1 | | | | |
| SYMBICORT 160-4.5 MCG INHALER | 3 | QL | | ST | |
| SYMBICORT 80-4.5 MCG INHALER | 3 | QL | | ST | |
| SYMBYAX 12-50 MG CAPSULE | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| SYMBYAX 3-25 MG CAPSULE | 3 | | | | |
| SYMBYAX 6-25 MG CAPSULE | 3 | | | | |
| SYMBYAX 6-50 MG CAPSULE | 3 | | | | |
| SYMDEKO 100/150 MG-150 MG TABS | 2 | QL | PA | | SP |
| SYMDEKO 50/75 MG-75 MG TABLETS | 2 | QL | PA | | SP |
| SYMFI 600-300-300 MG TABLET | 2 | | | | |
| SYMFI LO 400-300-300 MG TABLET | 2 | | | | |
| SYMJEPI 0.15 MG/0.3 ML SYRINGE | 2 | QL | | | |
| SYMJEPI 0.3 MG/0.3 ML SYRINGE | 2 | QL | | | |
| SYMLINPEN 120 PEN INJECTOR | 2 | QL | PA | | |
| SYMLINPEN 60 PEN INJECTOR | 2 | QL | PA | | |
| SYMPAZAN 10 MG FILM | 3 | | PA | | |
| SYMPAZAN 20 MG FILM | 3 | | PA | | |
| SYMPAZAN 5 MG FILM | 3 | | PA | | |
| SYMPROIC 0.2 MG TABLET | 2 | | | | |
| SYMTUZA 800-150-200-10 MG TAB | 2 | | | | |
| SYNALAR 0.01% SOLUTION | 3 | | | ST | |
| SYNALAR 0.025% CREAM | 3 | | | ST | |
| SYNALAR 0.025% CREAM KIT | 3 | | | ST | |
| SYNALAR 0.025% OINTMENT | 3 | | | ST | |
| SYNALAR 0.025% OINTMENT KIT | 3 | | | ST | |
| SYNALAR TS 0.01% KIT | 3 | | | ST | |
| SYNAREL 2 MG/ML NASAL SPRAY | 2 | | PA | | |
| SYNDROS 5 MG/ML SOLUTION | 3 | | PA | | |
| SYNERA PATCH | 3 | | PA | | |
| SYNJARDY 12.5-1,000 MG TABLET | 2 | QL | | ST | |
| SYNJARDY 12.5-500 MG TABLET | 2 | QL | | ST | |
| SYNJARDY 5-1,000 MG TABLET | 2 | QL | | ST | |
| SYNJARDY 5-500 MG TABLET | 2 | QL | | ST | |
| SYNJARDY XR 10-1,000 MG TABLET | 2 | QL | | ST | |
| SYNJARDY XR 12.5-1,000 MG TAB | 2 | QL | | ST | |
| SYNJARDY XR 25-1,000 MG TABLET | 2 | QL | | ST | |
| SYNJARDY XR 5-1,000 MG TABLET | 2 | QL | | ST | |
| SYNRIBO 3.5 MG/ML VIAL | 2 | | PA | | SP |
| SYNTHROID 100 MCG TABLET | 2 | | | | |
| SYNTHROID 112 MCG TABLET | 2 | | | | |
| SYNTHROID 125 MCG TABLET | 2 | | | | |
| SYNTHROID 137 MCG TABLET | 2 | | | | |
| SYNTHROID 150 MCG TABLET | 2 | | | | |
| SYNTHROID 175 MCG TABLET | 2 | | | | |
| SYNTHROID 200 MCG TABLET | 2 | | | | |
| SYNTHROID 25 MCG TABLET | 2 | | | | |
| SYNTHROID 300 MCG TABLET | 2 | | | | |
| SYNTHROID 50 MCG TABLET | 2 | | | | |
| SYNTHROID 75 MCG TABLET | 2 | | | | |
| SYNTHROID 88 MCG TABLET | 2 | | | | |
| SYPRINE 250 MG CAPSULE | 3 | | PA | | |
| SYR FINGER GRIP EXTENDER | 3 | | | | |
| SYRINGE 12ML,PHARM TRAY PK | 2 | | | | |
| SYRINGE 20ML, PHARM TRAY PK | 2 | | | | |
| SYRINGE 35 ML | 2 | | | | |
| SYRINGE 35ML, PHARM TRAY PK | 2 | | | | |
| SYRINGE 60ML, PHARM TRAY PK | 2 | | | | |
| SYRINGE AVITENE FLOUR | 3 | | | | |
| SYRINGE FILTER, MILLEX-GP | 3 | | | | |
| SYRINGE FILTER, MILLEX-GS | 3 | | | | |
| SYRINGE TIP CAP, FLEXIBLE | 2 | | | | |
| SYRINGE W-NEEDLE 1 ML 25X1" | 2 | | | | |
| SYRINGE W-O NDL 12 ML-NON-STRL | 2 | | | | |
| SYRINGE W-O NDL 20 ML-NON-STRL | 2 | | | | |
| SYRINGE W-O NDL 3 ML NON-STRL | 2 | | | | |
| SYRINGE W-O NDL 35 ML-NON-STRL | 2 | | | | |
| SYRINGE W-O NDL 6 ML NON-STRL | 2 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| SYRINGE W-O NEEDLE 140 ML | 2 | | | | |
| SYRINGE W-O NEEDLE 60 ML | 2 | | | | |
| T.R.U.E. TEST ALLERGEN PATCH | 3 | | | | |
| TABLOID 40 MG TABLET | 3 | | | | |
| TABRECTA 150 MG TABLET | 2 | | PA | | SP |
| TABRECTA 200 MG TABLET | 2 | | PA | | SP |
| TACHOSIL 4.8 CM X 4.8 CM PATCH | 3 | | | | |
| TACHOSIL 9.5 CM X 4.8 CM PATCH | 3 | | | | |
| TACLONEX 0.005%-0.064% SUSPENS | 3 | QL | | | |
| TACLONEX OINTMENT | 3 | QL | | ST | |
| TACROLIMUS 0.03% OINTMENT | 1 | QL | | ST | |
| TACROLIMUS 0.1% OINTMENT | 1 | QL | | ST | |
| TACROLIMUS 0.5 MG CAPSULE (IR) | 1 | | | | |
| TACROLIMUS 1 MG CAPSULE (IR) | 1 | | | | |
| TACROLIMUS 5 MG CAPSULE (IR) | 1 | | | | |
| TADALAFIL 20 MG TABLET | 1 | QL | PA | | SP |
| TADLIQ 20 MG/5 ML SUSPENSION | 3 | | PA | | SP |
| TAFINLAR 10 MG TABLET FOR SUSP | 2 | QL | PA | | SP |
| TAFINLAR 50 MG CAPSULE | 2 | QL | PA | | SP |
| TAFINLAR 75 MG CAPSULE | 2 | QL | PA | | SP |
| TAFLUPROST 0.0015% EYE DROP | 1 | | PA | | |
| TAGRISSO 40 MG TABLET | 2 | QL | PA | | SP |
| TAGRISSO 80 MG TABLET | 2 | QL | PA | | SP |
| TAKE ACTION 1.5 MG TABLET | 3 | QL | | | |
| TAKHZYRO 150 MG/ML SYRINGE | 2 | QL | PA | | SP |
| TAKHZYRO 300 MG/2 ML SYRINGE | 2 | QL | PA | | SP |
| TAKHZYRO 300 MG/2 ML VIAL | 2 | QL | PA | | SP |
| TALICIA DR 10-250-12.5 MG CAP | 2 | QL | | | |
| TALTZ 80 MG/ML AUTOINJ (2-PK) | 2 | QL | PA | | SP |
| TALTZ 80 MG/ML AUTOINJ (3-PK) | 2 | QL | PA | | SP |
| TALTZ 80 MG/ML AUTOINJECTOR | 2 | QL | PA | | SP |
| TALTZ 80 MG/ML SYRINGE | 2 | QL | PA | | SP |
| TALVEY 3 MG/1.5 ML VIAL | 3 | | PA | | SP |
| TALVEY 40 MG/ML VIAL | 3 | | PA | | SP |
| TALZENNA 0.1 MG CAPSULE | 2 | | PA | | SP |
| TALZENNA 0.25 MG CAPSULE | 2 | QL | PA | | SP |
| TALZENNA 0.35 MG CAPSULE | 2 | | PA | | SP |
| TALZENNA 0.5 MG CAPSULE | 2 | QL | PA | | SP |
| TALZENNA 0.75 MG CAPSULE | 2 | QL | PA | | SP |
| TALZENNA 1 MG CAPSULE | 2 | QL | PA | | SP |
| TAMIFLU 30 MG CAPSULE | 3 | QL | | | |
| TAMIFLU 45 MG CAPSULE | 3 | QL | | | |
| TAMIFLU 6 MG/ML SUSPENSION | 3 | QL | | | |
| TAMIFLU 75 MG CAPSULE | 3 | QL | | | |
| TAMOXIFEN 10 MG TABLET | 1 | | | | |
| TAMOXIFEN 20 MG TABLET | 1 | | | | |
| TAMSULOSIN HCL 0.4 MG CAPSULE | 1 | | | | |
| TAPAZOLE 10 MG TABLET | 3 | | | | |
| TAPAZOLE 5 MG TABLET | 3 | | | | |
| TAPERDEX 12 DAY 1.5 MG TABLET | 3 | | | ST | |
| TAPERDEX 6 DAY 1.5 MG TABLET | 3 | | | ST | |
| TAPERDEX 7 DAY 1.5 MG TAB PACK | 3 | | | ST | |
| TARCEVA 100 MG TABLET | 3 | QL | PA | | SP |
| TARCEVA 150 MG TABLET | 3 | QL | PA | | SP |
| TARCEVA 25 MG TABLET | 3 | QL | PA | | SP |
| TARGADOX 50 MG TABLET | 3 | | | ST | |
| TARGRETIN 1% GEL | 3 | | PA | | SP |
| TARGRETIN 75 MG CAPSULE | 3 | | PA | | SP |
| TARINA 24 FE 1 MG-20 MCG TAB | 1 | | | | |
| TARINA FE 1-20 EQ TABLET | 1 | | | | |
| TARINA FE 1-20 TABLET | 1 | | | | |
| TARKA ER 2-180 MG TABLET | 3 | | | | |
| TARKA ER 2-240 MG TABLET | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| TARKA ER 4-240 MG TABLET | 3 | | | | |
| TARON-C DHA CAPSULE | 1 | | | | |
| TARON-PREX PRENATAL DHA CAP | 1 | | | | |
| TARPEYO DR 4 MG CAPSULE | 3 | QL | PA | | SP |
| TASCENSO ODT 0.25 MG TABLET | 3 | QL | PA | | SP |
| TASCENSO ODT 0.5 MG TABLET | 3 | QL | PA | | SP |
| TASIGNA 150 MG CAPSULE | 2 | QL | PA | | SP |
| TASIGNA 200 MG CAPSULE | 2 | QL | PA | | SP |
| TASIGNA 50 MG CAPSULE | 2 | QL | PA | | SP |
| TASIMELTEON 20 MG CAPSULE | 1 | QL | PA | | SP |
| TASMAR 100 MG TABLET | 3 | | PA | | |
| TAVALISSE 100 MG TABLET | 2 | QL | PA | | SP |
| TAVALISSE 150 MG TABLET | 2 | QL | PA | | SP |
| TAVNEOS 10 MG CAPSULE | 3 | QL | PA | | SP |
| TAYSOFY 1 MG-20 MCG CAPSULE | 1 | | | | |
| TAYTULLA 1 MG-20 MCG CAPSULE | 3 | | | | |
| TAZAROTENE 0.05% GEL | 1 | | PA | | |
| TAZAROTENE 0.1% CREAM | 1 | | PA | | |
| TAZAROTENE 0.1% FOAM | 3 | | PA | | |
| TAZAROTENE 0.1% GEL | 1 | | PA | | |
| TAZORAC 0.05% CREAM | 3 | | PA | | |
| TAZORAC 0.05% GEL | 3 | | PA | | |
| TAZORAC 0.1% CREAM | 3 | | PA | | |
| TAZORAC 0.1% GEL | 3 | | PA | | |
| TAZTIA XT 120 MG CAPSULE | 1 | | | | |
| TAZTIA XT 180 MG CAPSULE | 1 | | | | |
| TAZTIA XT 240 MG CAPSULE | 1 | | | | |
| TAZTIA XT 300 MG CAPSULE | 1 | | | | |
| TAZTIA XT 360 MG CAPSULE | 1 | | | | |
| TAZVERIK 200 MG TABLET | 3 | | PA | | SP |
| TECFIDERA DR 120 MG CAPSULE | 3 | QL | PA | | SP |
| TECFIDERA DR 240 MG CAPSULE | 3 | QL | PA | | SP |
| TECFIDERA STARTER PACK | 3 | QL | PA | | SP |
| TECHLITE 0.3 ML 29GX12MM (1/2) | 3 | | | | |
| TECHLITE 0.3 ML 30GX12MM (1/2) | 3 | | | | |
| TECHLITE 0.3 ML 30GX8MM (1/2) | 3 | | | | |
| TECHLITE 0.3 ML 31GX6MM (1/2) | 3 | | | | |
| TECHLITE 0.3 ML 31GX8MM (1/2) | 3 | | | | |
| TECHLITE 0.5 ML 29GX12MM (1/2) | 3 | | | | |
| TECHLITE 0.5 ML 30GX12MM (1/2) | 3 | | | | |
| TECHLITE 0.5 ML 30GX8MM (1/2) | 3 | | | | |
| TECHLITE 0.5 ML 31GX6MM (1/2) | 3 | | | | |
| TECHLITE 0.5 ML 31GX8MM (1/2) | 3 | | | | |
| TECHLITE 25G LANCETS | 2 | | | | |
| TECHLITE 28G LANCETS | 2 | | | | |
| TECHLITE 30G LANCETS | 2 | | | | |
| TECHLITE INS SYR 1 ML 29GX12MM | 3 | | | | |
| TECHLITE INS SYR 1 ML 30GX12MM | 3 | | | | |
| TECHLITE INS SYR 1 ML 30GX8MM | 3 | | | | |
| TECHLITE INS SYR 1 ML 31GX6MM | 3 | | | | |
| TECHLITE INS SYR 1 ML 31GX8MM | 3 | | | | |
| TECHLITE PEN NEEDLE 29GX1/2" | 3 | | | | |
| TECHLITE PEN NEEDLE 29GX3/8" | 3 | | | | |
| TECHLITE PEN NEEDLE 31GX1/4" | 3 | | | | |
| TECHLITE PEN NEEDLE 31GX3/16" | 3 | | | | |
| TECHLITE PEN NEEDLE 31GX5/16" | 3 | | | | |
| TECHLITE PEN NEEDLE 32GX1/4" | 3 | | | | |
| TECHLITE PEN NEEDLE 32GX5/16" | 3 | | | | |
| TECHLITE PEN NEEDLE 32GX5/32" | 3 | | | | |
| TEGRETOL 100 MG/5 ML SUSP | 3 | | | | |
| TEGRETOL 200 MG TABLET | 3 | | | | |
| TEGRETOL XR 100 MG TABLET | 3 | | | | |
| TEGRETOL XR 200 MG TABLET | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| TEGRETOL XR 400 MG TABLET | 3 | | | | |
| TEGSEDI 284 MG/1.5 ML SYRINGE | 2 | QL | PA | | SP |
| TEKTURNA 150 MG TABLET | 3 | | | | |
| TEKTURNA 300 MG TABLET | 3 | | | | |
| TEKTURNA HCT 150-12.5 MG TAB | 2 | | | | |
| TEKTURNA HCT 150-25 MG TABLET | 2 | | | | |
| TEKTURNA HCT 300-12.5 MG TAB | 2 | | | | |
| TEKTURNA HCT 300-25 MG TABLET | 2 | | | | |
| TELCARE BGM BLOOD GLUCOSE KIT | 3 | | | | |
| TELCARE BLOOD GLUCOSE MONITOR | 3 | | | | |
| TELCARE CONTROL SOLUTION | 3 | | | | |
| TELCARE TEST STRIPS | 3 | | | | |
| TELCARE ULTRA THIN 30G LANCETS | 2 | | | | |
| TELMISARTAN 20 MG TABLET | 1 | | | | |
| TELMISARTAN 40 MG TABLET | 1 | | | | |
| TELMISARTAN 80 MG TABLET | 1 | | | | |
| TELMISARTAN-AMLODIPINE 40-10 | 1 | | | | |
| TELMISARTAN-AMLODIPINE 40-5 MG | 1 | | | | |
| TELMISARTAN-AMLODIPINE 80-10 | 1 | | | | |
| TELMISARTAN-AMLODIPINE 80-5 MG | 1 | | | | |
| TELMISARTAN-HCTZ 40-12.5 MG TB | 1 | | | | |
| TELMISARTAN-HCTZ 80-12.5 MG TB | 1 | | | | |
| TELMISARTAN-HCTZ 80-25 MG TAB | 1 | | | | |
| TEMAZEPAM 15 MG CAPSULE | 1 | | | | |
| TEMAZEPAM 22.5 MG CAPSULE | 1 | | | | |
| TEMAZEPAM 30 MG CAPSULE | 1 | | | | |
| TEMAZEPAM 7.5 MG CAPSULE | 1 | | | | |
| TEMBEXA 10 MG/ML SUSPENSION | 3 | | | | |
| TEMBEXA 100 MG TABLET | 3 | | | | |
| TEMIXYS 300-300 MG TABLET | 2 | | | | |
| TEMODAR 100 MG CAPSULE | 3 | | PA | | SP |
| TEMODAR 100 MG VIAL | 2 | | | | SP |
| TEMODAR 140 MG CAPSULE | 3 | | PA | | SP |
| TEMODAR 180 MG CAPSULE | 3 | | PA | | SP |
| TEMODAR 20 MG CAPSULE | 3 | | PA | | SP |
| TEMODAR 250 MG CAPSULE | 3 | | PA | | SP |
| TEMODAR 5 MG CAPSULE | 3 | | PA | | SP |
| TEMOVATE 0.05% CREAM | 3 | QL | | ST | |
| TEMOVATE 0.05% OINTMENT | 3 | QL | | ST | |
| TEMOZOLOMIDE 100 MG CAPSULE | 1 | | PA | | SP |
| TEMOZOLOMIDE 140 MG CAPSULE | 1 | | PA | | SP |
| TEMOZOLOMIDE 180 MG CAPSULE | 1 | | PA | | SP |
| TEMOZOLOMIDE 20 MG CAPSULE | 1 | | PA | | SP |
| TEMOZOLOMIDE 250 MG CAPSULE | 1 | | PA | | SP |
| TEMOZOLOMIDE 5 MG CAPSULE | 1 | | PA | | SP |
| TEMPO REFILL KIT | 3 | | | | |
| TEMPO REFILL KIT (WITH GAUZE) | 3 | | | | |
| TEMPO SMART BUTTON | 3 | | | | |
| TEMPO WELCOME KIT | 3 | | | | |
| TENCON 50-325 MG TABLET | 1 | | | | |
| TENOFOVIR DISOP FUM 300 MG TB | 1 | | | | |
| TENORETIC 100 TABLET | 3 | | | | |
| TENORETIC 50 TABLET | 3 | | | | |
| TENORMIN 100 MG TABLET | 3 | | | | |
| TENORMIN 25 MG TABLET | 3 | | | | |
| TENORMIN 50 MG TABLET | 3 | | | | |
| TEPMETKO 225 MG TABLET | 3 | | PA | | SP |
| TERAZOSIN 1 MG CAPSULE | 1 | QL | | | |
| TERAZOSIN 10 MG CAPSULE | 1 | QL | | | |
| TERAZOSIN 2 MG CAPSULE | 1 | QL | | | |
| TERAZOSIN 5 MG CAPSULE | 1 | QL | | | |
| TERBINAFINE HCL 250 MG TABLET | 1 | | | | |
| TERBUTALINE SULFATE 2.5 MG TAB | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| TERBUTALINE SULFATE 5 MG TAB | 1 | | | | |
| TERCONAZOLE 0.4% CREAM | 1 | | | | |
| TERCONAZOLE 0.8% CREAM | 1 | | | | |
| TERCONAZOLE 80 MG SUPPOSITORY | 1 | | | | |
| TERIFLUNOMIDE 14 MG TABLET | 1 | QL | PA | | SP |
| TERIFLUNOMIDE 7 MG TABLET | 1 | QL | PA | | SP |
| TERIPARATIDE 600 MCG/2.4ML PEN | 1 | QL | PA | | SP |
| TERIPARATIDE 620 MCG/2.48 ML | 3 | QL | PA | | SP |
| TERRELL LIQUID | 1 | | | | |
| TERSI 2.25% FOAM | 3 | | | | |
| TERUMO ALLERGY 1 ML 27GX1/2" | 2 | | | | |
| TERUMO HYPODERMIC NDL-SYRIN | 2 | | | | |
| TERUMO INS SYR 0.3 ML 29GX1/2" | 3 | | | | |
| TERUMO INS SYRINGE U100-1 ML | 1 | | | | |
| TERUMO INS SYRINGE U100-1/2 ML | 3 | | | | |
| TERUMO INS SYRINGE U100-1/3 ML | 3 | | | | |
| TERUMO INS SYRNG U100-1/2 ML | 3 | | | | |
| TERUMO SURGUARD2 NDL 21GX1 1.5 | 2 | | | | |
| TERUMO SURGUARD2 NDL 22X1-1/2" | 2 | | | | |
| TERUMO SURGUARD2 NDL 23X1-1/2" | 2 | | | | |
| TERUMO SURGUARD2 NEEDLE 18GX1" | 2 | | | | |
| TERUMO SURGUARD2 NEEDLE 18X1.5 | 2 | | | | |
| TERUMO SURGUARD2 NEEDLE 19GX1" | 2 | | | | |
| TERUMO SURGUARD2 NEEDLE 19X1.5 | 2 | | | | |
| TERUMO SURGUARD2 NEEDLE 20GX1" | 2 | | | | |
| TERUMO SURGUARD2 NEEDLE 20X1.5 | 2 | | | | |
| TERUMO SURGUARD2 NEEDLE 21GX1" | 2 | | | | |
| TERUMO SURGUARD2 NEEDLE 22GX1" | 2 | | | | |
| TERUMO SURGUARD2 NEEDLE 23GX1" | 2 | | | | |
| TERUMO SURGUARD2 NEEDLE 25GX1" | 2 | | | | |
| TERUMO SURGUARD2 NEEDLE 25X1.5 | 2 | | | | |
| TERUMO SURGUARD2 NEEDLE 25X5/8 | 2 | | | | |
| TERUMO SURGUARD2 NEEDLE 26X1/2 | 2 | | | | |
| TERUMO SURGUARD2 NEEDLE 27X1/2 | 2 | | | | |
| TERUMO SURGUARD2 NEEDLE 30X1/2 | 2 | | | | |
| TERUMO SURGUARD2 SYR 20G-10 ML | 2 | | | | |
| TERUMO SURGUARD2 SYR 20G-3 ML | 2 | | | | |
| TERUMO SURGUARD2 SYR 20G-5 ML | 2 | | | | |
| TERUMO SURGUARD2 SYR 21G 3 ML | 2 | | | | |
| TERUMO SURGUARD2 SYR 21G-10 ML | 2 | | | | |
| TERUMO SURGUARD2 SYR 21G-3 ML | 2 | | | | |
| TERUMO SURGUARD2 SYR 21G-5 ML | 2 | | | | |
| TERUMO SURGUARD2 SYR 22G 3 ML | 2 | | | | |
| TERUMO SURGUARD2 SYR 23G 3 ML | 2 | | | | |
| TERUMO SURGUARD2 SYR 25G 3 ML | 2 | | | | |
| TERUMO SURGUARD2 SYR 25G-1 ML | 2 | | | | |
| TERUMO SURGUARD2 SYR 26G-1 ML | 2 | | | | |
| TERUMO SURGUARD2 SYR 27G-1 ML | 2 | | | | |
| TERUMO SYRINGE 3 ML | 2 | | | | |
| TERUMO SYRINGE 30 ML | 2 | | | | |
| TESSALON PERLE 100 MG CAP | 3 | | | | |
| TEST N'GO BLOOD GLUCOSE SYSTEM | 3 | | | | |
| TEST N'GO GLUCOSE TEST STRIP | 3 | | | | |
| TESTIM 1% (50MG) GEL | 3 | QL | PA | | |
| TESTOSTERON CYP 1,000 MG/10 ML | 1 | | PA | | |
| TESTOSTERON ENAN 1,000 MG/5 ML | 1 | | PA | | |
| TESTOSTERONE 1% (25MG/2.5G) PK | 1 | QL | PA | | |
| TESTOSTERONE 1% (50 MG/5 G) PK | 1 | QL | PA | | |
| TESTOSTERONE 1.62% (2.5 G) PKT | 1 | QL | PA | | |
| TESTOSTERONE 1.62% GEL PUMP | 1 | QL | PA | | |
| TESTOSTERONE 1.62%(1.25 G) PKT | 1 | QL | PA | | |
| TESTOSTERONE 10 MG GEL PUMP | 1 | QL | PA | | |
| TESTOSTERONE 12.5 MG/1.25 GRAM | 1 | QL | PA | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| TESTOSTERONE 30 MG/1.5 ML PUMP | 1 | QL | PA | | |
| TESTOSTERONE 50 MG/5 GRAM GEL | 1 | QL | PA | | |
| TESTOSTERONE 50 MG/5 GRAM PKT | 3 | QL | PA | | |
| TESTOSTERONE CYP 1,000 MG/10ML | 1 | | PA | | |
| TESTOSTERONE CYP 1,000 MG/5 ML | 1 | | PA | | |
| TESTOSTERONE CYP 2,000 MG/10ML | 1 | | PA | | |
| TESTOSTERONE CYP 200 MG/ML | 1 | | PA | | |
| TESTOSTERONE CYP 500 MG/2.5 ML | 1 | | PA | | |
| TESTOSTERONE CYP 6,000 MG/30ML | 1 | | PA | | |
| TESTOSTERONE ENAN 200 MG/ML | 1 | | PA | | |
| TESTRED 10 MG CAPSULE | 3 | | | ST | |
| TETRABENAZINE 12.5 MG TABLET | 1 | QL | PA | | SP |
| TETRABENAZINE 25 MG TABLET | 1 | QL | PA | | SP |
| TETRACAINE 0.5% EYE DROP | 1 | | | | |
| TETRACAINE 0.5% STERI-UNIT SOL | 3 | | | | |
| TETRACYCLINE 250 MG CAPSULE | 1 | | | | |
| TETRACYCLINE 500 MG CAPSULE | 1 | | | | |
| TEXACORT 2.5% SOLUTION | 3 | | | ST | |
| TEZSPIRE 210 MG/1.91 ML PEN | 2 | QL | PA | | SP |
| THALITONE 15 MG TABLET | 3 | | | | |
| THALOMID 100 MG CAPSULE | 2 | QL | PA | | SP |
| THALOMID 150 MG CAPSULE | 2 | QL | PA | | SP |
| THALOMID 200 MG CAPSULE | 2 | QL | PA | | SP |
| THALOMID 50 MG CAPSULE | 2 | QL | PA | | SP |
| THEO-24 ER 100 MG CAPSULE | 3 | | | | |
| THEO-24 ER 200 MG CAPSULE | 3 | | | | |
| THEO-24 ER 300 MG CAPSULE | 3 | | | | |
| THEO-24 ER 400 MG CAPSULE | 3 | | | | |
| THEOCHRON ER 100 MG TABLET | 1 | | | | |
| THEOCHRON ER 200 MG TABLET | 1 | | | | |
| THEOPHYLLINE 80 MG/15 ML CUP | 1 | | | | |
| THEOPHYLLINE 80 MG/15 ML SOLN | 1 | | | | |
| THEOPHYLLINE ER 100 MG TABLET | 1 | | | | |
| THEOPHYLLINE ER 200 MG TABLET | 1 | | | | |
| THEOPHYLLINE ER 300 MG TAB | 1 | | | | |
| THEOPHYLLINE ER 300 MG TABLET | 1 | | | | |
| THEOPHYLLINE ER 400 MG TABLET | 1 | | | | |
| THEOPHYLLINE ER 450 MG TAB | 1 | | | | |
| THEOPHYLLINE ER 450 MG TABLET | 1 | | | | |
| THEOPHYLLINE ER 600 MG TABLET | 1 | | | | |
| THIN 26G LANCETS | 2 | | | | |
| THIN LANCETS 28G | 2 | | | | |
| THINPRO INS SYRIN U100-0.3 ML | 3 | | | | |
| THINPRO INS SYRIN U100-0.5 ML | 3 | | | | |
| THINPRO INS SYRIN U100-1 ML | 3 | | | | |
| THIOLA 100 MG TABLET | 3 | | PA | | SP |
| THIOLA EC 100 MG TABLET | 3 | | PA | | SP |
| THIOLA EC 300 MG TABLET | 3 | | PA | | SP |
| THIORIDAZINE 10 MG TABLET | 1 | | | | |
| THIORIDAZINE 100 MG TABLET | 1 | | | | |
| THIORIDAZINE 25 MG TABLET | 1 | | | | |
| THIORIDAZINE 50 MG TABLET | 1 | | | | |
| THIOTHIXENE 1 MG CAPSULE | 1 | | | | |
| THIOTHIXENE 10 MG CAPSULE | 1 | | | | |
| THIOTHIXENE 2 MG CAPSULE | 1 | | | | |
| THIOTHIXENE 5 MG CAPSULE | 1 | | | | |
| THRIVITE RX TABLET | 3 | | | | |
| THROMBI-GEL SIZE 10 | 3 | | | | |
| THROMBI-GEL SIZE 100 | 3 | | | | |
| THROMBI-GEL SIZE 40 | 3 | | | | |
| THROMBIN-JMI 20,000 UNIT VIAL | 3 | | | | |
| THROMBIN-JMI 20,000 UNITS PUMP | 3 | | | | |
| THROMBIN-JMI 20,000 UNITS SYR | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| THROMBIN-JMI 5,000 UNIT EPIST | 3 | | | | |
| THROMBIN-JMI 5,000 UNITS SYR | 3 | | | | |
| THROMBIN-JMI 5,000 UNITS VIAL | 3 | | | | |
| THROMBI-PAD 3"X3" | 3 | | | | |
| THYQUIDITY 100 MCG/5 ML SOLN | 3 | | | | |
| THYROID 120 MG TABLET | 1 | | | | |
| THYROID 15 MG TABLET | 1 | | | | |
| THYROID 30 MG TABLET | 1 | | | | |
| THYROID 60 MG TABLET | 1 | | | | |
| THYROID 90 MG TABLET | 1 | | | | |
| TIADYLT ER 120 MG CAPSULE | 1 | | | | |
| TIADYLT ER 180 MG CAPSULE | 1 | | | | |
| TIADYLT ER 240 MG CAPSULE | 1 | | | | |
| TIADYLT ER 300 MG CAPSULE | 1 | | | | |
| TIADYLT ER 360 MG CAPSULE | 1 | | | | |
| TIADYLT ER 420 MG CAPSULE | 1 | | | | |
| TIAGABINE HCL 12 MG TABLET | 1 | | | | |
| TIAGABINE HCL 16 MG TABLET | 1 | | | | |
| TIAGABINE HCL 2 MG TABLET | 1 | | | | |
| TIAGABINE HCL 4 MG TABLET | 1 | | | | |
| TIAZAC ER 120 MG CAPSULE | 3 | | | | |
| TIAZAC ER 180 MG CAPSULE | 3 | | | | |
| TIAZAC ER 240 MG CAPSULE | 3 | | | | |
| TIAZAC ER 300 MG CAPSULE | 3 | | | | |
| TIAZAC ER 360 MG CAPSULE | 3 | | | | |
| TIAZAC ER 420 MG CAPSULE | 3 | | | | |
| TIBSOVO 250 MG TABLET | 2 | | PA | | SP |
| TIGAN 300 MG CAPSULE | 3 | | | | |
| TIGLUTIK 50 MG/10 ML SUSP | 3 | | PA | | SP |
| TIKOSYN 125 MCG CAPSULE | 3 | | | | |
| TIKOSYN 250 MCG CAPSULE | 3 | | | | |
| TIKOSYN 500 MCG CAPSULE | 3 | | | | |
| TILIA FE 28 TABLET | 1 | | | | |
| TIMO 0.5%-DORZ 2%-LATAN 0.005% | 3 | | | | |
| TIMOL 0.5%-BRIM 0.15%-DORZO 2% | 3 | | | | |
| TIMOLOL 0.25% GEL-SOLUTION | 1 | | | | |
| TIMOLOL 0.5% EYE DROP | 1 | | | | |
| TIMOLOL 0.5% GEL-SOLUTION | 1 | | | | |
| TIMOLOL 0.5% GFS GEL-SOLUTION | 1 | | | | |
| TIMOLOL 0.5%-DORZOLAMIDE 2% | 3 | | | | |
| TIMOLOL 0.5%-LATANOPROS 0.005% | 3 | | | | |
| TIMOLOL MALEATE 0.25% EYE DROP | 1 | | | | |
| TIMOLOL MALEATE 0.5% EYE DROP | 1 | | | | |
| TIMOLOL MALEATE 0.5% EYE DROPS | 1 | | | | |
| TIMOLOL MALEATE 10 MG TABLET | 1 | | | | |
| TIMOLOL MALEATE 20 MG TABLET | 1 | | | | |
| TIMOLOL MALEATE 5 MG TABLET | 1 | | | | |
| TIMOLOL-BRIMONI-DORZOL-LATANOP | 3 | | | | |
| TIMOPTIC 0.25% EYE DROP | 3 | | | | |
| TIMOPTIC 0.25% OCUDOSE DROP | 3 | | | | |
| TIMOPTIC 0.5% EYE DROP | 3 | | | | |
| TIMOPTIC 0.5% OCUDOSE DROP | 3 | | | | |
| TIMOPTIC-XE 0.25% EYE GEL-SOLN | 3 | | | | |
| TIMOPTIC-XE 0.5% GEL-SOLUTION | 3 | | | | |
| TINIDAZOLE 250 MG TABLET | 1 | QL | | | |
| TINIDAZOLE 500 MG TABLET | 1 | QL | | | |
| TIOPRONIN 100 MG TABLET | 1 | | PA | | SP |
| TIOTROPIUM 18 MCG CAP-INHALER | 1 | | | | |
| TIROSINT 100 MCG CAPSULE | 3 | | | | |
| TIROSINT 112 MCG CAPSULE | 3 | | | | |
| TIROSINT 125 MCG CAPSULE | 3 | | | | |
| TIROSINT 13 MCG CAPSULE | 3 | | | | |
| TIROSINT 137 MCG CAPSULE | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| TIROSINT 150 MCG CAPSULE | 3 | | | | |
| TIROSINT 175 MCG CAPSULE | 3 | | | | |
| TIROSINT 200 MCG CAPSULE | 3 | | | | |
| TIROSINT 25 MCG CAPSULE | 3 | | | | |
| TIROSINT 37.5 MCG CAPSULE | 3 | | | | |
| TIROSINT 44 MCG CAPSULE | 3 | | | | |
| TIROSINT 50 MCG CAPSULE | 3 | | | | |
| TIROSINT 62.5 MCG CAPSULE | 3 | | | | |
| TIROSINT 75 MCG CAPSULE | 3 | | | | |
| TIROSINT 88 MCG CAPSULE | 3 | | | | |
| TIROSINT-SOL 100 MCG/ML SOLN | 3 | | | | |
| TIROSINT-SOL 112 MCG/ML SOLN | 3 | | | | |
| TIROSINT-SOL 125 MCG/ML SOLN | 3 | | | | |
| TIROSINT-SOL 13 MCG/ML SOLN | 3 | | | | |
| TIROSINT-SOL 137 MCG/ML SOLN | 3 | | | | |
| TIROSINT-SOL 150 MCG/ML SOLN | 3 | | | | |
| TIROSINT-SOL 175 MCG/ML SOLN | 3 | | | | |
| TIROSINT-SOL 200 MCG/ML SOLN | 3 | | | | |
| TIROSINT-SOL 25 MCG/ML SOLN | 3 | | | | |
| TIROSINT-SOL 37.5 MCG/ML SOLN | 3 | | | | |
| TIROSINT-SOL 44 MCG/ML SOLN | 3 | | | | |
| TIROSINT-SOL 50 MCG/ML SOLN | 3 | | | | |
| TIROSINT-SOL 62.5 MCG/ML SOLN | 3 | | | | |
| TIROSINT-SOL 75 MCG/ML SOLN | 3 | | | | |
| TIROSINT-SOL 88 MCG/ML SOLN | 3 | | | | |
| TISSEEL VHSD 10 ML KIT | 3 | | | | |
| TISSEEL VHSD 10 ML PRIMA SYRNG | 3 | | | | |
| TISSEEL VHSD 2 ML KIT | 3 | | | | |
| TISSEEL VHSD 2 ML PRIMA SYRNG | 3 | | | | |
| TISSEEL VHSD 4 ML KIT | 3 | | | | |
| TISSEEL VHSD 4 ML PRIMA SYRNG | 3 | | | | |
| TISSEEL VHSD FROZEN 10 ML SYR | 3 | | | | |
| TISSEEL VHSD FROZEN 2 ML SYR | 3 | | | | |
| TISSEEL VHSD FROZEN 4 ML SYR | 3 | | | | |
| TISSUEBLUE 0.025% SYRINGE | 3 | | | | |
| TIS-U-SOL PENTALYTE IRRIG SOLN | 1 | | | | |
| TIVICAY 10 MG TABLET | 2 | | | | |
| TIVICAY 25 MG TABLET | 2 | | | | |
| TIVICAY 50 MG TABLET | 2 | | | | |
| TIVICAY PD 5 MG TAB FOR SUSP | 2 | | | | |
| TIVORBEX 20 MG CAPSULE | 3 | QL | | ST | |
| TIZANIDINE HCL 2 MG CAPSULE | 1 | | | | |
| TIZANIDINE HCL 2 MG TABLET | 1 | | | | |
| TIZANIDINE HCL 4 MG CAPSULE | 1 | | | | |
| TIZANIDINE HCL 4 MG TABLET | 1 | | | | |
| TIZANIDINE HCL 6 MG CAPSULE | 1 | | | | |
| TLANDO 112.5 MG CAPSULE | 3 | QL | PA | | |
| TOBI 300 MG/5 ML SOLUTION | 3 | QL | PA | | SP |
| TOBI PODHALER 28 MG INHALE CAP | 2 | QL | PA | | SP |
| TOBRADEX EYE DROPS | 3 | | | | |
| TOBRADEX EYE OINTMENT | 3 | | | | |
| TOBRADEX ST 0.3-0.05% EYE DROP | 3 | | | | |
| TOBRAMYCIN 0.3% EYE DROP | 1 | | | | |
| TOBRAMYCIN 1.5%-VANCOMYCIN 5% | 3 | | | | |
| TOBRAMYCIN 300 MG/4 ML AMPULE | 1 | QL | PA | | SP |
| TOBRAMYCIN 300 MG/5 ML AMPULE | 1 | QL | PA | | SP |
| TOBRAMYCIN PAK 300 MG/5 ML | 3 | QL | PA | | SP |
| TOBRAMYCIN-DEXAMETH OPHTH SUSI | 1 | | | | |
| TOBREX 0.3% EYE DROP | 3 | | | | |
| TOBREX 0.3% EYE OINTMENT | 3 | | | | |
| TODAY CONTRACEPTIVE SPONGE | 2 | | | | |
| TODAY'S HLTH PN NEEDLE 6MM 31G | 3 | | | | |
| TOLAK 4% CREAM | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| TOLCAPONE 100 MG TABLET | 1 | | PA | | |
| TOLMETIN SODIUM 200 MG TAB | 1 | | | | |
| TOLMETIN SODIUM 400 MG CAP | 1 | | | ST | |
| TOLMETIN SODIUM 600 MG TAB | 1 | | | ST | |
| TOLSURA 65 MG CAPSULE | 3 | QL | | ST | |
| TOLTERODINE TART ER 2 MG CAP | 1 | | | | |
| TOLTERODINE TART ER 4 MG CAP | 1 | | | | |
| TOLTERODINE TARTRATE 1 MG TAB | 1 | | | | |
| TOLTERODINE TARTRATE 2 MG TAB | 1 | | | | |
| TOLVAPTAN 15 MG TABLET | 1 | QL | PA | | SP |
| TOLVAPTAN 30 MG TABLET | 1 | QL | PA | | SP |
| TOOMEY SYRINGE 70 ML | 2 | | | | |
| TOPAMAX 100 MG TABLET | 3 | | | ST | |
| TOPAMAX 15 MG SPRINKLE CAP | 3 | | | ST | |
| TOPAMAX 200 MG TABLET | 3 | | | ST | |
| TOPAMAX 25 MG SPRINKLE CAP | 3 | | | ST | |
| TOPAMAX 25 MG TABLET | 3 | | | ST | |
| TOPAMAX 50 MG TABLET | 3 | | | ST | |
| TOPCARE CLICKFINE 31G X 1/4" | 3 | | | | |
| TOPCARE CLICKFINE 31G X 5/16" | 3 | | | | |
| TOPCARE ULTRA COMFORT SYRINGE | 3 | | | | |
| TOPCARE UNIVERSAL1 33G LANCETS | 2 | | | | |
| TOPCARE UNIVERSAL1 THIN LANCET | 2 | | | | |
| TOPICORT 0.05% CREAM | 3 | | | ST | |
| TOPICORT 0.05% GEL | 3 | | | ST | |
| TOPICORT 0.05% OINTMENT | 3 | | | ST | |
| TOPICORT 0.25% CREAM | 3 | | | ST | |
| TOPICORT 0.25% OINTMENT | 3 | | | ST | |
| TOPICORT 0.25% SPRAY | 3 | | | ST | |
| TOPIRAMATE 100 MG TABLET | 1 | | | | |
| TOPIRAMATE 15 MG SPRINKLE CAP | 1 | | | | |
| TOPIRAMATE 200 MG TABLET | 1 | | | | |
| TOPIRAMATE 25 MG SPRINKLE CAP | 1 | | | | |
| TOPIRAMATE 25 MG TABLET | 1 | | | | |
| TOPIRAMATE 50 MG TABLET | 1 | | | | |
| TOPIRAMATE ER 100 MG CAPSULE | 1 | | | ST | |
| TOPIRAMATE ER 150 MG CAPSULE | 1 | | | ST | |
| TOPIRAMATE ER 200 MG CAPSULE | 1 | | | ST | |
| TOPIRAMATE ER 25 MG CAPSULE | 1 | | | ST | |
| TOPIRAMATE ER 50 MG CAPSULE | 1 | | | ST | |
| TOPROL XL 100 MG TABLET | 3 | | | | |
| TOPROL XL 200 MG TABLET | 3 | | | | |
| TOPROL XL 25 MG TABLET | 3 | | | | |
| TOPROL XL 50 MG TABLET | 3 | | | | |
| TOREMIFENE CITRATE 60 MG TAB | 1 | | | | |
| TORSEMIDE 10 MG TABLET | 1 | | | | |
| TORSEMIDE 100 MG TABLET | 1 | | | | |
| TORSEMIDE 20 MG TABLET | 1 | | | | |
| TORSEMIDE 5 MG TABLET | 1 | | | | |
| TOSYMRA 10 MG NASAL SPRAY | 3 | QL | | ST | |
| TOUJEO MAX SOLOSTR 300 UNIT/ML | 2 | | | | |
| TOUJEO SOLOSTAR 300 UNIT/ML | 2 | | | | |
| TOVET EMOLLIENT 0.05% FOAM | 1 | QL | | ST | |
| TOVIAZ ER 4 MG TABLET | 3 | | | ST | |
| TOVIAZ ER 8 MG TABLET | 3 | | | ST | |
| TRACLEER 125 MG TABLET | 3 | QL | PA | | SP |
| TRACLEER 32 MG TABLET FOR SUSP | 2 | QL | PA | | SP |
| TRACLEER 62.5 MG TABLET | 3 | QL | PA | | SP |
| TRADJENTA 5 MG TABLET | 3 | QL | | | |
| TRAMADOL ER 100 MG TABLET | 1 | QL | | ST | |
| TRAMADOL ER 200 MG TABLET | 1 | QL | | ST | |
| TRAMADOL ER 300 MG TABLET | 1 | QL | | ST | |
| TRAMADOL HCL 100 MG TABLET | 3 | | | ST | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| TRAMADOL HCL 25 MG TABLET | 3 | | | ST | |
| TRAMADOL HCL 25 MG/5 ML CUP | 3 | | | ST | |
| TRAMADOL HCL 5 MG/ML SOLUTION | 3 | | | ST | |
| TRAMADOL HCL 50 MG TABLET | 1 | QL | | ST | |
| TRAMADOL HCL ER 100 MG CAPSULE | 3 | QL | PA | | |
| TRAMADOL HCL ER 100 MG TABLET | 1 | QL | | ST | |
| TRAMADOL HCL ER 150 MG CAPSULE | 3 | QL | PA | | |
| TRAMADOL HCL ER 200 MG CAPSULE | 3 | QL | PA | | |
| TRAMADOL HCL ER 200 MG TABLET | 1 | QL | | ST | |
| TRAMADOL HCL ER 300 MG CAPSULE | 3 | QL | PA | | |
| TRAMADOL HCL ER 300 MG TABLET | 1 | QL | | ST | |
| TRAMADOL-ACETAMINOPHN 37.5-325 | 1 | QL | | ST | |
| TRANDOLAPRIL 1 MG TABLET | 1 | | | | |
| TRANDOLAPRIL 2 MG TABLET | 1 | | | | |
| TRANDOLAPRIL 4 MG TABLET | 1 | | | | |
| TRANDOLAPR-VERAPAM ER 1-240 MG | 1 | | | | |
| TRANDOLAPR-VERAPAM ER 2-180 MG | 1 | | | | |
| TRANDOLAPR-VERAPAM ER 2-240 MG | 1 | | | | |
| TRANDOLAPR-VERAPAM ER 4-240 MG | 1 | | | | |
| TRANEXAMIC ACID 650 MG TABLET | 1 | | | | |
| TRANSDERM-SCOP 1 MG/3 DAY PTCH | 3 | | | | |
| TRANSDERM-SCOP 1.5 MG (1MG/3D) | 3 | | | | |
| TRANSFER PIN | 2 | | | | |
| TRANXENE T-TAB 7.5 MG | 3 | | | ST | |
| TRANYLCYPROMINE SULF 10 MG TAB | 1 | | | | |
| TRAVATAN Z 0.004% EYE DROP | 3 | | PA | | |
| TRAVOPROST 0.004% EYE DROP | 1 | | PA | | |
| TRAZODONE 100 MG TABLET | 1 | | | | |
| TRAZODONE 150 MG TABLET | 1 | | | | |
| TRAZODONE 300 MG TABLET | 1 | | | | |
| TRAZODONE 50 MG TABLET | 1 | | | | |
| TREAGAN OTIC DROPS | 1 | | | | |
| TRECATOR 250 MG TABLET | 3 | | | | |
| TRELEGY ELLIPTA 100-62.5-25 | 2 | QL | | | |
| TRELEGY ELLIPTA 200-62.5-25 | 2 | QL | | | |
| TREMFYA 100 MG/ML INJECTOR | 2 | QL | PA | | SP |
| TREMFYA 100 MG/ML SYRINGE | 2 | QL | PA | | SP |
| TRESIBA 100 UNIT/ML VIAL | 2 | | | | |
| TRESIBA FLEXTOUCH 100 UNIT/ML | 2 | | | | |
| TRESIBA FLEXTOUCH 200 UNIT/ML | 2 | | | | |
| TRETINOIN 0.01% GEL | 1 | | | | |
| TRETINOIN 0.025% CREAM | 1 | | | | |
| TRETINOIN 0.025% GEL | 1 | | | | |
| TRETINOIN 0.05% CREAM | 1 | | | | |
| TRETINOIN 0.05% GEL | 1 | | | | |
| TRETINOIN 0.1% CREAM | 1 | | | | |
| TRETINOIN 10 MG CAPSULE | 1 | | | | |
| TRETINOIN GEL MICRO 0.04% PUMP | 1 | | | | |
| TRETINOIN GEL MICRO 0.04% TUBE | 1 | | | | |
| TRETINOIN GEL MICRO 0.08% PUMP | 1 | | | | |
| TRETINOIN GEL MICRO 0.1% PUMP | 1 | | | | |
| TRETINOIN GEL MICRO 0.1% TUBE | 1 | | | | |
| TRETIN-X 0.025% CREAM COMB PCK | 3 | | | | |
| TRETIN-X 0.05% COMBO PACK | 3 | | | | |
| TRETIN-X 0.075% CREAM | 3 | | | | |
| TRETIN-X 0.1% COMBO PACK | 3 | | | | |
| TREXALL 10 MG TABLET | 3 | | | | |
| TREXALL 15 MG TABLET | 3 | | | | |
| TREXALL 5 MG TABLET | 3 | | | | |
| TREXALL 7.5 MG TABLET | 3 | | | | |
| TREXIMET 85-500 MG TABLET | 3 | QL | | ST | |
| TREZIX 320.5-30-16 MG CAPSULE | 3 | | PA | | |
| TRI FEMYNOR 28 TABLET | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| TRIAMCIN-MOXI 9-0.6 MG/0.6 ML | 3 | | | | |
| TRIAMCINOLONE 0.025% CREAM | 1 | | | | |
| TRIAMCINOLONE 0.025% LOTION | 1 | | | | |
| TRIAMCINOLONE 0.025% OINT | 1 | | | | |
| TRIAMCINOLONE 0.05% OINTMENT | 1 | | | ST | |
| TRIAMCINOLONE 0.1% CREAM | 1 | | | | |
| TRIAMCINOLONE 0.1% LOTION | 1 | | | | |
| TRIAMCINOLONE 0.1% OINTMENT | 1 | | | | |
| TRIAMCINOLONE 0.1% PASTE | 1 | | | | |
| TRIAMCINOLONE 0.147 MG/G SPRAY | 1 | QL | | ST | |
| TRIAMCINOLONE 0.5% CREAM | 1 | | | | |
| TRIAMCINOLONE 0.5% OINTMENT | 1 | | | | |
| TRIAMTERENE 100 MG CAPSULE | 1 | | | | |
| TRIAMTERENE 50 MG CAPSULE | 1 | | | | |
| TRIAMTERENE-HCTZ 37.5-25 MG CP | 1 | | | | |
| TRIAMTERENE-HCTZ 37.5-25 MG TB | 1 | | | | |
| TRIAMTERENE-HCTZ 75-50 MG TAB | 1 | | | | |
| TRIANEX 0.05% OINTMENT | 1 | | | ST | |
| TRIAZOLAM 0.125 MG TABLET | 1 | | | | |
| TRIAZOLAM 0.25 MG TABLET | 1 | | | | |
| TRIBENZOR 20-5-12.5 MG TABLET | 3 | | | ST | |
| TRIBENZOR 40-10-12.5 MG TABLET | 3 | | | ST | |
| TRIBENZOR 40-10-25 MG TABLET | 3 | | | ST | |
| TRIBENZOR 40-5-12.5 MG TABLET | 3 | | | ST | |
| TRIBENZOR 40-5-25 MG TABLET | 3 | | | ST | |
| TRICARE PRENATAL TABLET | 3 | | | | |
| TRI-CHLOR 80% SOLUTION | 1 | | | | |
| TRICHLOROACETIC ACID 100% | 3 | | | | |
| TRICHLOROACETIC ACID 20% | 2 | | | | |
| TRICHLOROACETIC ACID 25% | 3 | | | | |
| TRICHLOROACETIC ACID 30% | 2 | | | | |
| TRICHLOROACETIC ACID 35% | 2 | | | | |
| TRICHLOROACETIC ACID 40% | 2 | | | | |
| TRICHLOROACETIC ACID 50% | 2 | | | | |
| TRICHLOROACETIC ACID 75% | 3 | | | | |
| TRICHLOROACETIC ACID 80% | 2 | | | | |
| TRICHLOROACETIC ACID 85% | 2 | | | | |
| TRICHLOROACETIC ACID 90% | 2 | | | | |
| TRICON CAPSULE | 1 | | | | |
| TRICOR 145 MG TABLET | 3 | | | ST | |
| TRICOR 48 MG TABLET | 3 | | | ST | |
| TRIDERM 0.1% CREAM | 1 | | | | |
| TRIDERM 0.5% CREAM | 1 | | | ST | |
| TRIDESILON 0.05% CREAM | 3 | | | ST | |
| TRIENTINE HCL 250 MG CAPSULE | 1 | | PA | | |
| TRIENTINE HCL 500 MG CAPSULE | 3 | | PA | | |
| TRI-ESTARYLLA TABLET | 1 | | | | |
| TRIFERIC 27.2 MG/5 ML AMPULE | 3 | | | | |
| TRIFERIC 272 MG POWDER PACKET | 3 | | | | |
| TRIFLUOPERAZINE 1 MG TABLET | 1 | | | | |
| TRIFLUOPERAZINE 10 MG TABLET | 1 | | | | |
| TRIFLUOPERAZINE 2 MG TABLET | 1 | | | | |
| TRIFLUOPERAZINE 5 MG TABLET | 1 | | | | |
| TRIFLURIDINE 1% EYE DROPS | 1 | | | | |
| TRIHEXYPHENIDYL 2 MG TABLET | 1 | | | | |
| TRIHEXYPHENIDYL 2 MG/5 ML SOLN | 1 | | | | |
| TRIHEXYPHENIDYL 5 MG TABLET | 1 | | | | |
| TRIJARDY XR 10-5-1,000 MG TAB | 2 | | | ST | |
| TRIJARDY XR 12.5-2.5-1,000 MG | 2 | | | ST | |
| TRIJARDY XR 25-5-1,000 MG TAB | 2 | | | ST | |
| TRIJARDY XR 5-2.5-1,000 MG TAB | 2 | | | ST | |
| TRIKAFTA 100-50-75 MG/150 MG | 2 | QL | PA | | SP |
| TRIKAFTA 100-50-75 MG/75MG PKT | 2 | QL | PA | | SP |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| TRIKAFTA 50-25-37.5 MG/75 MG | 2 | QL | PA | | SP |
| TRIKAFTA 80-40-60MG/59.5MG PKT | 2 | QL | PA | | SP |
| TRI-LEGEST FE-28 DAY TABLET | 1 | | | | |
| TRILEPTAL 150 MG TABLET | 3 | | | ST | |
| TRILEPTAL 300 MG TABLET | 3 | | | ST | |
| TRILEPTAL 300 MG/5 ML SUSP | 3 | | | ST | |
| TRILEPTAL 600 MG TABLET | 3 | | | ST | |
| TRI-LINYAH TABLET | 1 | | | | |
| TRILIPIX DR 135 MG CAPSULE | 3 | | | ST | |
| TRILIPIX DR 45 MG CAPSULE | 3 | | | ST | |
| TRI-LO-ESTARYLLA TABLET | 1 | | | | |
| TRI-LO-MARZIA TABLET | 1 | | | | |
| TRI-LO-MILI TABLET | 1 | | | | |
| TRI-LO-SPRINTEC TABLET | 1 | | | | |
| TRILYTE WITH FLAVOR PACKETS | 1 | | | | |
| TRIMETHOBENZAMIDE 300 MG CAP | 1 | | | | |
| TRIMETHOPRIM 100 MG TABLET | 1 | | | | |
| TRI-MILI 28 TABLET | 1 | | | | |
| TRIMIPRAMINE MALEATE 100 MG CP | 1 | | | | |
| TRIMIPRAMINE MALEATE 25 MG CAP | 1 | | | | |
| TRIMIPRAMINE MALEATE 50 MG CAP | 1 | | | | |
| TRIMO-SAN JELLY | 2 | | | | |
| TRINATAL RX 1 TABLET | 1 | | | | |
| TRINATE TABLET | 1 | | | | |
| TRINAZ TABLET | 3 | | | | |
| TRINTELLIX 10 MG TABLET | 3 | QL | PA | | |
| TRINTELLIX 20 MG TABLET | 3 | QL | PA | | |
| TRINTELLIX 5 MG TABLET | 3 | QL | PA | | |
| TRI-NYMYO 28 TABLET | 1 | | | | |
| TRI-PREVIFEM TABLET | 1 | | | | |
| TRISODIUM CITRAT CRRT 0.5% SOL | 3 | | | | |
| TRI-SPRINTEC TABLET | 1 | | | | |
| TRISTART DHA SOFTGEL | 3 | | | | |
| TRITOCIN 0.05% OINTMENT | 1 | | | ST | |
| TRIUMEQ 600-50-300 MG TABLET | 2 | | | | |
| TRIUMEQ PD 60-5-30 MG TAB SUSP | 2 | | | | |
| TRIVEEN-DUO DHA COMBO PACK | 1 | | | | |
| TRI-VITE-FLUORIDE 0.25 MG/ML | 1 | | | | |
| TRI-VITE-FLUORIDE 0.5 MG/ML | 1 | | | | |
| TRI-VIT-FLUOR 0.25 MG/ML DROP | 1 | | | | |
| TRI-VIT-FLUOR 0.5 MG/ML DROP | 1 | | | | |
| TRIVORA-28 TABLET | 1 | | | | |
| TRI-VYLIBRA 28 TABLET | 1 | | | | |
| TRI-VYLIBRA LO TABLET | 1 | | | | |
| TRIZIVIR TABLET | 3 | | | | |
| TROKENDI XR 100 MG CAPSULE | 3 | | | ST | |
| TROKENDI XR 200 MG CAPSULE | 3 | | | ST | |
| TROKENDI XR 25 MG CAPSULE | 3 | | | ST | |
| TROKENDI XR 50 MG CAPSULE | 3 | | | ST | |
| TROP-CYCLOPNT-PE-KTRLC 1-1-10% | 3 | | | | |
| TROP-CYCLOPNT-PE-KTRLC 1-1-2.5 | 3 | | | | |
| TROPICA 1%-CYCLOPEN 1%-PE 2.5% | 3 | | | | |
| TROPICAMIDE 0.5% EYE DROP | 1 | | | | |
| TROPICAMIDE 0.5% EYE DROPS | 1 | | | | |
| TROPICAMIDE 1% EYE DROP | 1 | | | | |
| TROPICAMIDE 1% EYE DROPS | 1 | | | | |
| TROPICAMIDE 1%-PHENYLEPHR 2.5% | 3 | | | | |
| TROPIC-CYCLOPENT-PE-KTRLC-PROP | 3 | | | | |
| TROSPIUM CHLORIDE 20 MG TABLET | 1 | | | | |
| TROSPIUM CHLORIDE ER 60 MG CAP | 1 | | | | |
| TRUDHESA NASAL SPRAY | 3 | QL | | ST | |
| TRUE CMFRT PRO 0.5ML 30G 5/16" | 3 | | | | |
| TRUE CMFRT PRO 0.5ML 31G 5/16" | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| TRUE CMFRT PRO 0.5ML 32G 5/16" | 3 | | | | |
| TRUE CMFT SFTY PEN NDL 31G 5MM | 3 | | | | |
| TRUE CMFT SFTY PEN NDL 31G 6MM | 3 | | | | |
| TRUE CMFT SFTY PEN NDL 32G 4MM | 3 | | | | |
| TRUE COMFORT 0.5 ML 31GX5/16" | 3 | | | | |
| TRUE COMFORT 1 ML 31GX5/16" | 3 | | | | |
| TRUE COMFORT 30G LANCET | 2 | | | | |
| TRUE COMFORT 30G SAFETY LANCET | 2 | | | | |
| TRUE COMFORT 30G TWIST LANCET | 2 | | | | |
| TRUE COMFORT PEN NDL 31G 5MM | 3 | | | | |
| TRUE COMFORT PEN NDL 31G 6MM | 3 | | | | |
| TRUE COMFORT PEN NDL 31G 8MM | 3 | | | | |
| TRUE COMFORT PEN NDL 31GX5MM | 3 | | | | |
| TRUE COMFORT PEN NDL 31GX6MM | 3 | | | | |
| TRUE COMFORT PEN NDL 32G 4MM | 3 | | | | |
| TRUE COMFORT PEN NDL 32G 5MM | 3 | | | | |
| TRUE COMFORT PEN NDL 32G 6MM | 3 | | | | |
| TRUE COMFORT PEN NDL 32GX4MM | 3 | | | | |
| TRUE COMFORT PEN NDL 33G 4MM | 3 | | | | |
| TRUE COMFORT PEN NDL 33G 5MM | 3 | | | | |
| TRUE COMFORT PEN NDL 33G 6MM | 3 | | | | |
| TRUE COMFORT PRO 1 ML 30G 1/2" | 3 | | | | |
| TRUE COMFORT PRO 1ML 30G 5/16" | 3 | | | | |
| TRUE COMFORT PRO 1ML 31G 5/16" | 3 | | | | |
| TRUE COMFORT PRO 1ML 32G 5/16" | 3 | | | | |
| TRUE COMFRT PRO 0.5ML 30G 1/2" | 3 | | | | |
| TRUE FOLIC ACID 667 MCG DFE TB | 1 | | | | |
| TRUE METRIX AIR GLUCOSE METER | 3 | | | | |
| TRUE METRIX BLOOD GLUCOSE MTR | 3 | | | | |
| TRUE METRIX GLUCOSE TEST STRIP | 3 | | | | |
| TRUE METRIX GO GLUCOSE METER | 3 | | | | |
| TRUE METRIX LEVEL 1 CTRL SOLN | 3 | | | | |
| TRUE METRIX LEVEL 2 CTRL SOLN | 3 | | | | |
| TRUE METRIX LEVEL 3 CTRL SOLN | 3 | | | | |
| TRUECONTROL GLUCOSE SOLUTION | 3 | | | | |
| TRUEDRAW LANCING DEVICE | 2 | | | | |
| TRUEPLUS 26G LANCETS | 2 | | | | |
| TRUEPLUS 30G LANCETS | 2 | | | | |
| TRUEPLUS 33G LANCETS | 2 | | | | |
| TRUEPLUS KETONE TEST STRIP | 2 | | | | |
| TRUEPLUS PEN NEEDLE 29G 12MM | 3 | | | | |
| TRUEPLUS PEN NEEDLE 29GX1/2" | 3 | | | | |
| TRUEPLUS PEN NEEDLE 31G 5MM | 3 | | | | |
| TRUEPLUS PEN NEEDLE 31G 8MM | 3 | | | | |
| TRUEPLUS PEN NEEDLE 31G X 1/4" | 3 | | | | |
| TRUEPLUS PEN NEEDLE 31GX3/16" | 3 | | | | |
| TRUEPLUS PEN NEEDLE 31GX5/16" | 3 | | | | |
| TRUEPLUS PEN NEEDLE 32GX5/32" | 3 | | | | |
| TRUEPLUS SAFETY 28G LANCET | 2 | | | | |
| TRUEPLUS SAFETY 28G LANCETS | 2 | | | | |
| TRUEPLUS SUPER THIN 28G LANCET | 2 | | | | |
| TRUEPLUS SYR 0.3ML 29GX1/2" | 3 | | | | |
| TRUEPLUS SYR 0.3ML 30GX5/16" | 3 | | | | |
| TRUEPLUS SYR 0.3ML 31GX5/16" | 3 | | | | |
| TRUEPLUS SYR 0.5ML 28GX1/2" | 3 | | | | |
| TRUEPLUS SYR 0.5ML 29GX1/2" | 3 | | | | |
| TRUEPLUS SYR 0.5ML 30GX5/16" | 3 | | | | |
| TRUEPLUS SYR 0.5ML 31GX5/16" | 3 | | | | |
| TRUEPLUS SYR 1ML 28GX1/2" | 3 | | | | |
| TRUEPLUS SYR 1ML 29GX1/2" | 3 | | | | |
| TRUEPLUS SYR 1ML 30GX5/16" | 3 | | | | |
| TRUEPLUS SYR 1ML 31GX5/16" | 3 | | | | |
| TRUEPLUS ULTRA THIN 30G LANCET | 2 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| TRUERESULT BLOOD GLUCOSE SYST | 3 | | | | |
| TRUETEST GLUCOSE TEST STRIPS | 3 | | | | |
| TRUETRACK BLOOD GLUCOSE SYSTE | 3 | | | | |
| TRUETRACK GLUCOSE TEST STRIPS | 3 | | | | |
| TRUETRACK SMART SYSTEM | 3 | | | | |
| TRULANCE 3 MG TABLET | 2 | | | | |
| TRULICITY 0.75 MG/0.5 ML PEN | 2 | QL | PA | | |
| TRULICITY 1.5 MG/0.5 ML PEN | 2 | QL | PA | | |
| TRULICITY 3 MG/0.5 ML PEN | 2 | QL | PA | | |
| TRULICITY 4.5 MG/0.5 ML PEN | 2 | QL | PA | | |
| TRUSELTIQ 100 MG DAILY DOSE PK | 3 | QL | PA | | SP |
| TRUSELTIQ 125 MG DAILY DOSE PK | 3 | QL | PA | | SP |
| TRUSELTIQ 50 MG DAILY DOSE PK | 3 | QL | PA | | SP |
| TRUSELTIQ 75 MG DAILY DOSE PK | 3 | QL | PA | | SP |
| TRUSOPT 2% EYE DROPS | 3 | | | | |
| TRUSTEX CONDOM | 2 | | | | |
| TRUSTEX LATEX CONDOM | 2 | | | | |
| TRUSTEX-RIA CONDOM | 2 | | | | |
| TRUVADA 100 MG-150 MG TABLET | 3 | | | | |
| TRUVADA 133 MG-200 MG TABLET | 3 | | | | |
| TRUVADA 167 MG-250 MG TABLET | 3 | | | | |
| TRUVADA 200 MG-300 MG TABLET | 3 | | | | |
| TUBERCULIN SYRINGE | 2 | | | | |
| TUBERCULIN SYRINGES | 2 | | | | |
| TUDORZA PRESSAIR 400 MCG INHAL | 3 | QL | | | |
| TUKYSA 150 MG TABLET | 3 | QL | PA | | SP |
| TUKYSA 50 MG TABLET | 3 | QL | PA | | SP |
| TULANA 0.35 MG TABLET | 1 | | | | |
| TURALIO 125 MG CAPSULE | 3 | QL | PA | | SP |
| TURALIO 200 MG CAPSULE | 3 | QL | PA | | SP |
| TURQOZ-28 TABLET | 1 | | | | |
| TUSSICAPS 10 MG-8 MG CAPSULE | 3 | | | ST | |
| TUXARIN ER 8-54.3 MG TABLET | 3 | | | | |
| TUZISTRA XR 14.7-2.8 MG/5 ML | 3 | | | ST | |
| TWIRLA 120-30 MCG/DAY PATCH | 3 | | | | |
| TWIST LANCETS | 2 | | | | |
| TWIST LANCETS 30G | 2 | | | | |
| TWIST LANCETS 32G | 2 | | | | |
| TWIST TOP 30G LANCET | 2 | | | | |
| TWYNEO 0.1%-3% CREAM | 3 | | | ST | |
| TYBLUME 0.1-0.02 MG CHEW TAB | 3 | | | | |
| TYBOST 150 MG TABLET | 3 | | | | |
| TYDEMY 3-0.03-0.451 MG TABLET | 1 | | | | |
| TYKERB 250 MG TABLET | 3 | QL | PA | | SP |
| TYMLOS 80 MCG DOSE PEN INJECTR | 2 | QL | PA | | SP |
| TYRVAYA 0.03 MG NASAL SPRAY | 3 | | PA | | |
| TYVASO 1.74 MG/2.9 ML SOLUTION | 2 | | PA | | SP |
| TYVASO DPI 16 MCG CARTRIDGE | 2 | | PA | | SP |
| TYVASO DPI 16-32 MCG TITR KIT | 2 | | PA | | SP |
| TYVASO DPI 16-32-48 MCG TITRAT | 2 | | PA | | SP |
| TYVASO DPI 32 MCG CARTRIDGE | 2 | | PA | | SP |
| TYVASO DPI 32-48 MCG MAINT KIT | 2 | | PA | | SP |
| TYVASO DPI 48 MCG CARTRIDGE | 2 | | PA | | SP |
| TYVASO DPI 64 MCG CARTRIDGE | 2 | | PA | | SP |
| TYVASO INHALATION REFILL KIT | 2 | | PA | | SP |
| TYVASO INHALATION STARTER KIT | 2 | | PA | | SP |
| TYVASO INSTITUTIONAL START KIT | 2 | | PA | | SP |
| UBRELVY 100 MG TABLET | 2 | QL | PA | | |
| UBRELVY 50 MG TABLET | 2 | QL | PA | | |
| UCERIS 2 MG RECTAL FOAM | 2 | | | | |
| UCERIS 9 MG ER TABLET | 3 | | | | |
| UDENYCA 6 MG/0.6 ML AUTOINJECT | 3 | QL | PA | | SP |
| UDENYCA 6 MG/0.6 ML SYRINGE | 3 | QL | PA | | SP |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| UKONIQ 200 MG TABLET | 3 | | | | |
| ULESFIA 5% LOTION | 3 | | | | |
| ULORIC 40 MG TABLET | 3 | | | ST | |
| ULORIC 80 MG TABLET | 3 | | | ST | |
| ULT CFT 0.3 ML 29GX1/2" (1/2) | 3 | | | | |
| ULT CFT 0.3 ML 31GX5/16" (1/2) | 3 | | | | |
| ULTANE 250 ML PEN BOTTLE | 3 | | | | |
| ULTCARE INS SYR 1 ML 31GX5/16" | 3 | | | | |
| ULTICAR INS 0.3ML 31GX1/4(1/2) | 3 | | | | |
| ULTICARE INS 0.3 ML 30GX1/2" | 1 | | | | |
| ULTICARE INS 0.3 ML 31GX1/4" | 3 | | | | |
| ULTICARE INS 0.5 ML 30GX1/2" | 1 | | | | |
| ULTICARE INS 0.5 ML 31GX1/4" | 3 | | | | |
| ULTICARE INS 1 ML 31GX1/4" | 3 | | | | |
| ULTICARE INS SAFETY 1ML 29X1/2 | 3 | | | | |
| ULTICARE INS SYR 1 ML 28GX1/2" | 3 | | | | |
| ULTICARE INS SYR 1 ML 29GX1/2" | 3 | | | | |
| ULTICARE INS SYR 1 ML 30GX1/2" | 1 | | | | |
| ULTICARE LDS SYR 1 ML 22G 1.5" | 3 | | | | |
| ULTICARE LDS SYR 3 ML 22GX1.5" | 2 | | | | |
| ULTICARE PEN NDL 12.7 MM 29G | 3 | | | | |
| ULTICARE PEN NEEDLE 31GX3/16" | 3 | | | | |
| ULTICARE PEN NEEDLE 4MM 32G | 3 | | | | |
| ULTICARE PEN NEEDLE 6MM 31G | 3 | | | | |
| ULTICARE PEN NEEDLE 8 MM 31G | 3 | | | | |
| ULTICARE PEN NEEDLE 8MM 31G | 3 | | | | |
| ULTICARE PEN NEEDLES 12MM 29G | 3 | | | | |
| ULTICARE PEN NEEDLES 4MM 32G | 3 | | | | |
| ULTICARE PEN NEEDLES 6MM 31G | 3 | | | | |
| ULTICARE PEN NEEDLES 6MM 32G | 3 | | | | |
| ULTICARE PEN NEEDLES 8MM 31G | 3 | | | | |
| ULTICARE SAFE PEN NDL 30G 8MM | 3 | | | | |
| ULTICARE SAFE PEN NDL 5MM 30G | 3 | | | | |
| ULTICARE SAFETY 0.5 ML 29GX1/2 | 3 | | | | |
| ULTICARE SAFETY 3 ML 21GX1-1/2 | 3 | | | | |
| ULTICARE SAFETY 3 ML 22GX1" | 3 | | | | |
| ULTICARE SAFETY 3 ML 22GX1-1/2 | 3 | | | | |
| ULTICARE SAFETY 3 ML 23GX1" | 3 | | | | |
| ULTICARE SAFETY 3 ML 25GX1" | 3 | | | | |
| ULTICARE SAFETY 3 ML 25GX5/8" | 3 | | | | |
| ULTICARE SAFETY SYRINGE 3 ML | 3 | | | | |
| ULTICARE SYR 0.3 ML 30GX1/2" | 3 | | | | |
| ULTICARE SYR 0.3 ML 30GX5/16" | 3 | | | | |
| ULTICARE SYR 0.3 ML 31GX5/16" | 3 | | | | |
| ULTICARE SYR 0.5 ML 29GX1/2" | 3 | | | | |
| ULTICARE SYR 0.5 ML 30GX1/2" | 3 | | | | |
| ULTICARE SYR 0.5 ML 30GX5/16" | 3 | | | | |
| ULTICARE SYR 0.5 ML 31GX5/16" | 3 | | | | |
| ULTICARE SYR 1 ML 30GX5/16" | 3 | | | | |
| ULTICARE SYR 1 ML 31GX5/16" | 3 | | | | |
| ULTICARE SYRIN 0.3 ML 29GX1/2" | 3 | | | | |
| ULTICARE SYRIN 0.5 ML 28GX1/2" | 3 | | | | |
| ULTICARE SYRINGE 1 ML 30GX1/2" | 3 | | | | |
| ULTICARE TB SAFETY 1 ML 25GX1" | 2 | | | | |
| ULTICARE TB SAFETY 1ML 25GX5/8 | 2 | | | | |
| ULTICARE TB SAFETY 1ML 27GX1/2 | 2 | | | | |
| ULTICARE TB SAFETY 1ML 27GX5/8 | 2 | | | | |
| ULTICARE TB SAFETY 1ML 28GX1/2 | 2 | | | | |
| ULTIGUARD SAFE 1ML 30G 12.7MM | 3 | | | | |
| ULTIGUARD SAFE PACK 29G 12.7MM | 3 | | | | |
| ULTIGUARD SAFE PACK 32G 4MM | 3 | | | | |
| ULTIGUARD SAFE0.3ML 30G 12.7MM | 3 | | | | |
| ULTIGUARD SAFE0.5ML 30G 12.7MM | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| ULTIGUARD SAFEPACK 1ML 31G 8MM | 3 | | | | |
| ULTIGUARD SAFEPACK 31G 5MM | 3 | | | | |
| ULTIGUARD SAFEPACK 31G 6MM | 3 | | | | |
| ULTIGUARD SAFEPACK 31G 8MM | 3 | | | | |
| ULTIGUARD SAFEPACK 32G 4MM | 3 | | | | |
| ULTIGUARD SAFEPACK 32G 6MM | 3 | | | | |
| ULTIGUARD SAFEPK 0.3ML 31G 8MM | 3 | | | | |
| ULTIGUARD SAFEPK 0.5ML 31G 8MM | 3 | | | | |
| ULTI-LANCE AUTO-AD DEVICE | 2 | | | | |
| ULTI-LANCE AUTOMATIC DEVICE | 2 | | | | |
| ULTILET 28G LANCETS | 2 | | | | |
| ULTILET 30G LANCETS | 2 | | | | |
| ULTILET 33G LANCETS | 2 | | | | |
| ULTILET BASIC 30G LANCETS | 2 | | | | |
| ULTILET CLASSIC 26G LANCETS | 2 | | | | |
| ULTILET CLASSIC 28G LANCETS | 2 | | | | |
| ULTILET CLASSIC 30G LANCETS | 2 | | | | |
| ULTILET CLASSIC 33G LANCETS | 2 | | | | |
| ULTILET INSULIN SYRINGE 0.3 ML | 3 | | | | |
| ULTILET INSULIN SYRINGE 0.5 ML | 3 | | | | |
| ULTILET INSULIN SYRINGE 1 ML | 3 | | | | |
| ULTILET PEN NEEDLE | 3 | | | | |
| ULTILET PEN NEEDLE 4MM 32G | 3 | | | | |
| ULTILET SAFETY 23G LANCETS | 2 | | | | |
| ULTRA COMFORT 0.3 ML 29GX1/2" | 3 | | | | |
| ULTRA COMFORT 0.3 ML SYRINGE | 3 | | | | |
| ULTRA COMFORT 0.5 ML 28GX1/2" | 3 | | | | |
| ULTRA COMFORT 0.5 ML 29GX1/2" | 3 | | | | |
| ULTRA COMFORT 0.5 ML 31GX5/16" | 3 | | | | |
| ULTRA COMFORT 0.5 ML SYRINGE | 3 | | | | |
| ULTRA COMFORT 1 ML 28GX1/2" | 3 | | | | |
| ULTRA COMFORT 1 ML 29GX1/2" | 3 | | | | |
| ULTRA COMFORT 1 ML 30GX5/16" | 3 | | | | |
| ULTRA COMFORT 1 ML 31GX5/16" | 3 | | | | |
| ULTRA COMFORT 1 ML SYRINGE | 3 | | | | |
| ULTRA FLO 0.3ML 30G 1/2" (1/2) | 3 | | | | |
| ULTRA FLO 0.3ML 30G 5/16"(1/2) | 3 | | | | |
| ULTRA FLO 0.3ML 31G 5/16"(1/2) | 3 | | | | |
| ULTRA FLO PEN NEEDLE 31G 5MM | 3 | | | | |
| ULTRA FLO PEN NEEDLE 31G 8MM | 3 | | | | |
| ULTRA FLO PEN NEEDLE 32G 4MM | 3 | | | | |
| ULTRA FLO PEN NEEDLE 33G 4MM | 3 | | | | |
| ULTRA FLO PEN NEEDLES 12MM 29G | 3 | | | | |
| ULTRA FLO SYR 0.3 ML 29GX1/2" | 3 | | | | |
| ULTRA FLO SYR 0.3 ML 30G 5/16" | 3 | | | | |
| ULTRA FLO SYR 0.3 ML 31G 5/16" | 3 | | | | |
| ULTRA FLO SYR 0.5 ML 29G 1/2" | 3 | | | | |
| ULTRA THIN 28G LANCETS | 2 | | | | |
| ULTRA THIN 30G LANCETS | 2 | | | | |
| ULTRA THIN 31G LANCET | 2 | | | | |
| ULTRA THIN 31G LANCETS | 2 | | | | |
| ULTRA THIN 33G LANCETS | 2 | | | | |
| ULTRA THIN PEN NDL 32G X 4MM | 3 | | | | |
| ULTRA-CARE 30G LANCETS | 2 | | | | |
| ULTRACARE INS 0.3 ML 30GX5/16" | 3 | | | | |
| ULTRACARE INS 0.3 ML 31GX5/16" | 3 | | | | |
| ULTRACARE INS 0.5 ML 30GX1/2" | 3 | | | | |
| ULTRACARE INS 0.5 ML 30GX5/16" | 3 | | | | |
| ULTRACARE INS 0.5 ML 31GX5/16" | 3 | | | | |
| ULTRACARE INS 1 ML 30G X 5/16" | 3 | | | | |
| ULTRACARE INS 1 ML 30GX1/2" | 3 | | | | |
| ULTRACARE INS 1 ML 31G X 5/16" | 3 | | | | |
| ULTRACARE PEN NEEDLE 31GX1/4" | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| ULTRACARE PEN NEEDLE 31GX3/16" | 3 | | | | |
| ULTRACARE PEN NEEDLE 31GX5/16" | 3 | | | | |
| ULTRACARE PEN NEEDLE 32GX1/4" | 3 | | | | |
| ULTRACARE PEN NEEDLE 32GX3/16" | 3 | | | | |
| ULTRACARE PEN NEEDLE 32GX5/32" | 3 | | | | |
| ULTRACARE PEN NEEDLE 33GX5/32" | 3 | | | | |
| ULTRACET TABLET | 3 | QL | | ST | |
| ULTRAFOAM 2X6.25X7CM SPONGE | 3 | | | | |
| ULTRAFOAM 8X12.5X1CM SPONGE | 3 | | | | |
| ULTRAFOAM 8X12.5X3CM SPONGE | 3 | | | | |
| ULTRAFOAM 8X6.25X1CM SPONGE | 3 | | | | |
| ULTRALANCE 26G LANCETS | 2 | | | | |
| ULTRALANCE 28G LANCETS | 2 | | | | |
| ULTRAM 50 MG TABLET | 3 | QL | | ST | |
| ULTRA-THIN II 1 ML 31GX5/16" | 3 | | | | |
| ULTRA-THIN II 28G LANCETS | 2 | | | | |
| ULTRA-THIN II 30G LANCETS | 2 | | | | |
| ULTRA-THIN II INS 0.3 ML 30G | 3 | | | | |
| ULTRA-THIN II INS 0.3 ML 31G | 3 | | | | |
| ULTRA-THIN II INS 0.5 ML 29G | 3 | | | | |
| ULTRA-THIN II INS 0.5 ML 30G | 3 | | | | |
| ULTRA-THIN II INS 0.5 ML 31G | 3 | | | | |
| ULTRA-THIN II INS SYR 1 ML 29G | 3 | | | | |
| ULTRA-THIN II INS SYR 1 ML 30G | 3 | | | | |
| ULTRA-THIN II PEN NDL 29GX1/2" | 3 | | | | |
| ULTRA-THIN II PEN NDL 31GX5/16 | 3 | | | | |
| ULTRATLC LANCETS | 2 | | | | |
| ULTRATRAK BLOOD GLUCOSE METER | 3 | | | | |
| ULTRATRAK CONTROL SOL NORMAL | 3 | | | | |
| ULTRATRAK CONTROL SOLUTION | 3 | | | | |
| ULTRATRAK PRO GLUCOSE MTR SYS | 3 | | | | |
| ULTRATRAK PRO METER KIT | 3 | | | | |
| ULTRATRAK TEST STRIP | 3 | | | | |
| ULTRATRAK ULTIMATE CNTRL SOLN | 3 | | | | |
| ULTRATRAK ULTIMATE GLUCOSE MTR | 3 | | | | |
| ULTRATRAK ULTIMATE TEST STRIPS | 3 | | | | |
| ULTRAVATE 0.05% LOTION | 3 | | | ST | |
| UNIFINE PEN NEEDLE 32G 4MM | 3 | | | | |
| UNIFINE PENTIPS 12MM 29G | 3 | | | | |
| UNIFINE PENTIPS 29G 12MM | 3 | | | | |
| UNIFINE PENTIPS 31G 5MM | 3 | | | | |
| UNIFINE PENTIPS 31G 6MM | 3 | | | | |
| UNIFINE PENTIPS 31G 8MM | 3 | | | | |
| UNIFINE PENTIPS 31GX3/16" | 3 | | | | |
| UNIFINE PENTIPS 32G 4MM | 3 | | | | |
| UNIFINE PENTIPS 32G 6MM | 3 | | | | |
| UNIFINE PENTIPS 32GX1/4" | 3 | | | | |
| UNIFINE PENTIPS 32GX5/32" | 3 | | | | |
| UNIFINE PENTIPS 33GX5/32" | 3 | | | | |
| UNIFINE PENTIPS 6MM 31G | 3 | | | | |
| UNIFINE PENTIPS 6MM NEEDLE | 3 | | | | |
| UNIFINE PENTIPS 8MM 31G | 3 | | | | |
| UNIFINE PENTIPS 8MM NEEDLE | 3 | | | | |
| UNIFINE PENTIPS MAX 30GX3/16" | 3 | | | | |
| UNIFINE PENTIPS NEEDLES 29G | 3 | | | | |
| UNIFINE PENTIPS PLUS 29GX1/2" | 3 | | | | |
| UNIFINE PENTIPS PLUS 30GX3/16" | 3 | | | | |
| UNIFINE PENTIPS PLUS 31GX1/4" | 3 | | | | |
| UNIFINE PENTIPS PLUS 31GX3/16" | 3 | | | | |
| UNIFINE PENTIPS PLUS 31GX5/16" | 3 | | | | |
| UNIFINE PENTIPS PLUS 32GX5/32" | 3 | | | | |
| UNIFINE PENTIPS PLUS 33GX5/32" | 3 | | | | |
| UNIFINE SAFECONTROL 30GX3/16" | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| UNIFINE SAFECONTROL 30GX5/16" | 3 | | | | |
| UNIFINE SAFECONTROL 32G 4MM | 3 | | | | |
| UNIFINE ULTRA PEN NDL 31G 5MM | 3 | | | | |
| UNIFINE ULTRA PEN NDL 31G 6MM | 3 | | | | |
| UNIFINE ULTRA PEN NDL 31G 8MM | 3 | | | | |
| UNIFINE ULTRA PEN NDL 32G 4MM | 3 | | | | |
| UNILET COMFORTOUCH 26G LANCETS | 2 | | | | |
| UNILET COMFORTOUCH LANCET | 2 | | | | |
| UNILET EXCELITE II LANCET | 2 | | | | |
| UNILET EXCELITE LANCET | 2 | | | | |
| UNILET GP LANCET | 2 | | | | |
| UNILET GP LANCET SUPERLITE | 2 | | | | |
| UNILET MICRO THIN 33G LANCET | 2 | | | | |
| UNILET MICRO THIN 33G LANCETS | 2 | | | | |
| UNILET SUPER THIN 30G LANCETS | 2 | | | | |
| UNILET ULTRA THIN 28G LANCETS | 2 | | | | |
| UNISTIK 2 COMFORT 28G LANCET | 2 | | | | |
| UNISTIK 2 EXTRA 21G LANCET | 2 | | | | |
| UNISTIK 2 NORMAL 21G LANCET | 2 | | | | |
| UNISTIK 3 COMFORT 28G LANCET | 2 | | | | |
| UNISTIK 3 DUAL 18G LANCET | 2 | | | | |
| UNISTIK 3 EXTRA 21G LANCETS | 2 | | | | |
| UNISTIK 3 GENTLE 30G LANCETS | 2 | | | | |
| UNISTIK 3 GENTLE ON-THE-GO 30G | 2 | | | | |
| UNISTIK 3 NORMAL 23G LANCET | 2 | | | | |
| UNISTIK 3 NORMAL 23G LANCETS | 2 | | | | |
| UNISTIK 3 SAFETY 21G LANCETS | 2 | | | | |
| UNISTIK COMFORT 28G LANCETS | 2 | | | | |
| UNISTIK CZT COMFORT 28G LANCET | 2 | | | | |
| UNISTIK CZT NORMAL 23G LANCETS | 2 | | | | |
| UNISTIK EXTRA 21G LANCETS | 2 | | | | |
| UNISTIK NORMAL 23G LANCETS | 2 | | | | |
| UNISTIK PRO 21G LANCET | 2 | | | | |
| UNISTIK PRO 25G LANCET | 2 | | | | |
| UNISTIK PRO 28G LANCET | 2 | | | | |
| UNISTIK SAFETY 28G LANCET | 2 | | | | |
| UNISTIK SAFETY 30G LANCETS | 2 | | | | |
| UNISTIK TOUCH 21G LANCETS | 2 | | | | |
| UNISTIK TOUCH 23G LANCETS | 2 | | | | |
| UNISTIK TOUCH 28G LANCETS | 2 | | | | |
| UNISTIK TOUCH 30G LANCETS | 2 | | | | |
| UNISTIK-2 3 MM DEVICE | 2 | | | | |
| UNISTRIP CONTROL SOLUTION HIGH | 3 | | | | |
| UNISTRIP CONTROL SOLUTION LOW | 3 | | | | |
| UNISTRIP1 GLUCOSE TEST STRIP | 3 | | | | |
| UNITHROID 100 MCG TABLET | 1 | | | | |
| UNITHROID 112 MCG TABLET | 1 | | | | |
| UNITHROID 125 MCG TABLET | 1 | | | | |
| UNITHROID 137 MCG TABLET | 1 | | | | |
| UNITHROID 150 MCG TABLET | 1 | | | | |
| UNITHROID 175 MCG TABLET | 1 | | | | |
| UNITHROID 200 MCG TABLET | 1 | | | | |
| UNITHROID 25 MCG TABLET | 1 | | | | |
| UNITHROID 300 MCG TABLET | 1 | | | | |
| UNITHROID 50 MCG TABLET | 1 | | | | |
| UNITHROID 75 MCG TABLET | 1 | | | | |
| UNITHROID 88 MCG TABLET | 1 | | | | |
| UNIVERSAL 1 33G LANCETS | 2 | | | | |
| UNIVERSAL SYRINGE TIP ADPTR | 3 | | | | |
| UP & UP BLOOD GLUCOSE TST STRP | 3 | | | | |
| UP & UP BLOOD MONITORING SYST | 3 | | | | |
| UPNEEQ 0.1% EYE DROP | 3 | | PA | | |
| UPTRAVI 1,000 MCG TABLET | 2 | QL | PA | | SP |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| UPTRAVI 1,200 MCG TABLET | 2 | QL | PA | | SP |
| UPTRAVI 1,400 MCG TABLET | 2 | QL | PA | | SP |
| UPTRAVI 1,600 MCG TABLET | 2 | QL | PA | | SP |
| UPTRAVI 200 MCG TABLET | 2 | QL | PA | | SP |
| UPTRAVI 200-800 TITRATION PACK | 2 | QL | PA | | SP |
| UPTRAVI 400 MCG TABLET | 2 | QL | PA | | SP |
| UPTRAVI 600 MCG TABLET | 2 | QL | PA | | SP |
| UPTRAVI 800 MCG TABLET | 2 | QL | PA | | SP |
| URAMAXIN GT 45% KIT | 3 | | | | |
| URELLE TABLET | 3 | | | | |
| URETRON D-S TABLET | 1 | | | | |
| URIBEL CAPSULE | 3 | | | | |
| URIBEL TABLET | 3 | | | | |
| URIMAR-T CAPSULE | 3 | | | | |
| URIMAR-T TABLET | 1 | | | | |
| URISTIX 4 REAGENT STRIPS | 2 | | | | |
| URISTIX REAGENT STRIPS | 2 | | | | |
| URNEVA CAPSULE | 3 | | | | |
| URO-458 TABLET | 1 | | | | |
| UROCIT-K ER 15 MEQ TABLET | 3 | | | | |
| UROCIT-K SR 10 MEQ TABLET | 3 | | | | |
| UROCIT-K SR 5 MEQ TABLET | 3 | | | | |
| UROGESIC-BLUE TABLET | 1 | | | | |
| URO-MP CAPSULE | 1 | | | | |
| UROQID-ACID NO.2 500-500 TB | 3 | | | | |
| URO-SP CAPSULE | 1 | | | | |
| UROXATRAL 10 MG TABLET | 3 | | | ST | |
| URSO 250 MG TABLET | 3 | | | | |
| URSO FORTE 500 MG TABLET | 3 | | | | |
| URSODIOL 200 MG CAPSULE | 1 | | | | |
| URSODIOL 250 MG TABLET | 1 | | | | |
| URSODIOL 300 MG CAPSULE | 1 | | | | |
| URSODIOL 400 MG CAPSULE | 1 | | | | |
| URSODIOL 500 MG TABLET | 1 | | | | |
| URYL TABLET | 1 | | | | |
| USTELL CAPSULE | 1 | | | | |
| UTIRA-C TABLET | 1 | | | | |
| VAGIFEM 10 MCG VAGINAL TAB | 3 | | | | |
| VALACYCLOVIR HCL 1 GRAM TABLET | 1 | QL | | | |
| VALACYCLOVIR HCL 500 MG TABLET | 1 | QL | | | |
| VALCHLOR 0.016% GEL | 2 | | PA | | SP |
| VALCYTE 450 MG TABLET | 3 | | | | |
| VALCYTE 50 MG/ML SOLUTION | 3 | | | | |
| VALGANCICLOVIR 450 MG TABLET | 1 | | | | |
| VALGANCICLOVIR HCL 50 MG/ML | 1 | | | | |
| VALIUM 10 MG TABLET | 3 | | | ST | |
| VALIUM 2 MG TABLET | 3 | | | ST | |
| VALIUM 5 MG TABLET | 3 | | | ST | |
| VALPROIC ACID 250 MG CAPSULE | 1 | | | | |
| VALPROIC ACID 250 MG/5 ML CUP | 1 | | | | |
| VALPROIC ACID 250 MG/5 ML SOLN | 1 | | | | |
| VALPROIC ACID 500 MG/10 ML CUP | 1 | | | | |
| VALPROIC ACID 500 MG/10 ML SOL | 1 | | | | |
| VALSARTAN 160 MG TABLET | 1 | | | | |
| VALSARTAN 20 MG/5 ML SOLUTION | 3 | | | ST | |
| VALSARTAN 320 MG TABLET | 1 | | | | |
| VALSARTAN 4 MG/ML SOLUTION | 3 | | | ST | |
| VALSARTAN 40 MG TABLET | 1 | | | | |
| VALSARTAN 80 MG TABLET | 1 | | | | |
| VALSARTAN-HCTZ 160-12.5 MG TAB | 1 | | | | |
| VALSARTAN-HCTZ 160-25 MG TAB | 1 | | | | |
| VALSARTAN-HCTZ 320-12.5 MG TAB | 1 | | | | |
| VALSARTAN-HCTZ 320-25 MG TAB | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| VALSARTAN-HCTZ 80-12.5 MG TAB | 1 | | | | |
| VALTOCO 10 MG NASAL SPRAY | 3 | QL | PA | | |
| VALTOCO 15 MG NASAL SPRAY | 3 | QL | PA | | |
| VALTOCO 20 MG NASAL SPRAY | 3 | QL | PA | | |
| VALTOCO 5 MG NASAL SPRAY | 3 | QL | PA | | |
| VALTREX 1 GM CAPLET | 3 | QL | | | |
| VALTREX 500 MG CAPLET | 3 | QL | | | |
| VALUE PLUS LANCING DEVICE | 2 | | | | |
| VANADOM 350 MG TABLET | 1 | | | | |
| VANATOL LQ ORAL SOLUTION | 3 | | | ST | |
| VANATOL S ORAL SOLUTION | 3 | | | ST | |
| VANCOCIN HCL 125 MG CAPSULE | 3 | QL | PA | | |
| VANCOCIN HCL 250 MG CAPSULE | 3 | QL | PA | | |
| VANCOMYCIN 25 MG/ML ORAL SOLN | 3 | QL | | | |
| VANCOMYCIN 250 MG/5ML ORAL SOL | 1 | QL | | | |
| VANCOMYCIN 50 MG/ML ORAL SOLN | 1 | QL | | | |
| VANCOMYCIN HCL 125 MG CAPSULE | 1 | QL | PA | | |
| VANCOMYCIN HCL 250 MG CAPSULE | 1 | QL | PA | | |
| VANDAZOLE VAGINAL 0.75% GEL | 1 | | | | |
| VANFLYTA 17.7 MG TABLET | 3 | QL | PA | | SP |
| VANFLYTA 26.5 MG TABLET | 3 | QL | PA | | SP |
| VANISHPOINT 0.5 ML 30GX1/2" SY | 3 | | | | |
| VANISHPOINT 1 ML TB SYR 25X5/8 | 2 | | | | |
| VANISHPOINT 1 ML TB SYR 27X1/2 | 2 | | | | |
| VANISHPOINT 10 ML 21GX1-1/2" | 3 | | | | |
| VANISHPOINT 20GX1" 3 ML SYRING | 2 | | | | |
| VANISHPOINT 21GX1" 5 ML SYRING | 2 | | | | |
| VANISHPOINT 21GX1.5" 3 ML SYR | 2 | | | | |
| VANISHPOINT 22GX1" 3 ML SYR | 2 | | | | |
| VANISHPOINT 22GX1-1/2" 5 ML SY | 2 | | | | |
| VANISHPOINT 23GX1" 3 ML SYRING | 2 | | | | |
| VANISHPOINT 23GX1-1/2 3 ML SYR | 2 | | | | |
| VANISHPOINT 25GX1" 3 ML SYRING | 2 | | | | |
| VANISHPOINT 25GX5/8" 3 ML SYR | 2 | | | | |
| VANISHPOINT 3 ML 21GX1" SYRING | 2 | | | | |
| VANISHPOINT 3 ML 22GX1.5" SYRG | 2 | | | | |
| VANISHPOINT 3 ML 27G 1-1/2" | 3 | | | | |
| VANISHPOINT 5 ML 21GX1-1/2" | 3 | | | | |
| VANISHPOINT INS 1 ML 30GX3/16" | 3 | | | | |
| VANISHPOINT SYR 3 ML 25G 38MM | 3 | | | | |
| VANISHPOINT SYRINGE 1 ML 25X1" | 2 | | | | |
| VANISHPOINT U-100 29X1/2 SYR | 3 | | | | |
| VANOS 0.1% CREAM | 3 | QL | | ST | |
| VANOXIDE-HC LOTION | 3 | | | ST | |
| VANTAGE LANCING DEVICE | 2 | | | | |
| VARUBI 180 MG DOSE(2X 90MG TB) | 2 | QL | | | |
| VASCEPA 0.5 GM CAPSULE | 2 | | PA | | |
| VASCEPA 1 GM CAPSULE | 2 | | PA | | |
| VASERETIC 10-25 MG TABLET | 3 | | | | |
| VASOTEC 10 MG TABLET | 3 | | | | |
| VASOTEC 2.5 MG TABLET | 3 | | | | |
| VASOTEC 20 MG TABLET | 3 | | | | |
| VASOTEC 5 MG TABLET | 3 | | | | |
| VCF CONTRACEPTIVE FILM | 2 | | | | |
| VCF CONTRACEPTIVE GEL | 2 | | | | |
| VECAMYL 2.5 MG TABLET | 3 | | PA | | |
| VECTICAL 3 MCG/G OINTMENT | 3 | | | | |
| VEGZELMA 100 MG/4 ML VIAL | 3 | | PA | | SP |
| VEGZELMA 400 MG/16 ML VIAL | 3 | | PA | | SP |
| VELETRI 0.5 MG VIAL | 1 | | PA | | SP |
| VELETRI 1.5 MG VIAL | 1 | | PA | | SP |
| VELIVET 28 DAY TABLET | 1 | | | | |
| VELPHORO 500 MG CHEWABLE TAB | 2 | QL | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| VELTASSA 16.8 GM POWDER PACKET | 2 | QL | | | |
| VELTASSA 25.2 GM POWDER PACKET | 2 | QL | | | |
| VELTASSA 8.4 GM POWDER PACKET | 2 | QL | | | |
| VELTIN 1.2%-0.025% GEL | 3 | | | ST | |
| VEMLIDY 25 MG TABLET | 2 | | | | |
| VENCLEXTA 10 MG TAB (10MG X 2) | 2 | QL | PA | | SP |
| VENCLEXTA 10 MG TABLET | 2 | QL | PA | | SP |
| VENCLEXTA 100 MG TABLET | 2 | QL | PA | | SP |
| VENCLEXTA 50 MG TABLET | 2 | QL | PA | | SP |
| VENCLEXTA STARTING PACK | 2 | QL | PA | | SP |
| VENLAFAXINE BES ER 112.5 MG TB | 3 | QL | | ST | |
| VENLAFAXINE HCL 100 MG TABLET | 1 | QL | | | |
| VENLAFAXINE HCL 25 MG TABLET | 1 | QL | | | |
| VENLAFAXINE HCL 37.5 MG TABLET | 1 | QL | | | |
| VENLAFAXINE HCL 50 MG TABLET | 1 | QL | | | |
| VENLAFAXINE HCL 75 MG TABLET | 1 | QL | | | |
| VENLAFAXINE HCL ER 150 MG CAP | 1 | QL | | | |
| VENLAFAXINE HCL ER 150 MG TAB | 1 | QL | | ST | |
| VENLAFAXINE HCL ER 225 MG TAB | 1 | QL | | ST | |
| VENLAFAXINE HCL ER 37.5 MG CAP | 1 | QL | | | |
| VENLAFAXINE HCL ER 37.5 MG TAB | 1 | QL | | ST | |
| VENLAFAXINE HCL ER 75 MG CAP | 1 | QL | | | |
| VENLAFAXINE HCL ER 75 MG TAB | 1 | QL | | ST | |
| VENTAVIS 10 MCG/1 ML SOLUTION | 3 | | PA | | SP |
| VENTAVIS 20 MCG/1 ML SOLUTION | 3 | | PA | | SP |
| VENTOLIN HFA 90 MCG INHALER | 3 | QL | | | |
| VEOPOZ 400 MG/2 ML VIAL | 3 | | PA | | SP |
| VEOZAH 45 MG TABLET | 3 | | | | |
| VERAPAMIL 120 MG TABLET | 1 | | | | |
| VERAPAMIL 40 MG TABLET | 1 | | | | |
| VERAPAMIL 80 MG TABLET | 1 | | | | |
| VERAPAMIL ER 120 MG CAPSULE | 1 | | | | |
| VERAPAMIL ER 120 MG TABLET | 1 | | | | |
| VERAPAMIL ER 180 MG CAPSULE | 1 | | | | |
| VERAPAMIL ER 180 MG TABLET | 1 | | | | |
| VERAPAMIL ER 240 MG CAPSULE | 1 | | | | |
| VERAPAMIL ER 240 MG TABLET | 1 | | | | |
| VERAPAMIL ER PM 100 MG CAPSULE | 1 | | | | |
| VERAPAMIL ER PM 200 MG CAPSULE | 1 | | | | |
| VERAPAMIL ER PM 300 MG CAPSULE | 1 | | | | |
| VERAPAMIL SR 120 MG CAPSULE | 1 | | | | |
| VERAPAMIL SR 180 MG CAPSULE | 1 | | | | |
| VERAPAMIL SR 240 MG CAPSULE | 1 | | | | |
| VERAPAMIL SR 360 MG CAPSULE | 1 | | | | |
| VERASENS BLOOD GLUCOSE METER | 3 | | | | |
| VERASENS CONTROL SOLN-LEVEL 1 | 3 | | | | |
| VERASENS METER STARTER KIT | 3 | | | | |
| VERASENS TEST STRIP | 3 | | | | |
| VERDESO 0.05% FOAM | 3 | | | ST | |
| VEREGEN 15% OINTMENT | 3 | QL | PA | | |
| VERELAN 120 MG CAP PELLET | 3 | | | | |
| VERELAN 180 MG CAP PELLET | 3 | | | | |
| VERELAN 240 MG CAP PELLET | 3 | | | | |
| VERELAN 360 MG CAP PELLET | 3 | | | | |
| VERELAN PM 100 MG CAP PELLET | 3 | | | | |
| VERELAN PM 200 MG CAP PELLET | 3 | | | | |
| VERELAN PM 300 MG CAP PELLET | 3 | | | | |
| VERIFINE IN SYR 0.5ML 29G 12MM | 3 | | | | |
| VERIFINE INS SYR 0.3ML 31G 8MM | 3 | | | | |
| VERIFINE INS SYR 0.5ML 31G 8MM | 3 | | | | |
| VERIFINE INS SYR 1 ML 29G 1/2" | 3 | | | | |
| VERIFINE INS SYR 1 ML 29G 12MM | 3 | | | | |
| VERIFINE INS SYR 1 ML 31G 8MM | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| VERIFINE PEN NEEDLE 29G 12MM | 3 | | | | |
| VERIFINE PEN NEEDLE 31G 5MM | 3 | | | | |
| VERIFINE PEN NEEDLE 31G 8MM | 3 | | | | |
| VERIFINE PEN NEEDLE 32G 4MM | 3 | | | | |
| VERIFINE PEN NEEDLE 32G 6MM | 3 | | | | |
| VERIFINE PLUS PEN NDL 31G 5MM | 3 | | | | |
| VERIFINE PLUS PEN NDL 31G 8MM | 3 | | | | |
| VERIFINE PLUS PEN NDL 32G 4MM | 3 | | | | |
| VERIFINE SAFETY 21G LANCT MINI | 2 | | | | |
| VERIFINE SAFETY 23G LANCT MINI | 2 | | | | |
| VERIFINE SAFETY 28G LANCT MINI | 2 | | | | |
| VERIFINE SAFETY 30G LANCT MINI | 2 | | | | |
| VERIFINE SYRING 0.5ML 29G 1/2" | 3 | | | | |
| VERIFINE SYRING 1 ML 31G 5/16" | 3 | | | | |
| VERIFINE SYRNG 0.3ML 31G 5/16" | 3 | | | | |
| VERIFINE SYRNG 0.5ML 31G 5/16" | 3 | | | | |
| VERIFINE UNIVERSAL 28G LANCET | 2 | | | | |
| VERIFINE UNIVERSAL 30G LANCET | 2 | | | | |
| VERIFINE UNIVERSAL 33G LANCET | 2 | | | | |
| VERIPRED 20 20 MG/5 ML SOLN | 1 | | | | |
| VERKAZIA 0.1% EYE EMULSION | 3 | QL | PA | | |
| VERQUVO 10 MG TABLET | 2 | QL | | | |
| VERQUVO 2.5 MG TABLET | 2 | QL | | | |
| VERQUVO 5 MG TABLET | 2 | QL | | | |
| VERSACLOZ 50 MG/ML SUSPENSION | 3 | | | | |
| VERTIGOHEEL DROPS | 3 | | | | |
| VERTIGOHEEL ORAL VIAL | 3 | | | | |
| VERTIGOHEEL TABLET SOLUBLE | 3 | | | | |
| VERZENIO 100 MG TABLET | 2 | QL | PA | | SP |
| VERZENIO 150 MG TABLET | 2 | QL | PA | | SP |
| VERZENIO 200 MG TABLET | 2 | QL | PA | | SP |
| VERZENIO 50 MG TABLET | 2 | QL | PA | | SP |
| VESICARE 10 MG TABLET | 3 | | | ST | |
| VESICARE 5 MG TABLET | 3 | | | ST | |
| VESICARE LS 5 MG/5 ML SUSP | 3 | | | ST | |
| VESTURA 3 MG-0.02 MG TABLET | 1 | | | | |
| VFEND 200 MG TABLET | 3 | | PA | | |
| VFEND 40 MG/ML SUSPENSION | 3 | | PA | | |
| VFEND 50 MG TABLET | 3 | | PA | | |
| V-GO 20 DISPOSABLE DEVICE | 2 | QL | PA | | |
| V-GO 30 DISPOSABLE DEVICE | 2 | QL | PA | | |
| V-GO 40 DISPOSABLE DEVICE | 2 | QL | PA | | |
| VIBERZI 100 MG TABLET | 2 | | | | |
| VIBERZI 75 MG TABLET | 2 | | | | |
| VIBRAMYCIN 100 MG CAPSULE | 3 | | | ST | |
| VIBRAMYCIN 50 MG/5 ML SYRUP | 3 | | | ST | |
| VICTOZA 2-PAK 18 MG/3 ML PEN | 3 | QL | PA | | |
| VICTOZA 3-PAK 18 MG/3 ML PEN | 3 | QL | PA | | |
| VIENVA-28 TABLET | 1 | | | | |
| VIGABATRIN 500 MG POWDER PACKT | 1 | QL | PA | | SP |
| VIGABATRIN 500 MG TABLET | 1 | QL | PA | | SP |
| VIGADRONE 500 MG POWDER PACKET | 1 | QL | PA | | SP |
| VIGADRONE 500 MG TABLET | 1 | QL | PA | | SP |
| VIGAMOX 0.5% EYE DROPS | 3 | | | | |
| VIGPODER 500 MG POWDER PACKET | 1 | QL | PA | | SP |
| VIIBRYD 10 MG TABLET | 3 | QL | PA | | |
| VIIBRYD 10-20 MG STARTER PACK | 3 | QL | PA | | |
| VIIBRYD 20 MG TABLET | 3 | QL | PA | | |
| VIIBRYD 40 MG TABLET | 3 | QL | PA | | |
| VIJOICE 125 MG TABLET | 2 | QL | PA | | SP |
| VIJOICE 250 MG DAILY DOSE PACK | 2 | QL | PA | | SP |
| VIJOICE 50 MG TABLET | 2 | QL | PA | | SP |
| VILAZODONE HCL 10 MG TABLET | 1 | QL | PA | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| VILAZODONE HCL 20 MG TABLET | 1 | QL | PA | | |
| VILAZODONE HCL 40 MG TABLET | 1 | QL | PA | | |
| VIMPAT 10 MG/ML SOLUTION | 3 | | | ST | |
| VIMPAT 100 MG TABLET | 3 | | | ST | |
| VIMPAT 150 MG TABLET | 3 | | | ST | |
| VIMPAT 200 MG TABLET | 3 | | | ST | |
| VIMPAT 50 MG TABLET | 3 | | | ST | |
| VIOKACE 10,440-39,150 UNIT TAB | 2 | | | | |
| VIOKACE 10,440-39,150 UNITS TB | 2 | | | | |
| VIOKACE 20,880-78,300 UNITS TB | 2 | | | | |
| VIORELE 28 DAY TABLET | 1 | | | | |
| VIRACEPT 250 MG TABLET | 2 | | | | |
| VIRACEPT 625 MG TABLET | 2 | | | | |
| VIRAMUNE 200 MG TABLET | 3 | | | | |
| VIRAMUNE 50 MG/5 ML SUSP | 3 | | | | |
| VIRAMUNE XR 400 MG TABLET | 3 | | | | |
| VIREAD 150 MG TABLET | 2 | | | | |
| VIREAD 200 MG TABLET | 2 | | | | |
| VIREAD 250 MG TABLET | 2 | | | | |
| VIREAD 300 MG TABLET | 3 | | | | |
| VIREAD POWDER | 2 | | | | |
| VIRT-C DHA SOFTGEL | 1 | | | | |
| VIRT-NATE DHA SOFTGEL | 1 | | | | |
| VIRT-PN DHA SOFTGEL | 1 | | | | |
| VIRT-PN PLUS SOFTGEL | 1 | | | | |
| VIRTUSSIN AC 10-100 MG/5 ML LQ | 1 | | | | |
| VIRTUSSIN AC W-ALC 10-100 MG/5 | 1 | | | | |
| VIRTUSSIN DAC LIQUID | 1 | | | | |
| VISCOAT SYRINGE | 3 | | | | |
| VISIONBLUE 0.06% SYRINGE | 3 | | | | |
| VISTARIL 25 MG CAPSULE | 3 | | | | |
| VISTARIL 50 MG CAPSULE | 3 | | | | |
| VISTOGARD 10 GRAM PACKET | 2 | QL | PA | | SP |
| VIT A,C,D-FLUORIDE 0.25 MG/ML | 1 | | | | |
| VIT A,C,D-FLUORIDE 0.5 MG/ML | 1 | | | | |
| VITAFOL FE PLUS SOFTGEL | 3 | | | | |
| VITAFOL GUMMIES | 3 | | | | |
| VITAFOL NANO TABLET | 3 | | | | |
| VITAFOL ULTRA SOFTGEL | 3 | | | | |
| VITAFOL-OB CAPLET | 3 | | | | |
| VITAFOL-OB+DHA COMBO PACK | 3 | | | | |
| VITAFOL-ONE CAPSULE | 3 | | | | |
| VITAMEDMD ONE RX SOFTGEL | 3 | | | | |
| VITAMEDMD REDICHEW RX TAB CHEW | 3 | | | | |
| VITAMIN B COMPLEX TABLET | 1 | | | | |
| VITAMIN B COMPLEX-VITAMIN C TB | 1 | | | | |
| VITAMIN B-COMPLEX & C CAPLET | 1 | | | | |
| VITAMIN D2 1.25MG(50,000 UNIT) | 1 | | | | |
| VITAMIN K-1 1 MG/0.5 ML AMPUL | 1 | | | | |
| VITAMIN K-1 10 MG/ML AMPUL | 1 | | | | |
| VITAPEARL SOFTGEL | 3 | | | | |
| VITATRUE COMBO PACK | 3 | | | | |
| VITRAKVI 100 MG CAPSULE | 2 | QL | PA | | SP |
| VITRAKVI 20 MG/ML SOLUTION | 2 | QL | PA | | SP |
| VITRAKVI 25 MG CAPSULE | 2 | QL | PA | | SP |
| VIVAGUARD 30G LANCET | 2 | | | | |
| VIVAGUARD INO CTRL SOLN-L1,2,3 | 3 | | | | |
| VIVAGUARD INO CTRL SOLN-L2 | 3 | | | | |
| VIVAGUARD INO GLUCOSE METER | 3 | | | | |
| VIVAGUARD INO SMART GLUC METER | 3 | | | | |
| VIVAGUARD INO TEST STRIP | 3 | | | | |
| VIVAGUARD LANCING DEVICE | 2 | | | | |
| VIVELLE-DOT 0.025 MG PATCH | 3 | QL | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| VIVELLE-DOT 0.0375 MG PATCH | 3 | QL | | | |
| VIVELLE-DOT 0.05 MG PATCH | 3 | QL | | | |
| VIVELLE-DOT 0.075 MG PATCH | 3 | QL | | | |
| VIVELLE-DOT 0.1 MG PATCH | 3 | QL | | | |
| VIVITROL 380 MG VIAL-DILUENT | 2 | | | | SP |
| VIVJOA 150 MG CAPSULE | 3 | QL | PA | | |
| VIVLODEX 10 MG CAPSULE | 3 | QL | | ST | |
| VIVLODEX 5 MG CAPSULE | 3 | QL | | ST | |
| VIZIMPRO 15 MG TABLET | 2 | QL | PA | | SP |
| VIZIMPRO 30 MG TABLET | 2 | QL | PA | | SP |
| VIZIMPRO 45 MG TABLET | 2 | QL | PA | | SP |
| VOGELXO 12.5 MG/1.25 GRAM PUMP | 3 | QL | PA | | |
| VOGELXO 50 MG/5 GRAM GEL | 3 | QL | PA | | |
| VOGELXO 50 MG/5 GRAM GEL PACKT | 3 | QL | PA | | |
| VOLNEA 0.15-0.02-0.01 MG TAB | 1 | | | | |
| VOLTAREN 1% GEL | 3 | QL | | ST | |
| VOLTAREN-XR 100 MG TABLET | 3 | | | ST | |
| VONJO 100 MG CAPSULE | 2 | QL | PA | | SP |
| VOQUEZNA DUAL PAK | 3 | | | | |
| VOQUEZNA TRIPLE PAK | 3 | | | | |
| VORICONAZOLE 200 MG TABLET | 1 | | PA | | |
| VORICONAZOLE 40 MG/ML SUSP | 1 | | PA | | |
| VORICONAZOLE 50 MG TABLET | 1 | | PA | | |
| VORTEX ADULT MASK | 2 | | | | |
| VORTEX HOLDING CHAMBER | 2 | | | | |
| VORTEX HOLDING CHAMBER-CHILD | 2 | | | | |
| VORTEX HOLDING CHAMBER-TODDLEI | 2 | | | | |
| VORTEX VHC FROG CHILD MASK | 2 | | | | |
| VORTEX VHC LADYBUG TODDLER MSK | 2 | | | | |
| VOSEVI 400-100-100 MG TABLET | 2 | QL | PA | | SP |
| VOTRIENT 200 MG TABLET | 3 | QL | PA | | SP |
| VOWST CAPSULE | 3 | | | | SP |
| VOXZOGO 0.4 MG VIAL | 3 | | PA | | SP |
| VOXZOGO 0.56 MG VIAL | 3 | | PA | | SP |
| VOXZOGO 1.2 MG VIAL | 3 | | PA | | SP |
| VP-PNV-DHA SOFTGEL | 3 | | | | |
| VRAYLAR 1.5 MG CAPSULE | 3 | QL | | | |
| VRAYLAR 1.5 MG-3 MG PACK | 3 | QL | | | |
| VRAYLAR 3 MG CAPSULE | 3 | QL | | | |
| VRAYLAR 4.5 MG CAPSULE | 3 | QL | | | |
| VRAYLAR 6 MG CAPSULE | 3 | QL | | | |
| VTAMA 1% CREAM | 3 | QL | PA | | |
| VTOL LQ 50-325-40 MG/15 ML SOL | 1 | | | | |
| VUITY 1.25% EYE DROP | 3 | | | | |
| VUMERITY DR 231 MG CAPSULE | 2 | QL | PA | | SP |
| VUSION OINTMENT | 3 | QL | | | |
| VYFEMLA 0.4 MG-0.035 MG TABLET | 1 | | | | |
| VYLIBRA 28 TABLET | 1 | | | | |
| VYNDAMAX 61 MG CAPSULE | 2 | | PA | | SP |
| VYNDAQEL 20 MG CAPSULE | 2 | | PA | | SP |
| VYTORIN 10-10 MG TABLET | 3 | QL | | ST | |
| VYTORIN 10-20 MG TABLET | 3 | QL | | ST | |
| VYTORIN 10-40 MG TABLET | 3 | QL | | ST | |
| VYTORIN 10-80 MG TABLET | 3 | QL | | ST | |
| VYVANSE 10 MG CAPSULE | 3 | | | ST | |
| VYVANSE 10 MG CHEWABLE TABLET | 2 | | | ST | |
| VYVANSE 20 MG CAPSULE | 3 | | | ST | |
| VYVANSE 20 MG CHEWABLE TABLET | 2 | | | ST | |
| VYVANSE 30 MG CAPSULE | 3 | | | ST | |
| VYVANSE 30 MG CHEWABLE TABLET | 2 | | | ST | |
| VYVANSE 40 MG CAPSULE | 3 | | | ST | |
| VYVANSE 40 MG CHEWABLE TABLET | 2 | | | ST | |
| VYVANSE 50 MG CAPSULE | 3 | | | ST | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| VYVANSE 50 MG CHEWABLE TABLET | 2 | | | ST | |
| VYVANSE 60 MG CAPSULE | 3 | | | ST | |
| VYVANSE 60 MG CHEWABLE TABLET | 2 | | | ST | |
| VYVANSE 70 MG CAPSULE | 3 | | | ST | |
| VYVGART HYTRULO 1,008MG-11,200 | 3 | | PA | | SP |
| VYZULTA 0.024% OPHTH SOLUTION | 3 | | PA | | |
| WAKIX 17.8 MG TABLET | 3 | QL | | ST | SP |
| WAKIX 4.45 MG TABLET | 3 | QL | | ST | SP |
| WALGREENS THIN LANCETS | 2 | | | | |
| WALGREENS ULTRA THIN LANCETS | 2 | | | | |
| WARFARIN SODIUM 1 MG TABLET | 1 | | | | |
| WARFARIN SODIUM 10 MG TABLET | 1 | | | | |
| WARFARIN SODIUM 2 MG TABLET | 1 | | | | |
| WARFARIN SODIUM 2.5 MG TABLET | 1 | | | | |
| WARFARIN SODIUM 3 MG TABLET | 1 | | | | |
| WARFARIN SODIUM 4 MG TABLET | 1 | | | | |
| WARFARIN SODIUM 5 MG TABLET | 1 | | | | |
| WARFARIN SODIUM 6 MG TABLET | 1 | | | | |
| WARFARIN SODIUM 7.5 MG TABLET | 1 | | | | |
| WAVESENSE AMP SYSTEM KIT | 3 | | | | |
| WAVESENSE CONTROL SOLN NORMAL | 3 | | | | |
| WAVESENSE JAZZ TEST STRIPS | 3 | | | | |
| WAVESENSE PRESTO SYSTEM KIT | 3 | | | | |
| WAVESENSE PRESTO TEST STRIPS | 3 | | | | |
| WELCHOL 3.75G PACKET | 3 | | | | |
| WELCHOL 625 MG TABLET | 3 | | | | |
| WELIREG 40 MG TABLET | 3 | | PA | | SP |
| WELLBUTRIN SR 100 MG TABLET | 3 | QL | | ST | |
| WELLBUTRIN SR 150 MG TABLET | 3 | QL | | ST | |
| WELLBUTRIN SR 200 MG TABLET | 3 | QL | | ST | |
| WELLBUTRIN XL 150 MG TABLET | 3 | QL | | ST | |
| WELLBUTRIN XL 300 MG TABLET | 3 | QL | | ST | |
| WERA 0.5/0.035 MG 28 TABLET | 1 | | | | |
| WESCAP-C DHA SOFTGEL | 1 | | | | |
| WESCAP-PN DHA CAPSULE | 1 | | | | |
| WESNATAL DHA COMPLETE | 1 | | | | |
| WESNATE DHA SOFTGEL | 1 | | | | |
| WESTAB PLUS TABLET | 1 | | | | |
| WESTGEL DHA SOFTGEL | 1 | | | | |
| WESTHROID 32.5 MG TABLET | 1 | | | | |
| WESTHROID 65 MG TABLET | 1 | | | | |
| WIDE SEAL DIAPHRAGM 60MM | 3 | | | | |
| WIDE SEAL DIAPHRAGM 65MM | 3 | | | | |
| WIDE SEAL DIAPHRAGM 70MM | 3 | | | | |
| WIDE SEAL DIAPHRAGM 75MM | 3 | | | | |
| WIDE SEAL DIAPHRAGM 80MM | 3 | | | | |
| WIDE SEAL DIAPHRAGM 85MM | 3 | | | | |
| WIDE SEAL DIAPHRAGM 90MM | 3 | | | | |
| WIDE SEAL DIAPHRAGM 95MM | 3 | | | | |
| WINLEVI 1% CREAM | 3 | | PA | | |
| WINTERGREEN OIL | 1 | | | | |
| WIXELA 100-50 INHUB | 1 | QL | | ST | |
| WIXELA 250-50 INHUB | 1 | QL | | ST | |
| WIXELA 500-50 INHUB | 1 | QL | | ST | |
| WM UNIFINE PENTIP PLUS 4MM 32G | 3 | | | | |
| WM UNIFINE PENTIP PLUS 5MM 31G | 3 | | | | |
| WM UNIFINE PENTIP PLUS 6MM 31G | 3 | | | | |
| WM UNIFINE PENTIP PLUS 8MM 31G | 3 | | | | |
| WOMEN'S GENTLE LAX EC 5 MG TAB | 1 | | | | |
| WOMEN'S LAXATIVE EC 5 MG TAB | 1 | | | | |
| WP THYROID 113.75 MG TABLET | 3 | | | | |
| WP THYROID 130 MG TABLET | 3 | | | | |
| WP THYROID 16.25 MG TABLET | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| WP THYROID 32.5 MG TABLET | 3 | | | | |
| WP THYROID 48.75 MG TABLET | 3 | | | | |
| WP THYROID 65 MG TABLET | 3 | | | | |
| WP THYROID 81.25 MG TABLET | 3 | | | | |
| WP THYROID 97.5 MG TABLET | 3 | | | | |
| WYMZYA FE 0.4-0.035 MG CHEW TB | 1 | | | | |
| WYNZORA 0.005%-0.064% CREAM | 3 | QL | | ST | |
| XACIATO 2% VAGINAL GEL | 2 | | | | |
| XADAGO 100 MG TABLET | 3 | | | ST | |
| XADAGO 50 MG TABLET | 3 | | | ST | |
| XALATAN 0.005% EYE DROPS | 3 | | PA | | |
| XALKORI 150 MG PELLET | 2 | | PA | | SP |
| XALKORI 20 MG PELLET | 2 | | PA | | SP |
| XALKORI 200 MG CAPSULE | 2 | QL | PA | | SP |
| XALKORI 250 MG CAPSULE | 2 | QL | PA | | SP |
| XALKORI 50 MG PELLET | 2 | | PA | | SP |
| XANAX 0.25 MG TABLET | 3 | | | ST | |
| XANAX 0.5 MG TABLET | 3 | | | ST | |
| XANAX 1 MG TABLET | 3 | | | ST | |
| XANAX 2 MG TABLET | 3 | | | ST | |
| XANAX XR 0.5 MG TABLET | 3 | | | ST | |
| XANAX XR 1 MG TABLET | 3 | | | ST | |
| XANAX XR 2 MG TABLET | 3 | | | ST | |
| XANAX XR 3 MG TABLET | 3 | | | ST | |
| XARELTO 1 MG/ML SUSPENSION | 2 | | PA | | |
| XARELTO 10 MG TABLET | 2 | | PA | | |
| XARELTO 15 MG TABLET | 2 | | PA | | |
| XARELTO 2.5 MG TABLET | 2 | | PA | | |
| XARELTO 20 MG TABLET | 2 | | PA | | |
| XARELTO DVT-PE TREAT START 30D | 2 | | PA | | |
| XATMEP 2.5 MG/ML ORAL SOLUTION | 3 | | | ST | |
| XCOPRI 100 MG TABLET | 3 | QL | | | |
| XCOPRI 12.5-25 MG TITRATION PK | 3 | QL | | | |
| XCOPRI 150 MG TABLET | 3 | QL | | | |
| XCOPRI 150-200 MG TITRATION PK | 3 | QL | | | |
| XCOPRI 200 MG TABLET | 3 | QL | | | |
| XCOPRI 250 MG DAILY DOSE PACK | 3 | QL | | | |
| XCOPRI 350 MG DAILY DOSE PACK | 3 | QL | | | |
| XCOPRI 50 MG TABLET | 3 | QL | | | |
| XCOPRI 50-100 MG TITRATION PAK | 3 | QL | | | |
| XDEMVY 0.25% DROP | 2 | QL | | | SP |
| XELJANZ 1 MG/ML SOLUTION | 2 | QL | PA | | SP |
| XELJANZ 10 MG TABLET | 2 | QL | PA | | SP |
| XELJANZ 5 MG TABLET | 2 | QL | PA | | SP |
| XELJANZ XR 11 MG TABLET | 2 | QL | PA | | SP |
| XELJANZ XR 22 MG TABLET | 2 | QL | PA | | SP |
| XELODA 150 MG TABLET | 3 | QL | PA | | SP |
| XELODA 500 MG TABLET | 3 | QL | PA | | SP |
| XELPROS 0.005% EYE DROP | 3 | | PA | | |
| XELSTRYM 13.5 MG/9 HR PATCH | 3 | | | ST | |
| XELSTRYM 18 MG/9 HR PATCH | 3 | | | ST | |
| XELSTRYM 4.5 MG/9 HR PATCH | 3 | | | ST | |
| XELSTRYM 9 MG/9 HR PATCH | 3 | | | ST | |
| XENAZINE 12.5 MG TABLET | 3 | QL | PA | | SP |
| XENAZINE 25 MG TABLET | 3 | QL | PA | | SP |
| XENLETA 600 MG TABLET | 3 | | | | |
| XEPI 1% CREAM | 3 | QL | | ST | |
| XERMELO 250 MG TABLET | 2 | QL | PA | | SP |
| XEROSTOMIA RELIEF SPRAY | 3 | | | | |
| XHANCE 93 MCG NASAL SPRAY | 3 | QL | | ST | |
| XIFAXAN 200 MG TABLET | 2 | QL | | | |
| XIFAXAN 550 MG TABLET | 2 | QL | | | |
| XIGDUO XR 10 MG-1,000 MG TAB | 2 | QL | | ST | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| XIGDUO XR 10 MG-500 MG TABLET | 2 | QL | | ST | |
| XIGDUO XR 2.5 MG-1,000 MG TAB | 2 | QL | | ST | |
| XIGDUO XR 5 MG-1,000 MG TABLET | 2 | QL | | ST | |
| XIGDUO XR 5 MG-500 MG TABLET | 2 | QL | | ST | |
| XIIDRA 5% EYE DROPS | 2 | QL | PA | | |
| XIMINO ER 135 MG CAPSULE | 3 | | | ST | |
| XIMINO ER 45 MG CAPSULE | 3 | | | ST | |
| XIMINO ER 90 MG CAPSULE | 3 | | | ST | |
| XOFLUZA 20 MG TAB (40 MG DOSE) | 3 | QL | | | |
| XOFLUZA 40 MG TABLET | 3 | QL | | | |
| XOFLUZA 80 MG TABLET | 3 | QL | | | |
| XOLAIR 150 MG/ML SYRINGE | 2 | QL | PA | | SP |
| XOLAIR 75 MG/0.5 ML SYRINGE | 2 | QL | PA | | SP |
| XOLEGEL 2% GEL | 3 | QL | | | |
| XOPENEX 0.31 MG/3 ML SOLUTION | 3 | | | | |
| XOPENEX 0.63 MG/3 ML SOLUTION | 3 | | | | |
| XOPENEX 1.25 MG/3 ML SOLUTION | 3 | | | | |
| XOPENEX CONC 1.25 MG/0.5 ML | 3 | | | | |
| XOPENEX HFA 45 MCG INHALER | 3 | QL | | | |
| XOSPATA 40 MG TABLET | 2 | QL | PA | | SP |
| XPOVIO 100 MG ONCE WEEKLY DOSE | 3 | | PA | | SP |
| XPOVIO 40 MG ONCE WEEKLY DOSE | 3 | | PA | | SP |
| XPOVIO 40 MG TWICE WEEKLY DOSE | 3 | | PA | | SP |
| XPOVIO 60 MG ONCE WEEKLY DOSE | 3 | | PA | | SP |
| XPOVIO 60 MG TWICE WEEKLY DOSE | 3 | | PA | | SP |
| XPOVIO 80 MG ONCE WEEKLY DOSE | 3 | | PA | | SP |
| XPOVIO 80 MG TWICE WEEKLY DOSE | 3 | | PA | | SP |
| XTAMPZA ER 13.5 MG CAPSULE | 3 | QL | PA | | |
| XTAMPZA ER 18 MG CAPSULE | 3 | QL | PA | | |
| XTAMPZA ER 27 MG CAPSULE | 3 | QL | PA | | |
| XTAMPZA ER 36 MG CAPSULE | 3 | QL | PA | | |
| XTAMPZA ER 9 MG CAPSULE | 3 | QL | PA | | |
| XTANDI 40 MG CAPSULE | 2 | QL | PA | | SP |
| XTANDI 40 MG TABLET | 2 | QL | PA | | SP |
| XTANDI 80 MG TABLET | 2 | QL | PA | | SP |
| XULANE 150-35 MCG/DAY PATCH | 1 | | | | |
| XULTOPHY 100 UNIT-3.6MG/ML PEN | 3 | QL | | | |
| XURIDEN GRANULE PACKET | 2 | | PA | | SP |
| XYOSTED 100 MG/0.5 ML AUTO-INJ | 3 | QL | PA | | |
| XYOSTED 50 MG/0.5 ML AUTO-INJ | 3 | QL | PA | | |
| XYOSTED 75 MG/0.5 ML AUTO-INJ | 3 | QL | PA | | |
| XYREM 500 MG/ML ORAL SOLUTION | 3 | QL | PA | | SP |
| XYWAV 0.5 GM/ML ORAL SOLUTION | 2 | QL | PA | | SP |
| YALE NEEDLES 21GX1.25" | 2 | | | | |
| YARGESA 100 MG CAPSULE | 1 | QL | PA | | SP |
| YASMIN 28 TABLET | 3 | | | | |
| YAZ 28 TABLET | 3 | | | | |
| YCANTH 0.7% SOLUTION | 3 | | | | SP |
| YONSA 125 MG TABLET | 3 | QL | PA | | SP |
| YOSPRALA DR 325-40 MG TABLET | 3 | | | ST | |
| YOSPRALA DR 81-40 MG TABLET | 3 | | | ST | |
| YOURX ULTICARE PEN NDL 4MM 32G | 3 | | | | |
| YOURX ULTICARE PEN NDL 6MM 31G | 3 | | | | |
| YOURX ULTICARE PEN NDL 8MM 31G | 3 | | | | |
| YUFLYMA(CF) 40 MG/0.4 ML SYRNG | 3 | QL | PA | | SP |
| YUFLYMA(CF) 40MG/0.4ML AUTOINJ | 3 | QL | PA | | SP |
| YUFLYMA(CF) 80MG/0.8ML AUTOINJ | 3 | QL | PA | | SP |
| YUFLYMA(CF) AI CROHNS-UC-HS 80 | 3 | | PA | | SP |
| YUPELRI 175 MCG/3 ML SOLUTION | 2 | QL | | | |
| YUSIMRY(CF) 40 MG/0.8 ML PEN | 3 | QL | PA | | SP |
| YUVAFEM 10 MCG VAGINAL INSERT | 1 | | | | |
| ZAFEMY 150-35 MCG/DAY PATCH | 1 | | | | |
| ZAFIRLUKAST 10 MG TABLET | 1 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| ZAFIRLUKAST 20 MG TABLET | 1 | | | | |
| ZALEPLON 10 MG CAPSULE | 1 | QL | | ST | |
| ZALEPLON 5 MG CAPSULE | 1 | QL | | ST | |
| ZANAFLEX 2 MG CAPSULE | 3 | | | | |
| ZANAFLEX 4 MG CAPSULE | 3 | | | | |
| ZANAFLEX 4 MG TABLET | 3 | | | | |
| ZANAFLEX 6 MG CAPSULE | 3 | | | | |
| ZARAH TABLET | 1 | | | | |
| ZARONTIN 250 MG CAPSULE | 3 | | | | |
| ZARONTIN 250 MG/5 ML SOLUTION | 3 | | | | |
| ZARXIO 300 MCG/0.5 ML SYRINGE | 3 | | PA | | SP |
| ZARXIO 480 MCG/0.8 ML SYRINGE | 3 | | PA | | SP |
| ZATEAN-PN DHA CAPSULE | 1 | | | | |
| ZATEAN-PN PLUS SOFTGEL | 1 | | | | |
| ZAVESCA 100 MG CAPSULE | 3 | QL | PA | | SP |
| ZAVZPRET 10 MG NASAL SPRAY | 3 | QL | PA | ST | |
| ZCORT 7 DAY 1.5 MG TABLET | 3 | | | ST | |
| ZEBUTAL 50-325-40 MG CAPSULE | 1 | | | | |
| ZEGALOGUE 0.6 MG/0.6 ML SYRING | 3 | QL | | | |
| ZEGALOGUE 0.6 MG/0.6ML AUTOINJ | 3 | QL | | | |
| ZEGERID 20 MG PACKET | 3 | QL | | ST | |
| ZEGERID 40 MG CAPSULE | 3 | | | ST | |
| ZEGERID 40 MG PACKET | 3 | | | ST | |
| ZEJULA 100 MG CAPSULE | 2 | QL | PA | | SP |
| ZEJULA 100 MG TABLET | 2 | QL | PA | | SP |
| ZEJULA 200 MG TABLET | 2 | | PA | | SP |
| ZEJULA 300 MG TABLET | 2 | | PA | | SP |
| ZELAPAR 1.25 MG ODT TABLET | 3 | | PA | | |
| ZELBORAF 240 MG TABLET | 2 | QL | PA | | SP |
| ZELNORM 6 MG TABLET | 3 | | | | |
| ZEMBRACE SYMTOUCH 3 MG/0.5 ML | 3 | QL | | ST | |
| ZEMPLAR 1 MCG CAPSULE | 3 | | | | |
| ZEMPLAR 10 MCG/2 ML VIAL | 3 | | | | |
| ZEMPLAR 2 MCG CAPSULE | 3 | | | | |
| ZEMPLAR 2 MCG/ML VIAL | 3 | | | | |
| ZEMPLAR 5 MCG/ML VIAL | 3 | | | | |
| ZENATANE 10 MG CAPSULE | 1 | | | | |
| ZENATANE 20 MG CAPSULE | 1 | | | | |
| ZENATANE 30 MG CAPSULE | 1 | | | | |
| ZENATANE 40 MG CAPSULE | 1 | | | | |
| ZENPEP DR 10,000 UNIT CAPSULE | 2 | | | | |
| ZENPEP DR 15,000 UNIT CAPSULE | 2 | | | | |
| ZENPEP DR 20,000 UNIT CAPSULE | 2 | | | | |
| ZENPEP DR 25,000 UNIT CAPSULE | 2 | | | | |
| ZENPEP DR 3,000 UNIT CAPSULE | 2 | | | | |
| ZENPEP DR 40,000 UNIT CAPSULE | 2 | | | | |
| ZENPEP DR 5,000 UNIT CAPSULE | 2 | | | | |
| ZENPEP DR 60,000 UNIT CAPSULE | 2 | | | | |
| ZENZEDI 10 MG TABLET | 1 | | | | |
| ZENZEDI 15 MG TABLET | 3 | | | | |
| ZENZEDI 2.5 MG TABLET | 3 | | | | |
| ZENZEDI 20 MG TABLET | 3 | | | | |
| ZENZEDI 30 MG TABLET | 3 | | | | |
| ZENZEDI 5 MG TABLET | 1 | | | | |
| ZENZEDI 7.5 MG TABLET | 3 | | | | |
| ZEPATIER 50-100 MG TABLET | 2 | QL | PA | | SP |
| ZEPOSIA 0.92 MG CAPSULE | 2 | QL | PA | | SP |
| ZEPOSIA STARTER KIT (28-DAY) | 2 | QL | PA | | SP |
| ZEPOSIA STARTER KIT (37-DAY) | 2 | QL | PA | | SP |
| ZEPOSIA STARTER PACK (7-DAY) | 2 | QL | PA | | SP |
| ZERVIATE 0.24% EYE DROP | 3 | | | ST | |
| ZESTORETIC 10-12.5 MG TABLET | 3 | | | | |
| ZESTORETIC 20-12.5 MG TABLET | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| ZESTORETIC 20-25 MG TABLET | 3 | | | | |
| ZESTRIL 10 MG TABLET | 3 | | | | |
| ZESTRIL 2.5 MG TABLET | 3 | | | | |
| ZESTRIL 20 MG TABLET | 3 | | | | |
| ZESTRIL 30 MG TABLET | 3 | | | | |
| ZESTRIL 40 MG TABLET | 3 | | | | |
| ZESTRIL 5 MG TABLET | 3 | | | | |
| ZETIA 10 MG TABLET | 3 | | | | |
| ZETONNA 37 MCG NASAL SPRAY | 3 | QL | | ST | |
| ZIAC 10-6.25 MG TABLET | 3 | | | | |
| ZIAC 2.5-6.25 MG TABLET | 3 | | | | |
| ZIAC 5-6.25 MG TABLET | 3 | | | | |
| ZIAGEN 20 MG/ML SOLUTION | 3 | | | | |
| ZIAGEN 300 MG TABLET | 3 | | | | |
| ZIANA GEL | 3 | | | ST | |
| ZIDOVUDINE 100 MG CAPSULE | 1 | | | | |
| ZIDOVUDINE 300 MG TABLET | 1 | | | | |
| ZIDOVUDINE 50 MG/5 ML SYRUP | 1 | | | | |
| ZIEXTENZO 6 MG/0.6 ML SYRINGE | 2 | QL | PA | | SP |
| ZILXI 1.5% FOAM | 3 | | | ST | |
| ZIMHI 5 MG/0.5 ML SYRINGE | 3 | | | | |
| ZINC OXIDE 20% OINTMENT | 1 | | | | |
| ZINC OXIDE PASTE | 2 | | | | |
| ZINGIBER TABLET | 1 | | | | |
| ZIOPTAN 0.0015% EYE DROP | 3 | | PA | | |
| ZIOPTAN 0.0015% EYE DROPS | 3 | | PA | | |
| ZIPRASIDONE HCL 20 MG CAPSULE | 1 | QL | | | |
| ZIPRASIDONE HCL 40 MG CAPSULE | 1 | QL | | | |
| ZIPRASIDONE HCL 60 MG CAPSULE | 1 | QL | | | |
| ZIPRASIDONE HCL 80 MG CAPSULE | 1 | QL | | | |
| ZIRGAN 0.15% OPHTHALMIC GEL | 3 | | | | |
| ZITHROMAX 1 GM POWDER PACKET | 3 | | | | |
| ZITHROMAX 100 MG/5 ML SUSP | 3 | | | | |
| ZITHROMAX 200 MG/5 ML SUSP | 3 | | | | |
| ZITHROMAX 250 MG TABLET | 3 | | | | |
| ZITHROMAX 250 MG Z-PAK TABLET | 3 | | | | |
| ZITHROMAX 500 MG TABLET | 3 | | | | |
| ZITHROMAX TRI-PAK 500 MG TAB | 3 | | | | |
| ZMA CLEAR 9%-4.5% SUSPENSION | 3 | | | ST | |
| ZOCOR 10 MG TABLET | 3 | QL | | ST | |
| ZOCOR 20 MG TABLET | 3 | QL | | ST | |
| ZOCOR 40 MG TABLET | 3 | QL | | ST | |
| ZOCOR 80 MG TABLET | 3 | QL | | ST | |
| ZOFRAN 4 MG TABLET | 3 | QL | | | |
| ZOFRAN 8 MG TABLET | 3 | QL | | | |
| ZOHYDRO ER 10 MG CAPSULE | 3 | QL | PA | | |
| ZOHYDRO ER 15 MG CAPSULE | 3 | QL | PA | | |
| ZOHYDRO ER 20 MG CAPSULE | 3 | QL | PA | | |
| ZOHYDRO ER 30 MG CAPSULE | 3 | QL | PA | | |
| ZOHYDRO ER 40 MG CAPSULE | 3 | QL | PA | | |
| ZOHYDRO ER 50 MG CAPSULE | 3 | QL | PA | | |
| ZOKINVY 50 MG CAPSULE | 3 | QL | PA | | SP |
| ZOKINVY 75 MG CAPSULE | 3 | QL | PA | | SP |
| ZOLADEX 10.8 MG IMPLANT SYRN | 2 | | PA | | SP |
| ZOLADEX 3.6 MG IMPLANT SYRN | 2 | | PA | | SP |
| ZOLINZA 100 MG CAPSULE | 2 | QL | PA | | SP |
| ZOLMITRIPTAN 2.5 MG ODT | 1 | QL | | | |
| ZOLMITRIPTAN 2.5 MG TABLET | 1 | QL | | | |
| ZOLMITRIPTAN 5 MG NASAL SPRAY | 1 | QL | | ST | |
| ZOLMITRIPTAN 5 MG ODT | 1 | QL | | | |
| ZOLMITRIPTAN 5 MG TABLET | 1 | QL | | | |
| ZOLOFT 100 MG TABLET | 3 | QL | PA | | |
| ZOLOFT 20 MG/ML ORAL CONC | 3 | | PA | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| ZOLOFT 25 MG TABLET | 3 | QL | PA | | |
| ZOLOFT 50 MG TABLET | 3 | QL | PA | | |
| ZOLPIDEM TART 1.75 MG TAB SL | 1 | QL | | ST | |
| ZOLPIDEM TART 3.5 MG TABLET SL | 1 | QL | | ST | |
| ZOLPIDEM TART ER 12.5 MG TAB | 1 | QL | | ST | |
| ZOLPIDEM TART ER 6.25 MG TAB | 1 | QL | | ST | |
| ZOLPIDEM TARTRATE 10 MG TABLET | 1 | QL | | ST | |
| ZOLPIDEM TARTRATE 5 MG TABLET | 1 | QL | | ST | |
| ZOLPIDEM TARTRATE 7.5 MG CAP | 3 | QL | | ST | |
| ZOLPIMIST 5 MG ORAL SPRAY | 3 | QL | | ST | |
| ZOMACTON 10 MG VIAL | 3 | | PA | | SP |
| ZOMACTON 5 MG VIAL | 3 | | PA | | SP |
| ZOMIG 2.5 MG NASAL SPRAY | 2 | QL | | ST | |
| ZOMIG 2.5 MG TABLET | 3 | QL | | ST | |
| ZOMIG 5 MG NASAL SPRAY | 3 | QL | | ST | |
| ZOMIG 5 MG TABLET | 3 | QL | | ST | |
| ZOMIG ZMT 2.5 MG TABLET | 3 | QL | | ST | |
| ZOMIG ZMT 5 MG TABLET | 3 | QL | | ST | |
| ZONALON 5% CREAM | 3 | QL | | ST | |
| ZONEGRAN 100 MG CAPSULE | 3 | | | ST | |
| ZONEGRAN 25 MG CAPSULE | 3 | | | ST | |
| ZONISADE 100 MG/5 ML ORAL SUSP | 3 | | | ST | |
| ZONISAMIDE 100 MG CAPSULE | 1 | | | | |
| ZONISAMIDE 25 MG CAPSULE | 1 | | | | |
| ZONISAMIDE 50 MG CAPSULE | 1 | | | | |
| ZONTIVITY 2.08 MG TABLET | 3 | | PA | | |
| ZORBTIVE 8.8 MG VIAL | 3 | | | | SP |
| ZORTRESS 0.25 MG TABLET | 3 | | | | |
| ZORTRESS 0.5 MG TABLET | 3 | | | | |
| ZORTRESS 0.75 MG TABLET | 3 | | | | |
| ZORTRESS 1 MG TABLET | 3 | | | | |
| ZORVOLEX 18 MG CAPSULE | 3 | QL | | ST | |
| ZORVOLEX 35 MG CAPSULE | 3 | QL | | ST | |
| ZORYVE 0.3% CREAM | 3 | QL | PA | | |
| ZOVIA 1-35 TABLET | 1 | | | | |
| ZOVIA 1-35E TABLET | 1 | | | | |
| ZOVIRAX 200 MG/5 ML SUSP | 3 | | | | |
| ZOVIRAX 5% CREAM | 3 | QL | PA | | |
| ZOVIRAX 5% OINTMENT | 3 | QL | PA | | |
| ZTALMY 50 MG/ML SUSPENSION | 2 | | PA | | SP |
| ZTLIDO 1.8% TOPICAL SYSTEM | 2 | | PA | | |
| Z-TUSS AC 2 MG-9 MG/5 ML LIQ | 3 | | | | |
| ZUBSOLV 0.7-0.18 MG TABLET SL | 2 | QL | PA | | |
| ZUBSOLV 1.4-0.36 MG TABLET SL | 2 | QL | PA | | |
| ZUBSOLV 11.4-2.9 MG TABLET SL | 2 | QL | PA | | |
| ZUBSOLV 2.9-0.71 MG TABLET SL | 2 | QL | PA | | |
| ZUBSOLV 5.7-1.4 MG TABLET SL | 2 | QL | PA | | |
| ZUBSOLV 8.6-2.1 MG TABLET SL | 2 | QL | PA | | |
| ZUMANDIMINE 3 MG-0.03 MG TAB | 1 | | | | |
| ZUPLENZ 4 MG SOLUBLE FILM | 3 | QL | | | |
| ZUPLENZ 8 MG SOLUBLE FILM | 3 | QL | | | |
| ZURZUVAE 20 MG CAPSULE | 2 | | PA | | SP |
| ZURZUVAE 25 MG CAPSULE | 2 | | PA | | SP |
| ZURZUVAE 30 MG CAPSULE | 2 | | PA | | SP |
| ZYCLARA 2.5% CREAM PUMP | 3 | | | | |
| ZYCLARA 3.75% CREAM | 3 | | | | |
| ZYCLARA 3.75% CREAM PUMP | 3 | | | | |
| ZYDELIG 100 MG TABLET | 2 | QL | PA | | SP |
| ZYDELIG 150 MG TABLET | 2 | QL | PA | | SP |
| ZYKADIA 150 MG TABLET | 2 | QL | PA | | SP |
| ZYLET EYE DROPS | 3 | | | | |
| ZYLOPRIM 100 MG TABLET | 3 | | | | |
| ZYLOPRIM 300 MG TABLET | 3 | | | | |

| West Virginia PEIA Drug List Medication Name | Copay Tier | Quantity Limit | Prior Authorization Required | Step Therapy | Specialty Medication |
|---|---|---|---|---|---|
| ZYMAXID 0.5% EYE DROPS | 3 | | | | |
| ZYPITAMAG 2 MG TABLET | 3 | QL | | ST | |
| ZYPITAMAG 4 MG TABLET | 3 | QL | | ST | |
| ZYPRAM CREAM | 3 | | | | |
| ZYPREXA 10 MG TABLET | 3 | QL | | | |
| ZYPREXA 15 MG TABLET | 3 | QL | | | |
| ZYPREXA 2.5 MG TABLET | 3 | QL | | | |
| ZYPREXA 20 MG TABLET | 3 | QL | | | |
| ZYPREXA 5 MG TABLET | 3 | QL | | | |
| ZYPREXA 7.5 MG TABLET | 3 | QL | | | |
| ZYPREXA ZYDIS 10 MG TABLET | 3 | QL | | | |
| ZYPREXA ZYDIS 15 MG TABLET | 3 | QL | | | |
| ZYPREXA ZYDIS 20 MG TABLET | 3 | QL | | | |
| ZYPREXA ZYDIS 5 MG TABLET | 3 | QL | | | |
| ZYTIGA 250 MG TABLET | 3 | QL | PA | | SP |
| ZYTIGA 500 MG TABLET | 3 | QL | PA | | SP |
| ZYVOX 100 MG/5 ML SUSPENSION | 3 | | | | |
| ZYVOX 600 MG TABLET | 3 | | | | |

****This does not guarantee coverage. Please refer to your Plan's benefits****