Appendix 4
Wisconsin Medicaid Noncovered Drugs

A. Noncovered Drugs - No Manufacturer Rebate Agreement

Manufacturers of the following drugs have chosen not to participate in the Medicaid program. This is *not* a complete list of noncovered drugs. This list may change if manufacturers sign rebate agreements. Wisconsin Medicaid does not grant prior authorization for these drugs. Wisconsin Medicaid may cover the generic alternatives for these drugs if the manufacturer signed a rebate agreement. The noncovered drugs are:

Asthmanephrine	Duolube	Karigel	Nafrinse
Bichloracetic Acid	Eppy N Opth Soln	Lyteers	Neo-Tears
Clear Tears	Eppy Sol Oph	Moisture Drops	Tinver Lotion
Drysol	Karidium	Monoject Insulin Jel	Xerac AC
			Yodoxin

B. Medicaid Noncovered Drugs - FDA Less-Than-Effective Drugs

Wisconsin Medicaid does not grant prior authorization for these drugs nor for any generic alternatives identified by the Food and Drug Administration (FDA) as identical, related or similar to these drugs. This list represents only the most commonly prescribed less-than-effective drugs.

Amesec	Deprol	Kinesed	Mudrane	Quibron Plus
Arlidin	Donnatal	Levsin W Phenobarb	Naldecon	Rautrax
Bellabarb	Donnatal Extentabs	Librax	Nylidrin	Theofed
Belladenal	Entex	Lufyllin EPG	Pentaerythritol TN	Tigan Oral/rectal
Belladenals	Entex Liq	Marax	Peritrate	Tuss Ornade
Butibel	Fedrinal	Mepergan Fortis	Phenobarb & Belladonna	Vasodilan
Cyclandelate	Isolate Comp	Midrin	Priscoline	Vioform W HC
	Isoxuprine	P.V. Tussin	Quadrinal	Vytone

C. Medicaid Noncovered Drugs - Wisconsin Negative Formulary. Prior Authorization Will Not Be Granted for These Drugs:

Alginate
Gaviscon
Minoxidil Topical
Non-rebated Drugs Ineligible for Prior Authorization
Progesterone for PMS
Legend Multi-vitamins (Non-prenatal) - Excludes HealthCheck

FERTILITY ENHANCEMENT DRUGS (when used to treat infertility)

Chorionic Gonadotropin
Menotropins
Clomiphene
Urofollitroping
Gonadorelin

IMPOTENCE TREATMENT DRUGS

Alprostadil Intracavernosal (Caverject, Edex)
Phetolamine Intracavernosal (Regitine)
Sildenafil (Viagra)
Urethral Suppository (Muse)
Yohimbine

Any Drug Determined to Be Experimental in Nature or Not Proven as an Effective Treatment for the Condition for Which it Is Prescribed (See HFS 107.035).