

## State of Connecticut Tuberculosis (TB) Medication Formulary

\*\*\*available on [www.ctdssmap.com](http://www.ctdssmap.com)\*\*\*

(under Pharmacy Information/ Pharmacy Program  
Publications/ State of Connecticut Tuberculosis (TB)  
Medication Formulary)

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Amoxicillin Trihydrate  
Amoxicillin Trihydrate/  
Potassium  
Clavulanate Amikacin  
Azithromycin  
Bedaquiline  
Capreomycin  
Cycloserine  
Erythromycin  
Ethambutol  
Ethionamide  
Imipenem/Cilastin  
Isonarif  
Isoniazid  
Kanamycin  
Levofloxacin  
Linezolid  
Magnesium  
Moxifloxacin  
Paser  
Potassium  
Chloride  
Prednisone  
Pyrazinamide  
Pyridoxine  
Rifabutin  
Rifater  
Rifampin  
Rifapentine  
Streptomycin

**Please Note:** For pharmacy claims a primary diagnosis code of TB is required to be submitted in the NCPDP field 494-DO.

The Department has identified the following ICD-9 diagnoses (for dates of service prior to 10/1/2015) as TB related: 010 – 018.96, 771.2, 137 – 137.4, 647.3 – 647.34 and 795.51 – 795.52.

To identify the appropriate ICD-10-CM TB related diagnosis codes for dates of service on or after 10/1/2015, please refer to Table 12 in the Fee Schedule Instructions.

The fee schedule instructions can be accessed on the Connecticut Medical Assistance Program Web site at: [www.ctdssmap.com](http://www.ctdssmap.com).

To access the instructions from the Connecticut Medical Assistance Program Web site Home Page:

1. Click on Provider
2. Click on Provider Fee Schedule Download
3. Review the End User License Agreements and select either:
  - I Accept
  - I Do Not Accept

(In order to access the fee schedule, you must accept the end user license agreements.)

4. Select the Fee Schedule Instructions quick link and scroll down to the TB Related Diagnosis Codes table.

If a particular NDC requires a specific diagnosis code, that diagnosis code and a TB related diagnosis code must both be present for the claim to pay. The prescriber must provide the diagnosis code before one is submitted on a claim and the diagnosis must be documented on the prescription.

Effective 10/1/2015