

State of Connecticut Coverage of Outpatient Dialysis Services under Emergency Medicaid - Medication Formulary

available on www.ctdssmap.com

(under Pharmacy Information/ Pharmacy Program Publications/ State of Connecticut Outpatient Dialysis Services under Emergency Medicaid- Medication Formulary)

Covered pharmacy services include drugs in the following drug categories:

- Acetaminophen (OTC for age 0-20)
- Antiadrenergics
- Antihyperglycemics
- Antihypertensives
- Affect Blood Lipids/Sugar/Amino Acids
- Affect Primarily Kidneys/Urinary Tract
- Analgesic/ Antipyretics, Non-Salicylate
- Analgesic/Antipyretics, Salicylates
- Analgesic/Antipyretics, Salicylates (OTC)
- Antibacterials
- Antibiotics
- Anticonvulsants
- Antidepressants
- Antiemetic/ Antivertigo Agents
- Antihistamines
- Antihistamines (OTC)
- Antihypertensives
- Antimycotics
- Benzodiazepines
- Blood Coagulation, Drugs Given to Alter
- Bone Resorption Inhibitors
- Calcitriol
- Calcium (OTC for age 0-20)
- Calcium Antagonists
- Calcium Replacement
- Clotrimazole (OTC)
- Dialysis Solutions
- Digitalis Glycosides
- Electrolyte Depleters
- *Erythropoiesis-Stimulating Agents*
- Fludrocortisone
- Folic Acid Preparations
- Folic Acid (OTC for age 0-20)
- Haloperidol
- Hydrocortisone
- Hydrocortisone (OTC)
- Hypoxia Inducible Factor Prolyl Hydroxylase Inhibitor (HIF PH)
- Insulin (RX and OTC)
- Intestinal Motility Stimulants
- Iron Replacement and Iron (OTC)
- Levocarnitine
- Levodopa
- Lidocaine
- Lidocaine (OTC)
- Lipotropics (OTC)
- Melatonin (OTC)
- Metallic Poison, Agents to Treat
- Miconazole (OTC)
- Midodrine
- Mineral Replacement, Miscellaneous
- Movement Disorders, Drugs to Treat
- Naltrexone
- Nsaids, Cyclooxygenase Inhibitor – Type
- Nsaids, Cyclooxygenase Inhibitor - Type (OTC)
- Ondansetron
- Opioid Analgesics
- Paricalcitol
- Pergolide
- Phytonadione (Vitamin K1)
- Pituitary Suppressive Agents
- Pramipexole
- Prednisone
- Quinine
- Ropinirole
- Sedative-Hypnotics, Non-Barbiturate
- Sirolimus
- Tacrolimus
- Urea
- Vitamin B12 Preparations
- Vitamin E Preparations

Italic text indicates a drug specific diagnosis requirement.

Please refer to the 'HUSKY Therapeutic Class ICD-10 Diagnosis List', for the covered ICD-10 diagnosis codes: [Therapeutic List.pdf \(ctdssmap.com\)](#)

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Covered Diabetic Supplies include:

- Alcohol Antiseptic Pads (OTC)
- Blood Sugar Diagnostics: Blood Glucose Meter, Control Solution, and Test Strips (Rx and OTC)
- Insulin Pumps (subcutaneous)- Exclusively Omnipod and V-Go *
- Insulin Syringe With/Without Needle, (RX and OTC)
- Lancets and Lancing Device
- Needles And Syringes (RX and OTC)
- Pen Needle, Diabetic (RX and OTC)

* Prior Authorization required

Please Note: For pharmacy claims, a DSS approved EMDS 'Primary' diagnosis code is required to be submitted in NCPDP field 494-DO.

To identify the appropriate ICD-10-CM EMDS related diagnosis, please refer to the Fee Schedule Instructions.

The fee schedule instructions can be accessed on the Connecticut Medical Assistance Program Web site at: www.ctdssmap.com.

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

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 Services table 21 Primary Diagnosis Codes.

If a particular NDC requires a specific diagnosis code, that diagnosis code and an Outpatient Dialysis Services under Emergency Medicaid 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.