

Clinician Administered Drugs and Implantable Drug System Devices (CADD)

During the Mississippi Legislature Regular Session of 2018, Senate Bill 2836 directed the Division of Medicaid (DOM) to allow physician-administered drugs to be billed and reimbursed as either a medical claim or pharmacy point-of-sale (POS) claim to allow greater access to care.

To comply with this mandate, DOM has created a new classification of drugs and drugs system devices which may be allowed to be billed as either a medical or pharmacy claim. This new category will be known as Clinician Administered Drug and Implantable Drug System Devices (CADD). Billing Directions*

Chemical Dependency Treatment Agents		
Drug Name	NDC	Effective Date
Probuphine 74.2 mg Implant	58284010014	7/1/2018
Sublocade 100mg/0.5ml	12496010001	7/1/2018
Sublocade 300mg/1.5ml	12496030001	7/1/2018
Vivitrol 380mg	65757030001	7/1/2018

Antipsychotic Long-Acting Agents		
Drug Name	NDC	Effective Date
Fluphenazine Decanoate 125mg/5ml	00143952901	11/1/2018
	42023012901	11/1/2018
	42023012989	11/1/2018
	55150026705	11/1/2018
	63323027205	11/1/2018
	67457035959	11/1/2018
Haloperidol Decanoate 50mg/ml ampule	10147092103	11/1/2018
	70069003003	11/1/2018
Haloperidol Decanoate 100mg/ml ampule	10147092205	11/1/2018
	70069003105	11/1/2018

Note- Please consult the Universal Preferred Drug List (PDL) as some NDCs on the CADD list may be non-preferred and require prior authorization.

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Haloperidol Decanoate 50mg/ml vial	00703701103	11/1/2018
	00703701301	11/1/2018
	25021083101	11/1/2018
	63323046901	11/1/2018
	63323046905	11/1/2018
	67457041013	11/1/2018
Haloperidol Decanoate 100mg/ml vial	00703702103	11/1/2018
	00703702301	11/1/2018
	25021083301	11/1/2018
	25021083405	11/1/2018
	63323047101	11/1/2018
	63323047105	11/1/2018
	67457038158	11/1/2018
	67457040913	11/1/2018

Atypical Antipsychotic Long-Acting Agents - Injectable

Drug Name	NDC	Effective Date
Abilify Maintena ER 300 mg	59148001870	7/1/2018
	59148001871	7/1/2018
	59148004580	7/1/2018
Abilify Maintena ER 400 mg	59148001970	7/1/2018
	59148001971	7/1/2018
	59148007280	7/1/2018
Aristada ER 441 mg/1.6 ml	65757040101	7/1/2018
	65757040103	7/1/2018
Aristada ER 662 mg/2.4 ml	65757040201	7/1/2018
	65757040203	7/1/2018
Aristada ER 882 mg/3.2 ml	65757040301	7/1/2018
	65757040303	7/1/2018
Aristada ER 1064 mg/3.9 ml	65757040401	7/1/2018
	65757040403	7/1/2018
Aristada Initio ER 675mg/2ml	65757050003	11/1/2018
Invega Sustenna 39 mg/0.25ml	50458056001	7/1/2018
Invega Sustenna 78 mg/0.5 ml	50458056101	7/1/2018
Invega Sustenna 117 mg/0.75 ml	50458056201	7/1/2018
Invega Sustenna 156 mg/ml	50458056301	7/1/2018
Invega Sustenna 234 mg/1.5 ml	50458056401	7/1/2018

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Invega Trinza 273 mg/0.875 ml	50458060601	7/1/2018
Invega Trinza 410 mg/1.315 ml	50458060701	7/1/2018
Invega Trinza 546 mg/1.75 ml	50458060801	7/1/2018
Invega Trinza 819 mg/2.625 ml	50458060901	7/1/2018
Perseris Inj 90mg	12496009001	11/1/2018
Perseris Inj 120mg	12496012001	11/1/2018
Risperdal Consta 12.5 mg syr.	50458030911	7/1/2018
Risperdal Consta 25 mg syr.	50458030611	7/1/2018
Risperdal Consta 37.5 mg syr.	50458030711	7/1/2018
Risperdal Consta 50 mg syr.	50458030811	7/1/2018
Zyprexa Relprevv 210 mg Vial	00002763511	7/1/2018
Zyprexa Relprevv 300 mv Vial	00002763611	7/1/2018
Zyprexa Relprevv 405 mg Vial	00002763711	7/1/2018

Long Acting Reversible Contraceptive

Drug Name	NDC	Effective Date
Liletta 52 mg System	00023585801	7/1/2018
	52544003554	7/1/2018
Mirena	50419042101	7/1/2018
	50419042301	7/1/2018
Nexplanon 68 mg Implant	00052433001	7/1/2018
Paragard T 380-A IUD	51285020401	7/1/2018
Paragard T 380-A IUD	59365512801	9/1/2018
Skyla 1 kit 14mcg/24hr	50419042201	7/1/2018

Pregnancy Maintaining Agents

Drug Name	NDC	Effective Date
Hydroxyprogesterone 250mg/ml Vial	00517176701	11/1/2018
Hydroxyprogesterone 250mg/ml Vial	66993003883	11/1/2018
Hydroxyprogesterone 250mg/ml Vial	66993003901	11/1/2018
Makena 250mg/ml Vial	64011024702	7/1/2018
Makena 275 mg/1.1ml Autoinj.	64011030103	7/1/2018
Makena 1,250mg/5ml Vial	64011024301	7/1/2018

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* Billing Directions:

- CADD drugs will not count toward monthly prescription drug limits applicable to covered outpatient drugs.
- Prescribers should identify drugs to be billed to a beneficiary's pharmacy benefit (via POS claim) by notating on the prescription that the drug will be administered in an outpatient setting, such as a physician's office.
- The pharmacy provider should enter a value of '11' (Office) in NCPDP Field 307-C7 (Place of Service) to identify that the CADD drug will be administered in a clinician setting and as the mechanism whereby the pharmacy claims processing system will not count the claim toward the prescription monthly limit. The pharmacy provider should ensure that the CADD drug is routed directly to the prescriber's office.
- The prescriber should not seek duplicative reimbursement for the drug or drug delivery system on a medical claim. If appropriate, administration or related procedure codes may be submitted on the claim of the provider rendering the applicable service involving the drug or drug delivery system.

List subject to revision

Last update – November 21, 2018

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