

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 | 52440010014 | 2/2/2019 |
| 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 |
| | 63323047141 | 3/2/2019 |
| | 70069003105 | 11/1/2018 |

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|-------------------------------------|-------------|------------|
| Haloperidol Decanoate 50mg/ml vial | 00703701103 | 11/1/2018 |
| | 00703701301 | 11/1/2018 |
| | 00703712103 | 12/7/2019 |
| | 25021083101 | 11/1/2018 |
| | 63323046901 | 11/1/2018 |
| | 63323046905 | 11/1/2018 |
| | 67457041013 | 11/1/2018 |
| | 70069038110 | 8/27/2019 |
| | 70710146106 | 2/1/2020 |
| | 70710146109 | 2/1/2020 |
| Haloperidol Decanoate 100mg/ml vial | 00143929501 | 12/14/2019 |
| | 00703702103 | 11/1/2018 |
| | 00703702301 | 11/1/2018 |
| | 00703713101 | 8/14/2019 |
| | 00703713103 | 8/14/2019 |
| | 25021083301 | 11/1/2018 |
| | 25021083405 | 11/1/2018 |
| | 63323047101 | 11/1/2018 |
| | 63323047105 | 11/1/2018 |
| | 67457038158 | 11/1/2018 |
| | 67457040913 | 11/1/2018 |
| | 70069038310 | 8/27/2019 |
| | 70710146301 | 1/18/2020 |
| 70710146305 | 1/18/2020 | |
| Haloperidol Decanoate 250mg/5ml | 70069038405 | 5/1/2020 |
| | 70710146201 | 2/1/2020 |
| Haloperidol Decanoate 500mg/5ml | 00143929601 | 12/14/2019 |
| | 00703712301 | 5/1/2020 |
| | 70710146401 | 1/18/2020 |
| | 70710146405 | 1/18/2020 |

| 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 |

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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|--------------------------------|-------------|-----------|
| 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 Hafyera 1092mg/3.5ml | 50458061101 | 9/18/2021 |
| Invega Hafyera 1560mg/5ml | 50458061201 | 9/18/2021 |
| 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 |
| 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 |
| Kyleena 19.5mg | 50419042401 | 7/1/2018 |
| Liletta 52 mg System | 00023585801 | 7/1/2018 |
| | 52544003554 | 7/1/2018 |
| Mirena | 50419042101 | 7/1/2018 |
| | 50419042301 | 7/1/2018 |

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|-------------------------|-------------|-----------|
| Nexplanon 68 mg Implant | 00052433001 | 7/1/2018 |
| Nexplanon 68 mg Implant | 78206014501 | 8/21/2021 |
| 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 |
|------------------------------|-------------|----------------|
| 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 |

Long-Acting Injectable Contraceptives

| Drug Name | NDC | Effective Date |
|-----------------------------|-------------|----------------|
| DEPO-PROVERA 150 MG/ML SYRI | 00009737611 | 8/6/2021 |
| DEPO-PROVERA 150 MG/ML VIAL | 00009074630 | 8/6/2021 |
| DEPO-PROVERA 150 MG/ML VIAL | 00009074635 | 8/6/2021 |
| DEPO-SUBQ PROVERA 104 SYRIN | 00009470913 | 8/6/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 00548540000 | 8/6/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 00548540025 | 8/6/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 00548541000 | 8/6/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 00548541025 | 8/6/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 00548570100 | 8/6/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 00548571100 | 8/6/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 00703680101 | 8/6/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 00703680104 | 8/6/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 16714002801 | 8/6/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 16714002825 | 8/6/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 16714098101 | 8/6/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 16714098102 | 8/6/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 16714099901 | 8/6/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 50102059140 | 8/6/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 50090561900 | 9/16/2022 |
| MEDROXYPROGESTERONE 150 MG/ | 59762453701 | 8/6/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 59762453702 | 8/6/2021 |

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|-----------------------------|-------------|------------|
| MEDROXYPROGESTERONE 150 MG/ | 59762453802 | 8/6/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 62756009040 | 8/6/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 62756009045 | 8/6/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 62756009140 | 8/21/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 66993037025 | 8/6/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 66993037083 | 8/6/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 66993037179 | 10/16/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 67457088700 | 8/6/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 67457088701 | 8/6/2021 |
| MEDROXYPROGESTERONE 150 MG/ | 67457088799 | 8/6/2021 |

* 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 – 11/15/2022 v21

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