

## Clinician Administered Drugs and Implantable Drug System Devices (CADD)



MISSISSIPPI DIVISION OF  
**MEDICAID**

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\*

<b>Chemical Dependency Treatment Agents</b>		
<b>Drug Name</b>	<b>NDC</b>	<b>Effective Date</b>
Brixadi Weekly 8mg/0.16ml syr	58284020801	10/1/2023
Brixadi Weekly 16mg/0.32 ml syr	58284021601	10/1/2023
Brixadi Weekly 24mg/0.48 ml syr	58284022401	10/1/2023
Brixadi Weekly 32mg/0.64 ml syr	58284023201	10/1/2023
Brixadi Month 64 mg/0.18 ml syr	58284026401	10/1/2023
Brixadi Month 96 mg/0.27 ml syr	58284029601	10/1/2023
Brixadi Month 128 mg/0.36 ml syr	58284022801	10/1/2023
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 Vial - Diluent	65757030001	7/1/2018
Vivitrol 380mg Vial	65757030202	7/1/2018

<b>Antipsychotic Long-Acting Agents</b>		
<b>Drug Name</b>	<b>NDC</b>	<b>Effective Date</b>
Fluphenazine Decanoate 125mg/5ml	00143952901	11/1/2018
	25021083805	10/30/2023
	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
	68001057848	5/17/2023
	68001057859	5/17/2023
	70069003003	11/1/2018
Haloperidol Decanoate 100mg/ml ampule	10147092205	11/1/2018

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	63323047141	3/2/2019
	68001057948	5/17/2023
	70069003105	11/1/2018
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
	68001058041	5/17/2023
	70069038110	8/27/2019
	70710146106	2/1/2020
	70710146109	2/1/2020
	70756061510	7/27/2023
	70756061581	7/27/2023
	Haloperidol Decanoate 100mg/ml vial	00143929501
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
68001058141		5/17/2023
68001058148		5/17/2023
68001058182		5/17/2023
70069038310		8/27/2019
70710146301		1/18/2020
70710146305		1/18/2020
70756061610		7/27/2023
70756061681		7/27/2023
72603023001		12/18/2023
Haloperidol Decanoate 250mg/5ml	70069038405	5/1/2020
	70710146201	2/1/2020
	70756062485	7/27/2023
Haloperidol Decanoate 500mg/5ml	00143929601	12/14/2019
	00703712301	5/1/2020
	68001058241	5/17/2023

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	70710146401	1/18/2020
	70710146405	1/18/2020
	70756062585	7/27/2023

### Atypical Antipsychotic Long-Acting Agents - Injectable

Drug Name	NDC	Effective Date
Abilify Asimtufii 720 mg/2.4 ml	59148010280	5/1/2023
Abilify Asimtufii 960 mg/3.2 ml	59148011480	5/1/2023
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 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
RISPERIDONE ER 12.5 MG VIAL	00480155408	12/11/2023

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RISPERIDONE ER 25 MG VIAL	00480123208	12/11/2023
RISPERIDONE ER 37.5 MG VIAL	00480134208	12/11/2023
RISPERIDONE ER 50 MG VIAL	00480145308	12/11/2023
Rykindo ER 25mg Vial	72526020201	8/29/2023
Rykindo ER 37.5mg Vial	72526020301	8/29/2023
Rykindo ER 50mg Vial	72526020401	8/29/2023
Rykindo ER 25mg Vial Kit	72526010211	8/29/2023
Rykindo ER 37.5mg Vial Kit	72526010311	8/29/2023
Rykindo ER 50mg Vial Kit	72526010411	8/29/2023
Uzedy ER 50 mg/0.14 ml	51759030510	5/1/2023
Uzedy ER 75 mg/0.21 ml	51759041010	5/1/2023
Uzedy ER 100 mg/0.28 ml	51759052010	5/1/2023
Uzedy ER 125 mg/0.35 ml	51759063010	5/1/2023
Uzedy ER 150 mg/0.42 ml	51759074010	5/1/2023
Uzedy ER 200 mg/0.56 ml	51759085010	5/1/2023
Uzedy ER 250 mg/0.7 ml	51759096010	5/1/2023
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
Nexplanon 68 mg Implant	00052433001	7/1/2018
	78206014501	8/21/2021
Paragard T 380-A IUD	51285020401	7/1/2018
	59365512801	9/1/2018
Skyla 1 kit 14mcg/24hr	50419042201	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

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MEDROXYPROGESTERONE 150 MG/ML	00548540000	8/6/2021
MEDROXYPROGESTERONE 150 MG/ML	00548540025	8/6/2021
MEDROXYPROGESTERONE 150 MG/ML	00548541000	8/6/2021
MEDROXYPROGESTERONE 150 MG/ML	00548541025	8/6/2021
MEDROXYPROGESTERONE 150 MG/ML	00548570100	8/6/2021
MEDROXYPROGESTERONE 150 MG/ML	00548571100	8/6/2021
MEDROXYPROGESTERONE 150 MG/ML	00703680101	8/6/2021
MEDROXYPROGESTERONE 150 MG/ML	00703680104	8/6/2021
MEDROXYPROGESTERONE 150 MG/ML	16714002801	8/6/2021
MEDROXYPROGESTERONE 150 MG/ML	16714002825	8/6/2021
MEDROXYPROGESTERONE 150 MG/ML	16714098101	8/6/2021
MEDROXYPROGESTERONE 150 MG/ML	16714098102	8/6/2021
MEDROXYPROGESTERONE 150 MG/ML	16714099901	8/6/2021
MEDROXYPROGESTERONE 150 MG/ML	50102059140	8/6/2021
MEDROXYPROGESTERONE 150 MG/ML	50090561900	9/16/2022
MEDROXYPROGESTERONE 150 MG/ML	59762453701	8/6/2021
MEDROXYPROGESTERONE 150 MG/ML	59762453702	8/6/2021
MEDROXYPROGESTERONE 150 MG/ML	59762453802	8/6/2021
MEDROXYPROGESTERONE 150 MG/ML	62756009040	8/6/2021
MEDROXYPROGESTERONE 150 MG/ML	62756009045	8/6/2021
MEDROXYPROGESTERONE 150 MG/ML	62756009140	8/21/2021
MEDROXYPROGESTERONE 150 MG/ML	66993037025	8/6/2021
MEDROXYPROGESTERONE 150 MG/ML	66993037083	8/6/2021
MEDROXYPROGESTERONE 150 MG/ML	66993037179	10/16/2021
MEDROXYPROGESTERONE 150 MG/ML	67457088700	8/6/2021
MEDROXYPROGESTERONE 150 MG/ML	67457088701	8/6/2021
MEDROXYPROGESTERONE 150 MG/ML	67457088799	8/6/2021
MEDROXYPROGESTERONE 150 MG/ML	70121146702	8/25/2023
MEDROXYPROGESTERONE 150 MG/ML	70121146705	8/25/2023
MEDROXYPROGESTERONE 150 MG/ML	70121148001	8/25/2023

**\* 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 – 01/22/2024 v29