

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Erzofri is an atypical antipsychotic prescribed for the treatment of schizophrenia and schizoaffective disorder in adults. It can be used alone or in combination with mood stabilizers or antidepressants.						
Exclusion Criteria	None.						
Required Medical Information	Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment.						
Age Restriction	None.						
Prescriber Restrictions	None.						
Coverage Duration	Initial coverage: One year. Reauthorization: Two years. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice.						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="496 898 1511 1136"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J2428</td> <td>Injection, paliperidone palmitate extended release, 1 mg</td> <td>Billing unit: per 1 mg 39 mg/0.25 mL, 78 mg/0.5 mL, 117 mg/0.75 mL, 156 mg/1 mL, 234 mg/1.5 mL, 351 mg/2.25 mL SD syringe</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J2428	Injection, paliperidone palmitate extended release, 1 mg	Billing unit: per 1 mg 39 mg/0.25 mL, 78 mg/0.5 mL, 117 mg/0.75 mL, 156 mg/1 mL, 234 mg/1.5 mL, 351 mg/2.25 mL SD syringe
HCPCS	Description	Billing Units/How Supplied					
J2428	Injection, paliperidone palmitate extended release, 1 mg	Billing unit: per 1 mg 39 mg/0.25 mL, 78 mg/0.5 mL, 117 mg/0.75 mL, 156 mg/1 mL, 234 mg/1.5 mL, 351 mg/2.25 mL SD syringe					

STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025