

## Paliperidone Palmitate (Erzofri®)

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

### POS Abbreviations

<b>AL</b> – Age Limit	<b>DS</b> – Maximum Days’ Supply Allowed	<b>PU</b> – Prior Use of Other Medication is Required
<b>BH</b> – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	<b>DT</b> – Duration of Therapy Limit	<b>QL</b> – Quantity Limit
<b>BY</b> – Diagnosis Codes Bypass Some Requirements	<b>DX</b> – Diagnosis Code Requirement	<b>RX</b> – Specific Prescription Requirement
<b>CL</b> – Additional Clinical Information is Required	<b>ER</b> – Early Refill	<b>TD</b> – Therapeutic Duplication
<b>CU</b> – Concurrent Use with Other Medication is Restricted	<b>MD</b> – Maximum Dose Limit	<b>YQ</b> – Yearly Quantity Limit
<b>DD</b> – Drug-Drug Interaction	<b>MME</b> – Maximum Morphine Milligram Equivalent is Restricted	

## Paliperidone Palmitate (Erzofri®)

### POS Edits

**BH** – Additional behavioral-health related clinical information (trial of behavioral therapy, etc.) is required for this agent when requested for recipients who are younger than 7 years of age.

**DX** – Pharmacy claims for this agent must be submitted with an appropriate diagnosis code found at [THIS LINK](#).

**PU** – This agent requires evidence in pharmacy claims indicating established tolerance with previous use of an oral **OR** injectable form.

**Generic (Brand Example)**

**At Least ONE Claim of Oral Dosage Form in Previous 365-Day Period**

**Number of Injectable Claims in Previous Period of Time**

Paliperidone (Erzofri®)

Paliperidone or Risperidone

**ONE** claim for **ANY** risperidone or paliperidone injectable product in the previous 365 days

**QL** – This agent has a quantity limit as listed in the chart to the right.

**Medication**

**Quantity Limit**

Paliperidone (Erzofri®)

1 unit every 28 days

**TD** – This agent is monitored at the pharmacy POS for duplication of therapy with other injectable antipsychotic agents.

**Revision / Date**

**Implementation Date**

Created POS Document / November 2024

March 2025