

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2025106 JULY 15, 2025

Coverage added for physician-administered drug Erzofri (J2428) under the IHCP medical benefit

The Indiana Health Coverage Programs (IHCP) is adding coverage to the medical benefit for the physician-administered drug paliperidone palmitate (Erzofri), effective retroactively for dates of service (DOS) on or after **April 1, 2025**. Medical providers will use Healthcare Common Procedure Coding System (HCPCS) procedure code J2428 to bill for Erzofri (see Table 1). Erzofri will continue to be available through the pharmacy benefit.

IHCP coverage for this drug applies to both managed care and fee-for-service (FFS) delivery systems.

Prior authorization (PA) is not required for claims for J2428 with DOS prior to Aug. 15, 2025. However, PA **will** be required for DOS on or after Aug. 15, 2025. Coverage of Erzofri under the medical benefit will be subject to the same PA criteria as applied under the pharmacy benefit. The PA criteria for Erzofri can be found in the Antipsychotic PA Criteria document, available on the *Pharmacy Prior Authorization Criteria and Forms* page of the [Indiana Medicaid Fee-for-Service Pharmacy Benefit website](https://inm.pharmacy.optum.com) at inm.pharmacy.optum.com.

All claims for this drug must include the National Drug Code (NDC). For institutional outpatient claims, separate reimbursement is available for procedure code J2428 when billed in conjunction with revenue code 636 – *Drugs requiring detailed coding*.

The claim-processing systems will be updated. Claims submitted for this drug with DOS on or after April 1, 2025, that denied in error will be reprocessed. Providers should see adjusted or reprocessed FFS claims on remittance advices (RAs) beginning Aug. 20, 2025, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related) or 80 (reprocessed denied claims).



Table 1 – Newly covered procedure code for Erzofri, effective retroactively for DOS on or after April 1, 2025

Procedure code	Code description	Program coverage	PA required	NDC required	Special billing information
J2428	Injection, paliperidone palmitate extended release (erzofri), 1 mg	Covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits	Yes for DOS on or after Aug. 15, 2025 No for DOS from April 1, 2025, through Aug. 14, 2025	Yes	Max fee: \$17.48 Linked to revenue code 636

This change will be reflected in the next scheduled update of the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) webpage at in.gov/medicaid/providers.

Updates will be made to the following code tables, accessible from the [Code Sets](#) webpage at in.gov/medicaid/providers:

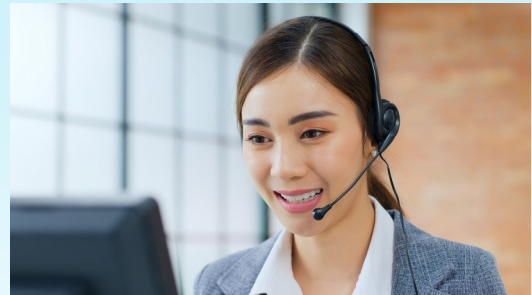
- *Procedure Codes That Require National Drug Codes (NDCs)*
- *Revenue Codes With Special Procedure Code Linkages*

For more information

Questions about PA under the FFS medical benefit should be directed to Acentra Health Customer Service at 866-725-9991.

Questions about billing and reimbursement under the FFS medical benefit should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your [Provider Relations consultant](#). For questions regarding PA, billing or reimbursement or about the Statewide Uniform Preferred Drug List (SUPDL) under the FFS pharmacy benefit, please contact Optum Rx at 855-577-6317.

Within the managed care delivery system, individual managed care entities (MCEs) establish and publish their own PA, billing and reimbursement requirements. Questions about managed care PA, billing and reimbursement should be directed to the MCE with which the member is enrolled.



QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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