



Prior Authorization Approval Criteria

Fanapt (iloperidone)

Generic name:	iloperidone
Brand name:	Fanapt
Medication class:	atypical antipsychotic agent
FDA-approved uses:	treatment of schizophrenia in adults 18 years of age or older.
Available dosage forms:	1mg, 2mg, 4mg, 6mg, 8mg, 10mg, and 12mg tablets
Usual dose:	Start at 1mg twice daily up to a target dose of 6-12mg twice daily. (maximum dose is 24mg/day)
Approximate monthly cost: (based on AWP 2010)	\$630.00/month. All strengths cost \$10.50/pill.
Duration of therapy:	Indefinite

Criteria for use (*bullet points below are all inclusive unless otherwise noted*):

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient's medical records.
- Must have been clinically diagnosed with schizophrenia
- Patient must be 18 years of age or older
- Must have tried and failed or been intolerant to at least 2 formulary atypical antipsychotic agents such as Zyprexa (olanzapine), Seroquel (quetiapine), Risperdal (risperidone), Clozaril (clozapine) or Geodon (ziprasidone).

Contraindication:

- Known hypersensitivity reaction to iloperidone. Reactions have included urticaria and pruritus.

Not approved if:

- Patient does not meet the above stated criteria
- Patient has any contraindications to the use of Fanapt.
- Patient has dementia related psychosis.

Special considerations:

- Quantity limit of 60 pills/month.
- Fanapt must be titrated slowly from a low starting dose to avoid orthostatic hypotension.
- Control of symptoms may be delayed by 1-2 weeks due to the slow titration.
- Fanapt's label has a warning on QT prolongation and advises providers to try another drug first.

FCHP Pharmacy and Therapeutics Committee approval: _____

Date: _____

Adopted: 03/10/10