



AmeriHealth.

Policy Title Iloperidone (Fanapt™)

Policy Number FS.CLIN.99

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This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Policy

Iloperidone(Fanapt™) is indicated for the acute treatment of schizophrenia in adults.

The use of Iloperidone(Fanapt™) requires prior authorization (i.e., clinical pharmacy and/or Medical Director review).

Policy description

Iloperidone (Fanapt™) is an atypical antipsychotic agent whose mechanism of action is unknown. It is proposed that the efficacy is mediated through a combination of dopamine type 2 (D2) and serotonin type 2 (5-HT2) antagonisms.

Policy guideline inclusion

Iloperidone(Fanapt™) is approved when **one** of the following inclusion criteria is met:

- Documentation of diagnosis of schizophrenia and documentation of a trial and failure of, or contraindication to, at least **one** of the following medications:
 - Aripiprazole (Abilify®)
 - Risperidone (Risperdal®)
 - Quetiapine fumarate (Seroquel®)
 - An olanzapine-containing product
- Documentation of diagnosis of schizophrenia and documentation of stabilization from an institutional setting
- Documentation of diagnosis of schizophrenia and documentation of current stabilization for over four weeks with corresponding dates

Policy guideline exclusion

Iloperidone(Fanapt™) is denied when **all** of the following exclusion criteria are found:

- No documentation of diagnosis of schizophrenia and documentation of a trial and failure of, or contraindication to, at least **one** of the following medications:

- Aripiprazole (Abilify®)
- Risperidone (Risperdal®)
- Quetiapine fumarate (Seroquel®)
- An olanzapine-containing product
- No documentation of diagnosis of schizophrenia and documentation of stabilization from an institutional setting
- No documentation of diagnosis of schizophrenia and documentation of current stabilization for over four weeks with corresponding dates

Policy List of Applicable Drugs

Brand Name	Generic Name
Fanapt	iloperidone

Dosing and administration

Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.

Policy references

Fanapt™ (Iloperidone) [package insert]. Rockville, MD:Vanda Pharmaceuticals; August 2010.

Iloperidone(Fanapt™). In: Facts and Comparisons [online through Facts and Comparisons Online]. Indy, IN: Walter Kluwer Health Inc. Accessed September 12, 2011.

Iloperidone(Fanapt™). In: Drugdex [online through Micromedex Healthcare Series]. Greenwood Village, CO: Thomson Micromedex. Accessed September 12, 2011.

Cutler AJ, Kalali AH, Weiden PJ, et al: Four-week, double-blind, placebo- and ziprasidone-controlled trial of iloperidone in patients with acute exacerbations of schizophrenia. J Clin Psychopharmacol 2008; 28(2 Suppl 1):S20-S28

Policy link to related policies

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