

Effective Date: 7/1/2020
Last Reviewed: 4/2020, 3/2021, 2/2022
Scope: Medicaid

FANAPT (Iloperidone oral tablet)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication

Schizophrenia

Fanapt is indicated for the acute treatment of schizophrenia in adults.

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR APPROVAL

A. Schizophrenia

An authorization may be granted for 12 months when the following criteria (1) and (2) are met:

1. The patient experienced an inadequate treatment response after a trial of at least 30 days or intolerance to three generic atypical antipsychotics
2. The requested drug is being prescribed for the treatment of schizophrenia in an adult ≥ 18 years of age.

III. QUANTITY LIMIT

Fanapt 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, and 12mg tablets have a quantity limit of 2 tablets per day.

IV. REFERENCES

1. Fanapt (iloperidone) tablets [package insert]. Rockville, MD: Vanda Pharmaceuticals, Inc.; September 2021.
2. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed April 2020.