Clinical Policy: Iloperidone (Fanapt®)

Reference Number: PMA_10-11-18
Effective Date: 10/06/16

Medication class: Atypical Antipsychotic

Indications for use: Fanapt® is FDA approved for the treatment of:
  - Schizophrenia

Description
The intent of the criteria is to ensure that members follow selection elements established by Cenpatico Integrated Care (Cenpatico IC) medical policy for iloperidone (Fanapt®)

Policy/Criteria
It is the policy of Cenpatico IV that iloperidone (Fanapt®) is medically necessary for members meeting the following criteria:

Initial Approval Criteria (must meet all):
A. Diagnosis of Schizophrenia;
A. Age > 18 years;
B. Failure of THREE PDL generic atypical antipsychotics, one of which must be risperidone, each used for > 4 weeks,
   OR
   Contraindication to ALL PDL generic antipsychotics FDA approved for schizophrenia;
C. Request does not exceed 2 tablets/day

Approval duration: 12 months

Continued Approval (must meet all as applicable):

A. If request is for a dose increase, member must be adherent to current regimen and request does not exceed 2 tablets per day.

Approval duration: 12 months

Background
Iloperidone is an atypical antipsychotic agent used for the treatment of schizophrenia. The exact mechanism responsible for the therapeutic effects of antipsychotics is unknown. However, it has been theorized that the efficacy of iloperidone is mediated through dopamine (D2) and serotonin (5-HT2) antagonism.
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Available dosage forms:
Fanapt® tablets: 1mg, 2mg, 4mg, 6mg, 8mg, 10mg 12mg

Usual dose:
Fanapt®: 1mg BID titrate to 12-24mg/day Maximum daily dose is 24mg

References (or Bibliography)
1. Centene Clinical Policy: Iloperidone (Fanapt®) Reference Number: CP.PMN.32 effective date: 08/15; last review date 02/16.
2. Iloperidone Drug Monograph.

Reviews, Revisions, and Approvals

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<tr>
<th>Event Description</th>
<th>Date</th>
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<td>New guideline created – replaces PMA_10-11-17 combined for Fanapt®, Invega® and Seroquel XR®:</td>
<td>06/08/17</td>
<td>07/28/17</td>
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<td>For schizophrenia: changed failure of three PDL generic atypical antipsychotics OR contraindication to ALL PDL generic antipsychotics approved for schizophrenia.</td>
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