

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Iloperidone (Fanapt)

Notes:

- Quantity Limits: Yes

Initiation (new start) criteria: Non-formulary **iloperidone (Fanapt)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of schizophrenia:
- Prescriber is a psychiatrist
- Diagnosis of schizophrenia on the Problem List
- Patient is 18 years of age or older
- Patient has documented contraindication, intolerance, or treatment failure to 3 formulary antipsychotic agents (e.g., quetiapine, risperidone, olanzapine, aripiprazole, ziprasidone, clozapine or first-generation antipsychotic)

-OR-

- Patient is already taking the drug

-OR-

- Dose Change Only: Patient previously met criteria and is already taking the drug