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

**Schizophrenia:**
- Prescriber is a psychiatrist
- AND-
- Diagnosis of schizophrenia on the Problem List
- AND-
- Patient is 18 years of age or older
- AND-
- 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