

# Iloperidone

Fanapt, an antipsychotic medicine

This medicine treats psychosis and mania with unusually little stiffness or restlessness, but it has to be started slowly.

## WHAT IT TREATS

Schizophrenia, bipolar mania

## HOW YOU TAKE IT

Twice daily, food optional

## WHEN IT WORKS

1 to 2 weeks; more by 6

## HABIT FORMING

No

### ⚠️ IMPORTANT SAFETY WARNING

Older adults with dementia who take this kind of medicine have a higher risk of death, so it is not used to treat confusion or agitation caused by dementia.

## 🕒 WHAT THIS MEDICINE DOES

- **Iloperidone** eases voices, paranoia, and mania by settling dopamine and serotonin signals that are running too high.
- It causes less stiffness and less of the restless, cannot-sit-still feeling than most medicines in this group.
- That makes it a good fit if movement side effects are what ended your last medicine rather than lack of benefit.
- The trade is a careful start over the first week, because it can drop your blood pressure when you stand up.

## 🕒 HOW TO TAKE IT

- Take it **twice a day**, with or without food, at roughly the same times so your level stays even through the day.
- Your dose climbs a little each day for about **a week**. That slow start is what prevents dizziness and fainting.
- Do not skip ahead to the target dose even if you feel fine. Going faster causes fainting, not a faster response.
- If you stop for more than **3 days** for any reason, call before restarting. You have to build back up from the beginning.
- Miss a dose? Take it when you remember unless the next one is near, and never take two doses together.

## 📈 WHAT TO EXPECT

- Because of the slow start, real benefit usually begins in the second week and keeps building for **4 to 6 weeks**.
- Working looks like voices fading into the background and being able to think one thought at a time again.
- Dizziness is worst during the first week of the climb and usually settles once you reach a steady dose.
- Movement side effects that drove you off other medicines are much less likely here, which is often the whole point.

## 💖 COMMON SIDE EFFECTS

- Dizziness and lightheadedness on standing are the leading effects. Rise in stages and keep fluids up through the day.
- A fast heartbeat, stuffy nose, and dry mouth are common. Saline nose spray, water, and sugar-free gum handle most of it.
- Sleepiness and tiredness show up early. Ask about putting the larger dose at bedtime rather than in the morning.
- Weight gain averages about **5 pounds**, with modest rises in blood sugar and cholesterol over the first year.
- Those numbers get checked at the start, at 12 weeks, and yearly, so a problem is caught while it is still small.
- Daily walking, protein at breakfast, and fewer sugary drinks are what actually blunt the appetite this can bring on.

### ⚠️ CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- Call **911** for muscle stiffness with a high fever, confusion, or a racing heart. That combination is an emergency.
- Call **911** for fainting, a fluttering or pounding chest, or a seizure, since these can mean a heart rhythm change.
- Report mouth, tongue, or hand movements you did not choose. Early treatment matters, so call at the first sign.
- Call **988** if thoughts of ending your life show up, and tell your prescriber the same day.

## 🚫 WHAT TO AVOID

- Tell your prescriber before adding fluoxetine, paroxetine, or an antifungal, since each can double the level in your blood.
- Ask before combining with other heart medicines, because this one can change your heart rhythm on its own.
- Go easy on alcohol, which deepens both the dizziness and the drowsiness this medicine can already cause.
- Do not drive during the first week of the slow start, when the drop in blood pressure is at its strongest.
- Tell your prescriber if you are pregnant, may become pregnant, or are nursing, so you can plan it together.

## 🕒 STOPPING IT SAFELY

- Do not stop **iloperidone** on your own, and remember a gap of more than 3 days means starting the climb over.
- Your prescriber will taper it slowly rather than cutting it off, which keeps symptoms from rushing back.
- If dizziness is why you want to quit, say so early. Timing changes and fluids fix it more often than not.
- Feeling steady is the medicine working. Talk through how long to stay on it before making any change.

## ❓ QUESTIONS TO ASK

- How many days will the slow start take before I am at my full dose?
- Do I need an ECG before I start or once I reach the target dose?
- What should I do if I run out of pills for a few days?
- Which of my other medicines change the level of this one?

# Where this information comes from

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## NOTE

Sources are listed in APA 7th edition style. This handout is general information about a medicine, not medical advice, and it does not replace the instructions from your own prescriber or pharmacist. Never start, change, or stop a medicine on your own. If you think you are having a serious reaction, call your prescriber; if you cannot breathe, cannot stay awake, or are thinking of harming yourself, call 911 or 988 right away.