



Pharmacokinetic Results of Single-Dose and Multiple-Dose Bioequivalence Studies of Milsaperidone and Iloperidone Immediate-Release Oral Tablets

Aim

Evaluate the pharmacokinetics and comparative bioavailability of milsaperidone compared to iloperidone

Background

Milsaperidone (formerly VHX-896 and P88) is the major active metabolite of iloperidone. Milsaperidone crosses the blood brain barrier, where exposure to the metabolite is believed to contribute to the clinical effects of iloperidone¹.

Methods

Single-dose study design:

- 3mg single oral fasted comparison in healthy volunteers
- Bioequivalence: LSGMR estimates, 90% Cls range 80%-125%³
- PK parameters (plasma): C_{max}, AUC_{0-t}, AUC_{0-inf}



Multiple-dose study design:

- 12mg repeat oral bid dose fasted comparison
- Patients with schizophrenia or bipolar I disorder
- Bioequivalence: LSGMR estimates, 90% Cls range 80%-125%³
- PK parameters (plasma): C_{max} and AUC_{0-12 hours}



Footnotes: Single dose study: NCT06494397; Repeat dose Study: NCT04969211. Cmax and AUC parameters report least squares geometric means rounded to the nearest 0.1 hours. AUC_{0-t} was calculated according to the linear trapezoidal rule where t is the last observable concentration above the limit of quantification, and AUC_{inf} was extrapolated to infinity by dividing the last measured concentration by the terminal elimination rate constant. GMRs reflect milsaperidone/iloperidone (i.e., test/reference) expressed as a percentage. Abbreviations: AUC, area under the plasma concentration-time curve; bid, twice daily; CI, confidence interval; Cmax, maximum concentration; hr, hour; inf, infinity; pg/mL, picograms per milliliter; PK, pharmacokinetic; mg, milligram; t, time; ref, reference study medication; Tmax, time of peak concentration. References: 1. Subramanian & Kalkman, (2002). Progress in Neuro-Psychopharmacology and Biological Psychiatry. DOI: https://doi.org/10.1016/S0278-5846(01)00307-4. 2. Vanda Pharmaceuticals Inc. (2025). Fanapt (iloperidone) USPI. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/022192s024lbl.pdf. Accessed 22 May 2025. 3. US Food and Drug Administration at the start of the (FDA), (2021), Guidance for Industry: Bioequivalence Studies With Pharmacokinetic Endpoints. Available at: https://www.fda.gov/media/87219/download. Accessed 22 May 2025.

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Single-dose pharmacokinetic results

Iloperidone pharmacokinetic parameters and estimates

Milsaperidone 3x1mg (test)	lloperidone 3x1mg (reference)	GMR or estimate (90% CI)
2,309	2,257	102.33 (94.00–111.40)*
29,813	29,648	100.56 (95.97–105.36)*
32,511	32,575	99.80 (95.23–104.60)*
2.0 (1.0 – 3.0)	1.5 (1.0 – 4.0)	•

Milsaperidone pharmacokinetic parameters and estimates

Milsaperidone 3x1mg (test)	lloperidone 3x1mg (reference)	GMR or estimate (90% Cl)
1,845	1,881	98.08 (91.00–105.71)*
47,961	48,655	98.58 (94.08–103.29)*
52,323	53,267	98.23 (93.97–102.67)*
4.0 (2.0 – 8.0)	4.0 (3.0 – 8.0)	•

* Estimate(s) and 90% CIs were within limits of 80-125% per FDA guidance for determining bioequivalence³

Steady-state pharmacokinetic results

Iloperidone pharmacokinetic parameters and estimates

Milsaperidone 12mg (test)	lloperidone 12mg (reference)	GMR or estimate (90% CI)
24,840	25,610	97.00 (94.70–99.35)*
186,633	200,856	92.92 (91.83–94.02)*
2.0 (1.0 – 8.0)	2.0 (1.0 – 6.0)	•

Milsaperidone pharmacokinetic parameters and estimates

Milsaperidone 12mg (test)	lloperidone 12mg (reference)	GMR or estimate (90% CI)
28,889	30,365	95.14 (93.93–96.37)*
253,310	265,887	95.27 (94.08–96.48)*
3.5 (2.0 – 4.1)	3.5 (2.0 – 4.1)	
in limits of 80, 125% per EDA guidance for determining biogguivalance ³		

* Estimate(s) and 90% CIs were within limits of 80-125% per FDA guidance for determining bioequivalence

Conclusions

Milsaperidone and iloperidone interconvert and are bioequivalent across the entire approved² therapeutic dose range of iloperidone.

Future Development

Milsaperidone is currently under phase 3 evaluation for treatment in major depressive disorder adjunctive to antidepressant therapy in adults (NCT06830044)

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