



Drug Name: Chlorpromazine

Date: 09-2017

Reviewed: 12/2018

Revised: 2-2019

Drug Name:	Chlorpromazine
Required Medical Information:	Patient has failed, or has documented intolerance to, at least three covered formulary oral antipsychotics; or Patient has a documented contraindication to covered formulary oral antipsychotics
Coverage Duration:	If criteria are met, approve x 1 year