

chlorpromazine oral solution

Diagnoses Considered for Coverage:

- Schizophrenia
- Bipolar disorder
- Porphyria
- Hiccups
- Nausea and Vomiting
- Opposition defiant disorder

Coverage Criteria:

1. For new start and request for FDA-approved or compendia-supported indication, approve if:

- Patient is unable to use chlorpromazine tablets, **and**
- Dose does not exceed FDA approved or compendia-supported maximum dose.

Coverage Duration: one year

Effective Date: 8/2/2023