

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Bupropion XL tablets (Forfivo XL)

Initiation (new start) criteria: Non-formulary **bupropion XL tablets (Forfivo XL)** will be covered on the prescription drug benefit when the following criteria are met:

- The patient has a documented allergic reaction to an inactive ingredient in the generic bupropion ER product (e.g., dye) not present in the Forfivo XL product.
- Other generic bupropion ER products are not available without the ingredient.
- The patient has tried and failed at least one therapeutic alternative without the inactive ingredient (if available).

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