

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Dextromethorphan/bupropion (Auvelity)

Notes:

- ^ Adequate trial is defined as 4 week treatment duration (unless intolerant)
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

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

- Medication is prescribed by or in consult with a mental health clinician
- Patient has a diagnosis of major depressive disorder
- Patient has failed an adequate trial[^] of 4 formulary antidepressants, including 2 SSRIs and 2 other agents (bupropion, mirtazapine, TCA, SNRI or another SSRI) or patient has an allergy or intolerance* to all other formulary antidepressants

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary/Formulary **dextromethorphan/bupropion (Auvelity)** will be covered on the prescription drug benefit for when the following criteria are met:

- Medication is prescribed by or in consult with a mental health clinician
- Patient has a diagnosis of major depressive disorder
- Patient has failed an adequate trial[^] of 4 formulary antidepressants, including 2 SSRIs and 2 other agents (bupropion, mirtazapine, TCA, SNRI or another SSRI) or patient has an allergy or intolerance* to all other formulary antidepressants