



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

DEXTROMETHORPHAN-BUPROPION

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
DEXTROMETHORPHAN HBR/BUPROPION	AUVELITY	48220		GPI-10 (5899990230)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of major depressive disorder (MDD) and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - The patient had a trial of or contraindication to Trintellix
 - The patient had a trial of or contraindication to any generic antidepressant indicated for the treatment of MDD (e.g., sertraline, duloxetine)

If yes, **approve for 2 months by HICL or GPI-10 with a quantity limit of #2 per day.**

If no, do not approve.

INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **DEXTROMETHORPHAN-BUPROPION (Auvelity)** requires the following rule(s) be met for approval:

- A. You have major depressive disorder (MDD: a type of mental illness)
- B. You are 18 years of age or older
- C. You had a trial of or contraindication (harmful for) to Trintellix
- D. You had a trial of or contraindication (harmful for) to any generic antidepressant indicated for the treatment of major depressive disorder (such as sertraline, duloxetine)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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DEXTROMETHORPHAN-BUPROPION

GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

- Does the patient have a diagnosis of major depressive disorder (MDD) **AND** meet the following criterion?
 - The patient has responded to therapy

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #2 per day.**

If no, do not approve.

RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **DEXTROMETHORPHAN-BUPROPION (Auvelity)** requires the following rule(s) be met for renewal:

- You have major depressive disorder (MDD: a type of mental illness)
- You have responded to therapy

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Auvelity.

REFERENCES

- Auvelity [Prescribing Information]. New York, NY: Axsome Therapeutics, Inc., August 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective:10/17/22

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P&T Approval:07/21