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

1. The member 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.
   - AND –
   Other generic bupropion ER products are not available without the ingredient.
   - AND –
   The member has tried and failed at least one therapeutic alternative without the inactive ingredient (if available).
   - OR –

2. Dose Change Only: Patient previously met criteria and is already taking the drug