



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	June 27, 2023

Auvelity™ (dextromethorphan/bupropion)

LENGTH OF AUTHORIZATION: Up to 1 year

REVIEW CRITERIA:

- Patient must be \geq 18 years of age.
- Patient must have a documented diagnosis of major depressive disorder.
- Patient must have documented failure to a 60-day trial each of at least two other antidepressants (including bupropion) within the past 365 days.
- Patient must not have either of the following:
 - A diagnosis of seizure disorder
 - A current or prior diagnosis of bulimia nervosa or anorexia nervosa
- Auvelity will not be taken within 14 days of discontinuing a monoamine oxidase inhibitor (MAOI).

DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as 45 mg dextromethorphan hydrobromide/105 mg bupropion hydrochloride extended-release tablets.