

Clinical Policy Title:	dextromethorphan hydrobromide and bupropion hydrochloride
Policy Number:	RxA.775
Drug(s) Applied:	Auvelity™
Original Policy Date:	10/19/2022
Last Review Date:	10/19/2023
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Major depressive disorder (must meet all):

1. Diagnosis of Major depressive disorder;
2. Age ≥ 18 years;
3. Trial and failure of THREE antidepressants (e.g., selective serotonin reuptake inhibitor [SSRI], serotonin-norepinephrine reuptake inhibitor [SNRI], tricyclic antidepressant [TCA], bupropion, mirtazapine) from at least TWO different classes, each used for ≥ 4 weeks, unless contraindicated or clinically significant adverse effects experienced;
4. Member is not currently taking any other medications that contain bupropion or dextromethorphan at the time of initiation of therapy;
5. Dose does not exceed dextromethorphan 90 mg/bupropion 210 mg orally once daily.

Approval Duration

Commercial: 6 months

Medicaid: 6 months

II. Continued Therapy Approval

A. Major depressive disorder (must meet all):

1. Member is currently receiving medication that has been authorized RxAdvance or the member has met initial approval criteria listed in this policy;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed dextromethorphan 90 mg/bupropion 210 mg orally once daily.

Approval Duration

Commercial: 12 months

Medicaid: 12 months

References

Not Applicable

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	09/09/2022	10/19/2022
Policy was reviewed.	10/19/2023	10/19/2023

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

