

AUVELITY
(dextromethorphan and bupropion)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

1. Major depressive disorder (MDD)

AND the following:

- a. Patient has had an inadequate response, intolerance, or contraindication to at least **TWO** different antidepressants

Prior - Approval Limits

Quantity 180 tablets per 90 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

1. Major depressive disorder (MDD)

AND the following:

- b. Condition has improved or stabilized on therapy

Prior - Approval *Renewal* Limits

Same as above