

## dextromethorphan and bupropion (AUVELITY)

### Diagnoses Considered for Coverage:

- Major depressive disorder (MDD)

### Coverage Criteria:

#### For diagnosis of major depressive disorder:

- Dose does not exceed 2 tablets per day, **and**
- Inadequate response or intolerable side effect with TWO preferred antidepressant drugs, or contraindication to all preferred antidepressants:

|                            |                                       |
|----------------------------|---------------------------------------|
| amitriptyline              | mirtazapine                           |
| amoxapine                  | nefazodone                            |
| bupropion                  | nortriptyline                         |
| bupropion SR               | paroxetine                            |
| bupropion XL               | phenelzine                            |
| citalopram                 | protriptyline                         |
| clomipramine               | sertraline                            |
| desipramine                | tranylcypromine                       |
| desvenlafaxine             | trazodone                             |
| doxepin                    | trimipramine maleate                  |
| duloxetine                 | venlafaxine tablet                    |
| escitalopram               | venlafaxine, extended-release capsule |
| fluoxetine                 | venlafaxine, extended-release tablet  |
| fluoxetine delayed release |                                       |
| fluvoxamine                |                                       |
| imipramine                 |                                       |

### Coverage Duration: one year

#### References:

1. AUVELITY(TM) oral extended-release tablets [prescribing information]. AXSOME Therapeutics Inc. 2022.

Effective Date: 11/02/2023