

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	NA	X	X	NA

Brand Bupropion Agents Step Therapy

Override(s)	Approval Duration
Step Therapy Quantity Limit	1 year

Medications	Quantity Limit
Aplenzin	May be subject to quantity limit
Forfivo XL (brand)	
Wellbutrin SR (brand)	
Wellbutrin XL (brand)	

APPROVAL CRITERIA

Requests for brand bupropion agents [Aplenzin, Forfivo XL, Wellbutrin SR (brand), Wellbutrin XL (brand)] may be approved for the following:

- I. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to **one** generic bupropion agent (Generic agents: bupropion, bupropion SR, bupropion XL); **AND**
- II. Confirmation is provided for the clinical necessity of the brand agents and the same medical reason and clinical benefit are not expected with the generic agents.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: January 13, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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