Drug Quantity Management – Per Rx
Antidepressants – Bupropion

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Product Identifier(s)

Effective 1/1/23 to 2/6/23: 107640

Effective 2/7/23: 34492

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

National Formulary Medical Necessity

Drugs Affected

- Aplenzin® (bupropion hydrobromide extended-release tablets)
- Forfivo XL® (bupropion hydrochloride extended-release tablets)
- Wellbutrin SR® (bupropion hydrochloride sustained-release tablets – generic)
- Wellbutrin XL® (bupropion hydrochloride extended-release tablets – generic)

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of bupropion. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Drug Quantity Limits

Product	Strength/Form	Maximum Quantity per Rx
Aplenzin® (bupropion hydrobromide extended-release tablets)	174 mg tablets	30 tablets
	348 mg tablets	
	522 mg tablets	

Forfivo XL® (bupropion hydrochloride extended-release tablets)	450 mg tablets	30 tablets
Wellbutrin SR® (bupropion hydrochloride sustained-release tablets, generic)	100 mg tablets	60 tablets
	150 mg tablets	60 tablets
	200 mg tablets	60 tablets
Wellbutrin XL® (bupropion hydrochloride extended-release tablets, generic)	150 mg tablets	30 tablets
	300 mg tablets	30 tablets

Criteria

Cigna covers quantities as medically necessary when the following criteria are met:

Aplenzin 174 mg, 348 mg, and 522 mg tablets
No overrides recommended.

Forfivo XL 450 mg
No overrides recommended.

Bupropion HCl 100 mg sustained-release tablets (Wellbutrin SR, generic)
1. If the individual is taking a dose that does not correspond to a commercially-available dosage form (that is, the dose requires multiple same strength tablets be used OR would otherwise require two or more strengths to be used), approve a quantity sufficient to allow for a 30-day supply per dispensing, not to exceed 120 tablets per dispensing.
   Note: An example of this situation is an individual taking 200 mg in the morning and 100 mg in the evening. The individual would require a quantity of 3 tablets per day, for a total of 90 tablets per dispensing.

Bupropion HCl 150 mg sustained-release tablets (Wellbutrin SR, generic)
1. If the individual requires a dose of 450 mg per day, approve 90 tablets per dispensing.

Bupropion HCl 200 mg sustained-release tablets (Wellbutrin SR, generic)
No overrides recommended.

Bupropion HCL 150 mg extended-release tablets (Wellbutrin XL, generic)
1. If the individual requires a dose of 450 mg per day, approve 90 tablets per dispensing.

Bupropion HCL 300 mg extended-release tablets (Wellbutrin XL, generic)
No overrides recommended.

Conditions Not Covered

Any other exception is considered not medically necessary.

References

1. Wellbutrin SR® [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; October 2020.
2. Wellbutrin XL® [prescribing information]. Bridgewater, NJ: Bausch Health US, LLC; July 2021.
3. Forfivo XL® [prescribing information]. Morristown, NJ: Almatica Pharma, Inc; December 2019.
4. Aplenzin® [prescribing information]. Bridgewater, NJ: Bausch Health US, LLC; July 2021.

Revision History

Type of Revision	Summary of Changes	Approval Date
Annual Revision	The approval duration was changed from 3 years to 1 year. **<u>Bupropion HCl 100 mg sustained-release tablets (Wellbutrin SR, generic):</u>** For a patient that requires a dose that does not correspond to a commercially-available dosage form, override criteria were updated not to exceed a quantity of 120 tablets per dispensing. **Bupropion HCl 150 mg sustained-release tablets (Wellbutrin SR, generic) and Bupropion HCl 150 mg extended-release tablets (Wellbutrin XL, generic):** Override criteria updated to provide an approval of 90 tablets per dispensing if the patient requires a dose of 450 mg per day. Previously an approval for 90 tablets per dispensing was provided for patients taking greater than 300 mg daily (i.e., 3 tablets per day), if there was documentation that the patient had already been started and stabilized on greater than 300 mg per day.	06/22/2022