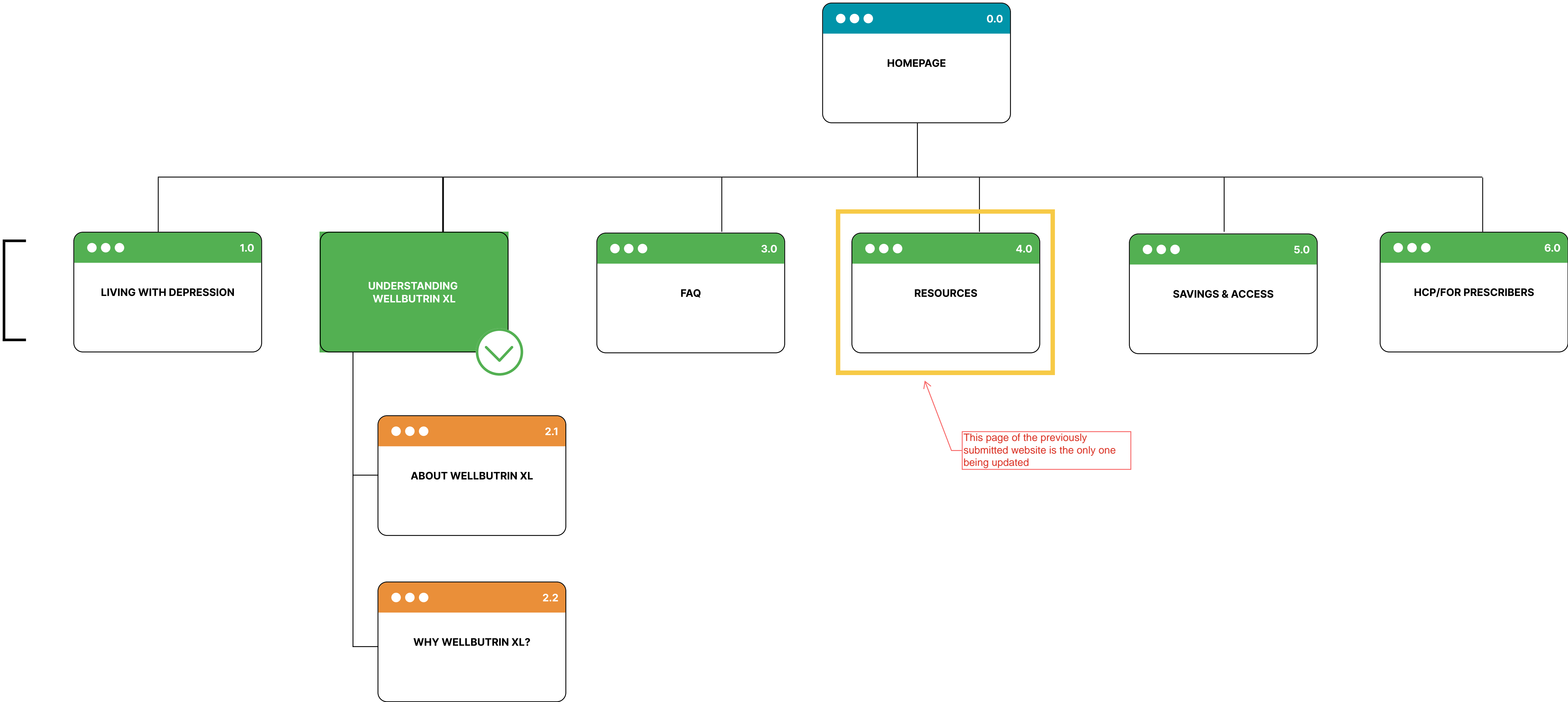


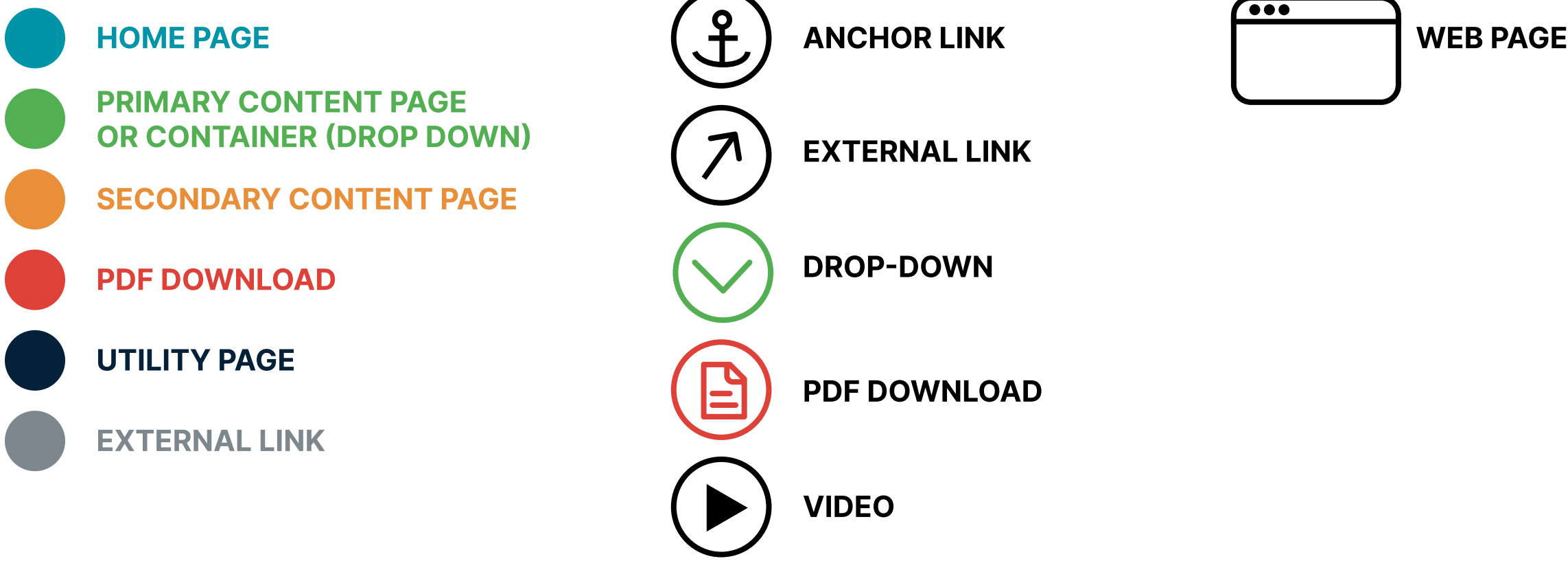
TOP NAV  
UTILITY LINKS



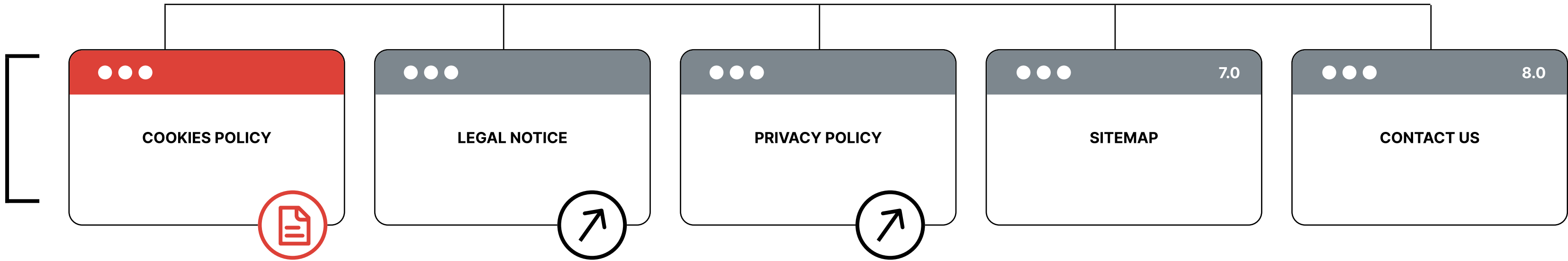
GLOBAL  
PRIMARY  
NAVIGATION



LEGEND



FOOTER





Resources

Wellbutrin XL

bupropion HCl

150 mg, 300 mg

EXTENDED-RELEASE TABLETS

Living With Depression

Understanding WELLBUTRIN XL

FAQs

Resources

Savings & Access

For Prescribers

You are here: Home/Resources

Living with depression isn't easy

Finding the right support can make a difference.

Important Safety Information | Prescribing Information | Medication Guide

Links to: <https://pi.bauschhealth.com/globalassets/BHC/PI/WellbutrinXL-PI.pdf#page=10>

links to 1.0 Living With Depression

Drop Down

links to 3.0 FAQs

links to 4.0

links to 5.0 Savings & Access

links to 6.0 HCP/For Prescribers

< EXPAND

INDICATION

Expand ISI

WELLBUTRIN XL® (bupropion hydrochloride extended-release tablets) is a prescription medicine used to treat adults with a certain type of depression called major depressive disorder, and for the prevention of autumn-winter seasonal depression (seasonal affective disorder).

IMPORTANT SAFETY INFORMATION

WARNING: CHANGES IN THINKING AND BEHAVIOR, DEPRESSION, AND SUICIDAL THOUGHTS OR ACTIONS

Suicidal Thoughts or Actions and Antidepressant Drugs

Antidepressants may increase the risk of suicidal thoughts or actions in some children, teenagers, or young adults within the first few months of treatment. Depression or other serious mental illnesses are the most important causes of suicidal thoughts and actions. People who have (or have a family history of) bipolar illness or suicidal thoughts or actions may have a particularly high risk. Pay close attention to any changes, especially sudden changes in mood, behaviors, thoughts, or feelings. Call your healthcare provider right away if symptoms such as anxiety, irritability, impulsivity...

Read More

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WELLBUTRIN XL PRIOR AUTHORIZATION (PA) PROCESS BROCHURE

Review this guide to help navigate prescription coverage requirements.

Loads WXL.0040.USA.25

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Wellbutrin XL

EXTENDED-RELEASE TABLETS

NAVIGATING PRESCRIPTION COVERAGE REQUIREMENTS

So your patients may access WELLBUTRIN XL® (bupropion hydrochloride) extended-release tablets

Your WELLBUTRIN XL Field Reimbursement Manager will PROVIDE LIVE SUPPORT AND EDUCATION REGARDING:

- Prior authorization (PA) process
- Requirements for a streamlined PA process
- How to access PA support

INDICATION: WELLBUTRIN XL is indicated for the treatment of major depressive disorder (MDD), and for the prevention of seasonal major depressive episodes in patients with a diagnosis of seasonal affective disorder (SAD). It is not intended for long-term use.

IMPORTANT SAFETY INFORMATION: WELLBUTRIN XL is not intended for use in children, adolescents, and young adults. These individuals did not show an increase in the risk of suicidal thoughts and behavior with antidepressant use. These individuals did not show an increase in the risk of suicidal thoughts and behavior with antidepressant use. These individuals did not show an increase in the risk of suicidal thoughts and behavior with antidepressant use. These individuals did not show an increase in the risk of suicidal thoughts and behavior with antidepressant use.

SAMPLE LETTER OF MEDICAL NECESSITY

Use this sample letter for payers who may require a Letter of Medical Necessity to process and cover claims.

Loads WXL.0027.USA.25

DOWNLOAD

Date: <Insert Date>

Payer Name: <Insert Payer Name>

Payer Address: <Insert Payer Address>

Attn: <Insert Department>

Payer Fax Number: <Insert Payer Fax Number>

To Whom It May Concern:

I am writing on behalf of my patient, <Insert Patient Name>, to provide additional information as necessary for the treatment with WELLBUTRIN XL® (bupropion hydrochloride) extended-release tablets. I am providing my patient's medical history, diagnosis, a description of their previous and a summary of their proposed treatment plan. I have also provided my clinically based risk for the medical necessity of WELLBUTRIN XL for my patient.

Patient Information:

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Policy or Group #: \_\_\_\_\_

☐ I need approval for a drug that requires a prior authorization prior to treatment.

Medication:

☐ WELLBUTRIN XL (bupropion hydrochloride) extended-release tablets: 150 mg once daily

☐ WELLBUTRIN XL (bupropion hydrochloride) extended-release tablets: 300 mg once daily

Date Started: \_\_\_\_\_ Expected Length of Therapy: \_\_\_\_\_

Diagnosis - Please list all diagnoses being treated with WELLBUTRIN XL and corresponding codes:

- F32.0 Major depressive disorder, recurrent, moderate
- F32.1 Major depressive disorder, recurrent, severe without psychotic features
- F32.2 Major depressive disorder, recurrent, severe with psychotic features
- F32.3 Major depressive disorder, recurrent, unspecified
- F32.9 Major depressive disorder, recurrent, unspecified

SAMPLE MEDICAL EXCEPTION REQUEST

Use this sample letter to request a medical exception for your patient.

Loads WXL.0034.USA.25

DOWNLOAD

Date: <Insert Date>

Attn: <Insert Department>

<Name of health plan>

Payer Address: <Insert plan address(es)>

<Case ID Number if available>

Payer Fax Number: <Insert plan fax number(s)>

To Whom It May Concern:

I understand that the <insert plan name> has decided not to provide coverage for WELLBUTRIN XL® (bupropion hydrochloride) extended-release tablets. However, I believe that <insert patient name> may benefit from the use of WELLBUTRIN XL without restriction due to clinical and medical circumstances. Please see below for the medical history and treatment rationale that supports the claim for the medical exception request.

Patient Information:

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Policy or Group #: \_\_\_\_\_

☐ I need approval for a drug that is not on the plan's list of covered drugs.

☐ I have been using a drug that was previously included on the plan's list of covered drugs, but is being or was removed from this list during the plan year.

Medication:

☐ WELLBUTRIN XL (bupropion hydrochloride) extended-release tablets: 150 mg once daily

☐ WELLBUTRIN XL (bupropion hydrochloride) extended-release tablets: 300 mg once daily

Date Started: \_\_\_\_\_ Expected Length of Therapy: \_\_\_\_\_

Diagnosis - Please list all diagnoses being treated with requested drug and corresponding ICD codes:

- F32.0 Major depressive disorder, recurrent, moderate
- F32.1 Major depressive disorder, recurrent, severe without psychotic features
- F32.2 Major depressive disorder, recurrent, severe with psychotic features
- F32.3 Major depressive disorder, recurrent, unspecified
- F32.9 Major depressive disorder, recurrent, unspecified

SAMPLE MEDICAL APPEAL LETTER

Use this sample letter to request an appeal of a coverage decision.

Loads WXL.0032.USA.25

DOWNLOAD

<Date>

<Your Authorization/Appeals Department>

PATIENT NAME: <Patient Name>

DATE OF BIRTH: <Patient Date of Birth>

POLICY ID NUMBER: <Patient Policy ID Number>

<Your Address>

PROVIDER ID NUMBER: <Provider ID Number> <Optional: Claim rejection number>

REGARDING: Denied Claim for WELLBUTRIN XL® (bupropion hydrochloride) extended-release tablets

Dear <Health Plan Contact Name>:

I am writing to appeal the denied claim for WELLBUTRIN XL for my patient, <Insert Name>, for which the reason for denial was <insert the reason for denial> <insert code>. I have provided you with the necessary information to support my appeal. The following is the medical history of <Insert Name> and the rationale for treatment with WELLBUTRIN XL.

The following is the medical history of <Insert Name> and the rationale for treatment with WELLBUTRIN XL.

Date of Diagnosis: <Insert Date>

Diagnosis (ICD-10 Code):

- F32.0 Major depressive disorder, recurrent, moderate
- F32.1 Major depressive disorder, recurrent, severe without psychotic features
- F32.2 Major depressive disorder, recurrent, severe with psychotic features
- F32.3 Major depressive disorder, recurrent, unspecified
- F32.9 Major depressive disorder, recurrent, unspecified

Summary of clinical symptoms:

<Describe patient's current condition, including an overview of symptoms and quality of life or functional impairment as applicable>

Previous and current treatments:

<Describe previous and current treatments, including dates of drug trials and results of previous drug trials>

WXL.0044.USA.25

links to : <https://www.wellbutrinxl.com/globalassets/pdf/bausch-health-companies-website-cookie-policy22532.pdf>

Links to :<https://www.bauschhealth.com/terms/>

<https://www.bauschhealth.com/privacy-policy/>

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links to: <https://go.bauschhealth.com/california-privacy-optout.html>

IMPORTANT SAFETY INFORMATION >



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Savings & Access

For Prescribers

links to 5.0 Savings & Access

links to 6.0 HCP/ For Prescribers

Living with depression isn't easy



Finding the right support can make a difference.

## Tools and resources for healthcare providers

WELLBUTRIN XL

PRIOR AUTHORIZATION (PA) PROCESS BROCHURE

Review this guide to help navigate prescription coverage requirements.

Loads WXL.0040.USA.25

DOWNLOAD

Wellbutrin XL<sup>®</sup>

bupropion HCl 150mg, 300 mg

EXTENDED-RELEASE TABLETS

NAVIGATING PRESCRIPTION COVERAGE REQUIREMENTS

So your patients may access WELLBUTRIN XL<sup>®</sup> (bupropion hydrochloride) extended-release tablets

Your WELLBUTRIN XL Field Reimbursement Manager will PROVIDE LIVE SUPPORT AND EDUCATION REGARDING:

- Prior authorization (PA) process
- Requirements for a streamlined PA process
- How to avoid PA denials

INDICATION

WELLBUTRIN XL is indicated for the treatment of major depressive disorder (MDD), and for the prevention of seasonal major depressive episodes in patients with a diagnosis of seasonal affective disorder (SAD). Periodically reevaluate long-term usefulness for the individual patient.

IMPORTANT SAFETY INFORMATION

WARNING: SUICIDAL THOUGHTS AND BEHAVIORS

SUICIDALITY AND ANTIDEPRESSANT DRUGS:

SAMPLE LETTER OF MEDICAL NECESSITY

Use this sample letter for payers who may require a Letter of Medical Necessity to process and cover claims.

DOWNLOAD

Date: <Insert Date>

Payer Name: <Insert Payer Name>

Payer Address: <Insert Plan Address>

Attn: <Appeals Department>

Payer Fax Number: <Insert Plan Fax Number>

To Whom It May Concern:

I am writing on behalf of my patient <insert Patient Name> to provide additional information supporting medical necessity for the treatment with WELLBUTRIN XL<sup>®</sup> (bupropion hydrochloride) extended-release tablets. Within this letter, I am providing my patient's medical history, diagnosis, a description of their previous drug treatment, and a summary of their proposed treatment plan. I have also provided my clinically based rationale supporting the medical necessity of WELLBUTRIN XL for my patient.

Patient Information:

Patient's Name		Date of Birth
Patient's Address		
City	State	Zip Code
Member ID #	Policy or Group #	

☐ I need approval for a drug that requires a prior authorization prior to treatment

Medication:

☐ WELLBUTRIN XL (bupropion hydrochloride) extended-release tablets: 150 mg once daily

☐ WELLBUTRIN XL (bupropion hydrochloride) extended-release tablets: 300 mg once daily

Date Started:

Expected Length of Therapy:

Diagnosis – Please list all diagnoses being treated with WELLBUTRIN XL and corresponding ICD-10 codes.

SAMPLE MEDICAL EXCEPTION REQUEST

Use this sample letter to request a medical exception for your patient.

Loads WXL.0034.USA.25

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Date: <Insert Date>

Attn: <Department>

<Name of health plan>

<Case ID Number if available>

Payer Address: <Insert plan address(es)>

Payer Fax Number: <Insert plan fax number(s)>

To Whom It May Concern:

I understand that the <insert plan name> has decided not to provide coverage for WELLBUTRIN XL<sup>®</sup> (bupropion hydrochloride) extended-release tablets. However, I believe that <insert patient name> requires WELLBUTRIN XL without restriction due to clinical and medical circumstances. Please see below for details about the medical history and treatment rationale that supports the claim for this medical exception request.

Patient Information:

Patient's Name		Date of Birth
Patient's Address		
City	State	Zip Code
Member ID #	Policy or Group #	

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☐ WELLBUTRIN XL (bupropion hydrochloride) extended-release tablets: 300 mg once daily

Date Started:

Expected Length of Therapy:

Diagnosis – Please list all diagnoses being treated with requested drug and corresponding ICD-10 codes.

SAMPLE MEDICAL APPEAL LETTER

Use this sample letter to request an appeal of a coverage decision.

Loads WXL.0032.USA.25

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Date: <Insert Date>

Payer Name: <Insert Payer Name>

Payer Address: <Insert Plan Address>

Attn: <Appeals Department>

Payer Fax Number: <Insert Plan Fax Number>

To Whom It May Concern:

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Patient Information:

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Patient's Address		
City	State	Zip Code
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Attn: <Appeals Department>

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Patient's Address		
City	State	Zip Code
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☐ I need approval for a drug that requires a prior authorization prior to treatment

Medication:

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Date Started:

Expected Length of Therapy:

Diagnosis – Please list all diagnoses being treated with WELLBUTRIN XL and corresponding ICD-10 codes.

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INDICATION

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WELLBUTRIN XL<sup>®</sup> (bupropion hydrochloride extended-release tablets) is a prescription medicine used to treat adults with a certain type of depression called major depressive disorder, and for the prevention of autumn-