Updated September 2026

Bupropion XL

Brand name - Wellbutrin XL *Adult oral dosing for major depressive disorder*

Bupropion, also known as Wellbutrin, is an atypical anti-depressant. Its exact therapeutic mechanism is unclear but may be mediated by inhibiting reuptake of dopamine and norepinephrine. This sheet covers the extended-release (XL) formulation for adult major depressive disorder.

Initial Dose	150mg qd, morning
Titration Timeline	After at least 4 days, increase to 300mg qd, morning
Usual Dosage	300mg
Maximum Dosage	450mg

Prescribing Pearls

- **Administer in the morning,** with or without food. XL tablets must be swallowed whole. Do not crush, divide, or chew tablets.
- **Monitor** for hypertension, palpitations, tachycardia, chest pain before and throughout treatment. Consider additional workup, as needed.
- **Assess for history of mania/hypomania** and other bipolar-spectrum risk factors. Antidepressants may precipitate a manic, mixed, or hypomanic episode in vulnerable individuals.
- **Common side effects.** Insomnia, dry mouth, anxiety, dizziness, tremore, decreased appetite, and palpitations.
- **Missed dose.** Skip the missed dose and take the next dose at the regularly scheduled time. Do not take extra medication to make up for a missed dose.
- **Avoid bupropion in patients who have taken MAOI in past 14 days.** Wait at least 14 days after stopping bupropion before starting MAOI.
- Avoid in patients who are taking another medication containing bupropion, such as Auvelity (dextromethorphan-bupropion) and Contrave (naltrexone HCl/bupropion HCl).

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Safety

- **Pregnancy.** Use an individualized risk-benefit assessment. Epidemiological studies of first-trimester bupropion use have **not** identified an increased risk of congenital malformations overall. Findings regarding specific cardiac malformations have been inconsistent and do **not** establish a causal association.
- **Lactation.** Bupropion and its metabolites are present in human milk. Available data suggest relatively low infant exposure. Post-marketing reports have described seizures in breastfed infants, but a causal relationship has **not** been established.
- **Bupropion lowers seizure threshold.** It should not be used in patients with seizure disorders, current or prior anorexia nervosa or bulimia nervosa, or patients at risk of abrupt discontinuation of alcohol, benzodiazepines, barbiturates, or anti-epileptics.
- **Seizure risk is dose-related.** Assess for other risk factors of seizures, such as head injury, CNS lesions, strokes, metabolic abnormalities, stimulant use, alcohol use, and other medications that lower the seizure threshold. If a seizure occurs, discontinue bupropion and do not retrial.
- **Suicidality.** Monitor for clinical worsening, unusual behavioral changes, and suicidal thoughts, particularly in young adults and around treatment changes.
- Bupropion is a CYP2D6 inhibitor and **may increase exposure to medications** such as certain antidepressants, antipsychotics, metoprolol, flecainide, and propafenone. It may reduce activation of CYP2D6-dependent medications like tamoxifen. Review CYP2B6 inhibitors/inducers and medications that lower seizure threshold.
- **Renal or hepatic impairment** may require reduced dose and/or dosing frequency; consult current product-specific labeling.

Disclaimer

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