

Dextromethorphan-Bupropion

Auvelity, a newer antidepressant that pairs two medicines in one tablet

Auvelity pairs two medicines in one tablet for depression, and many people notice a change faster than with older pills.

WHAT IT TREATS

Depression

HOW YOU TAKE IT

Tablet by mouth, twice daily

WHEN IT WORKS

1-2 weeks; fuller by 6

HABIT FORMING

No

⚠️ IMPORTANT SAFETY WARNING

Antidepressants can bring on new or worse thoughts of suicide, most often in people under **25** and in the first weeks. Anyone taking it should be watched closely for a darkening mood, and should call or text **988** if those thoughts start.

① WHAT THIS MEDICINE DOES

- This tablet holds two medicines. **Dextromethorphan** acts on glutamate, a brain messenger tied to mood and thinking.
- The **bupropion** part does two jobs: it lifts mood on its own, and it keeps the first medicine working longer in your body.
- Dextromethorphan is also found in cough syrup, but the amount and purpose here are completely different.
- Because it works on a different pathway, some people improve on it after older antidepressants fell flat.

🕒 HOW TO TAKE IT

- Take one tablet in the morning to start, then twice a day if your prescriber adds the second, at least **8 hours** apart.
- You can take it with or without food, but keep the pattern the same each day so the effect stays even.
- Swallow tablets whole. Do not cut, crush, or chew them, because that releases the medicine all at once.
- If you miss a dose, skip it and take the next one at the normal time. Never take two doses close together.
- Store it at room temperature in its own bottle, away from damp, and out of reach of children and pets.

📈 WHAT TO EXPECT

- Many people notice some lift in **1 to 2 weeks**, which is faster than most antidepressants manage.
- Give it about **6 weeks** at a steady amount before you and your prescriber judge how well it is really working.
- Dizziness and mild nausea are most common in the first week, then usually settle without any change needed.
- Working looks like the fog thinning, sleep steadying, and ordinary tasks costing you less effort than before.

♥️ COMMON SIDE EFFECTS

- Dizziness: stand up in stages, drink water through the day, and take extra care on stairs during the first week.
- Nausea: take the tablet with a small snack, and eat smaller meals more often until your stomach settles.
- Headache: usually mild and short lived, and water with plain acetaminophen handles it for most people.
- Trouble sleeping: keep the second dose away from bedtime and hold your caffeine to the morning hours.
- Dry mouth: sip water often, chew sugar-free gum, and keep up your dental visits to protect your teeth.
- Sweating more than usual: lighter layers, cooler rooms, and extra fluids make it much easier to live with.

⚠️ CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- New or worse thoughts of suicide: call or text **988** now, and tell your prescriber the same day.
- A seizure means call **911**. Tell your prescriber about any past seizure or eating disorder first.
- Chest pain, a pounding headache, or blurred vision could be high blood pressure. Call **911**.
- Fever with stiff muscles, shivering, and confusion needs an ER visit rather than a phone call.

🚫 WHAT TO AVOID

- Do not take any other bupropion product, including one for quitting smoking, while you are on this tablet.
- Skip cough and cold medicines containing dextromethorphan. Ask your pharmacist to check the label with you.
- Limit alcohol. Drinking heavily, or stopping heavy drinking suddenly, raises the chance of a seizure.
- Tell every prescriber and pharmacist you take this, since it interacts with several antidepressants and heart medicines.
- If you are pregnant, nursing, or hoping to be, raise it early so you and your prescriber can plan together.

⏸️ STOPPING IT SAFELY

- Do not stop on your own. Feeling better usually means the medicine is doing its job rather than being finished.
- Stopping suddenly can cause irritability, headache, and a return of low mood over the following week or two.
- Your prescriber will lower it in steps, and how fast depends on how long you have been taking it.
- If a side effect is what bothers you, say so at your visit. There are other options, and switching is planned.

❓ QUESTIONS TO ASK

- Do any of my other medicines raise my chance of a seizure?
- Should I check my blood pressure at home while I take this?
- How long before we decide whether this one is working?
- Which cough and cold products should I stay away from?

Where this information comes from

National Alliance on Mental Illness. (2023). *Mental health medications*. <https://www.nami.org/treatments-and-approaches/mental-health-medications/>

National Institute of Mental Health. (2024). *Mental health medications*. <https://www.nimh.nih.gov/health/topics/mental-health-medications>

National Library of Medicine. (2024). *Depression*. MedlinePlus. <https://medlineplus.gov/depression.html>

National Library of Medicine. (2025). *Dextromethorphan and bupropion*. MedlinePlus. <https://medlineplus.gov/druginfo/meds/a622070.html>

U.S. Food and Drug Administration. (2025). *Drugs@FDA: Approved drug labels and medication guides*.

<https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm>

U.S. National Library of Medicine. (2025). *DailyMed: Prescribing information for approved drugs*. <https://dailymed.nlm.nih.gov/dailymed/>

NOTE

Sources are listed in APA 7th edition style. This handout is general information about a medicine, not medical advice, and it does not replace the instructions from your own prescriber or pharmacist. Never start, change, or stop a medicine on your own. If you think you are having a serious reaction, call your prescriber; if you cannot breathe, cannot stay awake, or are thinking of harming yourself, call 911 or 988 right away.