

Wellbutrin XL

(bupropion XL)

[Full Prescribing Information](#)

[DailyMed Drug Information](#)

Forms/Strengths

- **Extended-release (XL):** 150 mg, 300 mg

Dosing

- **Age:**
- **Onset:** ~60 min
- **Duration:** 8-12 hours
- **Considerations:** Monitor for neuropsychiatric symptoms, especially in children and adolescents.
- **Initial Dose:** 150 mg once daily
- **Titration:** Increase to 300 mg once daily after 3 days if tolerated
- **Max Dose:** 450 mg/day

Quick Facts

- Inhibits reuptake of dopamine and norepinephrine; improves mood and energy
- Extended-release formulation for once-daily dosing and stable plasma levels
- Unique antidepressant profile; fewer sexual side effects and weight neutral
- Common side effects: dry mouth, insomnia, headache, nausea
- Caution: increased seizure risk at high doses or in susceptible individuals

Indications

- **Major depressive disorder** (ICD-10: F32, F33)
 - **Seasonal affective disorder** (ICD-10: F33.0)
 - **Smoking cessation** (ICD-10: Z72.0)
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Off-Label Uses

- **Attention-deficit/hyperactivity disorder (ADHD)** (ICD-10: F90.0)
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How to Take

- Take **once daily in the morning** at the **same time each day**.
 - Can be taken **with or without food**; taking with food may help reduce nausea.
 - **Swallow the tablet whole**; do not crush, chew, or split.
 - Avoid taking **close to bedtime**, as it may cause insomnia.
 - **Do not abruptly stop** taking; tapering may be required to prevent withdrawal effects.
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Side Effects

- Common: Insomnia, dry mouth, headache, nausea
 - Serious: Seizures, hypertension, neuropsychiatric symptoms
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Monitoring / Labs

- Blood pressure monitoring
 - Monitor for worsening depression or suicidal thoughts
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Education

- **When to Call the Doctor:**
 - Severe **mood changes, aggression, or suicidal thoughts**.
 - Unexplained **seizures**, confusion, or hallucinations.
 - Signs of **allergic reaction** (rash, itching, swelling, difficulty breathing).
 - Unusual bruising or bleeding.
 - Severe headache, blurred vision, or persistent nausea (**signs of high blood pressure**).

- **Safety Tips:**

- **Monitor mood and behavioral changes**, especially in patients with a history of depression or bipolar disorder.
- Avoid **alcohol**, as it may increase the risk of seizures.
- Use caution if you have a history of **seizures, eating disorders, or head trauma**, as Wellbutrin may lower the seizure threshold.
- May cause **dry mouth**—increase hydration if needed.
- Be cautious when driving or operating machinery until individual response is known.

- **Parent Tips for Pediatric Patients (if prescribed off-label):**

- Monitor for **increased agitation, irritability, or changes in mood**.
 - Be aware of **appetite suppression**—encourage balanced meals.
 - Observe for **difficulty sleeping**; discuss timing adjustments with the provider if needed.
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Additional Information

- **Contraindications:**

- **History of seizures or conditions that lower seizure threshold (e.g., eating disorders, head trauma, alcohol withdrawal).**
- **Use within 14 days of MAOI therapy** (risk of hypertensive crisis).
- **Severe hepatic impairment**, as it may increase drug accumulation.

- **Pregnancy:**

- **Category C**; use only if benefits outweigh risks.
- Limited human data, but potential risk for fetal harm is unclear.

- **Lactation:**

- **Excreted in breast milk**; use with caution as effects on the infant are unknown.

- **Drug Interactions:**

- **CYP2B6 inhibitors** (e.g., ticlopidine, clopidogrel) may increase Wellbutrin levels.
 - **CYP2B6 inducers** (e.g., carbamazepine, rifampin) may decrease effectiveness.
 - **Other medications that lower seizure threshold** (e.g., tramadol, antipsychotics, theophylline) may increase seizure risk.
 - **Serotonergic drugs** (e.g., SSRIs, SNRIs, MAOIs) may increase the risk of serotonin syndrome.
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