

PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

EMSAM
(selegiline transdermal system)

Status: CVS Caremark Criteria

Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Emsam (selegiline transdermal system) is a monoamine oxidase inhibitor (MAOI) indicated for the treatment of adults with major depressive disorder (MDD).

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the treatment of an adult patient with major depressive disorder (MDD)
AND
 - The patient has experienced an inadequate treatment response, intolerance, or the patient has a contraindication to ANY of the following: A) a serotonin and norepinephrine reuptake inhibitor (SNRI), B) a selective serotonin reuptake inhibitor (SSRI), C) mirtazapine, D) bupropion
- OR**
 - The patient is unable to swallow oral formulations

REFERENCES

1. Emsam [package insert]. Morgantown, WV: Somerset Pharmaceuticals, Inc.; May 2020.
2. Lexicomp Online, Lexi-Drugs Online, Hudson, Ohio: UpToDate, Inc.; 2023; Accessed January 12, 2023.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed January 12, 2023.
4. Gelenberg AJ, Freeman MP, Markowitz JC, et al. American Psychiatric Association (APA) Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition. October 2010. Available at: https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd.pdf. Accessed January 12, 2023.