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

Major Depressive Disorder (MDD)
Authorization may be granted when the requested drug is being prescribed for the treatment of an adult patient with major depressive disorder (MDD) when ONE of the following criteria are met:

- The patient has experienced an inadequate treatment response, intolerance, or the patient has a contraindication to ANY of the following: a serotonin and norepinephrine reuptake inhibitor (SNRI), a selective serotonin reuptake inhibitor (SSRI), mirtazapine, bupropion
- The patient is unable to swallow oral formulations

DURATION OF APPROVAL (DOA)

- 867-A: DOA: 36 months

REFERENCES

1. Emsam [package insert]. Morgantown, WV: Somerset Pharmaceuticals, Inc.; May 2020.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. https://online.lexi.com. Accessed January 08, 2024.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 01/08/2024).
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 08, 2024.