

# PRIOR AUTHORIZATION CRITERIA

**BRAND NAME**  
(generic)

**EMSAM**  
(selegiline)

**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 an adult patient for the treatment of major depressive disorder (MDD)

**AND**

- The patient experienced an inadequate treatment response, intolerance, or 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.; July 2017.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed March 2020.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed March 2020.
4. Gelenberg A, Freeman M, Markowitz J, et al. Practice Guideline for the Treatment of Patients With Major Depressive Disorder Third Edition (November 2010). <http://psychiatryonline.org/guidelines.aspx>. Accessed March 2020.