

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)

REFERENCES

1. Emsam [package insert]. Morgantown, WV: Somerset Pharmaceuticals, Inc.; May 2020.
2. Lexicomp Online, Lexi-Drugs Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed February 4, 2021.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed February 4, 2021.