

Initial Prior Authorization

Emsam

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Emsam	selegiline

Indications

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, Lexi-Drugs Online. Waltham, MA: UpToDate, Inc.; 2025. <https://online.lexi.com>. Accessed June 08, 2025.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 06/08/2025).
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 June 05, 2025.