

Reference number(s) 2823-A

# 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).

## **Duration of Approval (DOA)**

2823-A: DOA: 36 months

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#### References

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- 2. Lexicomp Online, Lexi-Drugs Online. Waltham, MA: UpToDate, Inc.; 2024. https://online.lexi.com. Accessed September 09, 2024.
- 3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 09/09/2024).