



EMSAM (selegiline) transdermal system
Effective 08/01/2020

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Emsam (selegiline transdermal system) is a monoamine oxidase inhibitor (MAOI) indicated for the treatment of adults with major depressive disorder (MDD)

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with Emsam, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Approval of EMSAM will be granted if the member meets the ALL the following criteria and documentation has been provided:

1. Member is at least 18 years of age **AND**
2. Member is diagnosed with major depressive disorder (MDD) **AND**
3. Member is unable to tolerate oral medications, including liquid or crushed formulations

OR

3. Member has had a documented side effect, allergy or treatment failure with at least one SSRI and one other non-SSRI antidepressant

OR

3. Member has a contradiction to all SSRI and non-SSRI antidepressants

Limitations

1. Approvals will be granted for 36 months
2. The following quantity limits apply:

Emsam	30 patches per month
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Pharmacist’s Note: EMSAM®, like other antidepressants, contains a Black Box Warning:

Suicidality and Antidepressant Drugs

Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of major depressive disorder (MDD) and other psychiatric disorders. Anyone considering the use of EMSAM or any other antidepressant in a child, adolescent, or young adult must balance this risk with the clinical need. Short term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised for the need for close observation and communication with the prescriber. EMSAM is not approved for use in pediatric patients. Furthermore, EMSAM at any dose should not be used in children under the age of 12, even when administered with dietary modifications.

References

1. Emsam (selegiline transdermal system) [prescribing information]. Morgantown, WV: Mylan Specialty LP; May 2020
2. American Psychiatric Association (APA). Practice guideline for the treatment of patients with major depressive disorder. 3rd ed. Arlington (VA): American Psychiatric Association (APA); 2010 Oct. Available at: <http://psychiatryonline.org/guidelines.aspx>
3. Delbello MP, Hochadel TJ, Portland KB, et al. A double-blind, placebo-controlled study of selegiline transdermal system in depressed adolescents. J Child Adolesc Psychopharmacol. 2014 Aug; 24(6):311-7.
4. Jakubovski E, Varigonda AL, Freemantle N, et al. Systematic Review and Meta-Analysis: Dose-Response Relationship of Selective Serotonin Reuptake Inhibitors in Major Depressive Disorder. Am J Psychiatry 2016; 173:174

Review History

- 12/04/2006 - Implementation
- 11/27/2006 – Reviewed
- 11/26/2007 – Reviewed
- 01/02/2008 - Implementation
- 11/24/2008 - Reviewed
- 11/23/2009 – Reviewed
- 11/22/2010 – Reviewed
- 11/28/2011 – Reviewed
- 11/26/2012 – Reviewed
- 11/25/2013 – Reviewed
- 11/27/2017 – Reviewed
- 04/17/2019 – Reviewed
- 05/20/2020 – Reviewed and Updated May P&T Mtg; added started and stabilized statement; added QL to ‘Limitations’. Effective 8/1/20.
- 07/21/2021-Reviewed July P&T; no clinical changes
- 11/16/2022 – Reviewed for Nov P&T. Separated out MH vs Comm/Exch. No clinical changes



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