



## Uniform Formulary Medical Necessity Criteria for Selegiline Transdermal Patch (Emsam)

**Drug Class** - Monoamine oxidase inhibitor (MAOI) antidepressants. This drug class includes three oral medications: phenelzine (Nardil), tranylcypromine (Parnate, generics), and isocarboxazid (Marplan); and a transdermal patch, selegiline (Emsam).

**Background** - After evaluating the relative clinical and cost effectiveness of the MAOI antidepressants, the DoD P&T Committee recommended that selegiline transdermal patch (Emsam patch) be designated as non-formulary. This recommendation has been approved by the Director, TMA.

**Effective Date:** 1 August 2007

Patients currently using Emsam patch may wish to ask their doctor to consider a formulary alternative.

### Uniform Formulary Status, Cost Shares, and Therapeutic Alternatives for MAOI Antidepressants<sup>1,2</sup>

Uniform Formulary Status	Medication	MTF (up to a 90 day supply)	TMOP (up to a 90 day supply)	Retail (up to a 30-day supply)
Non-Formulary (Tier 3)	Emsam patch	Not available <sup>2</sup>	Non-Formulary cost share applies	Non-Formulary cost share applies
Formulary (Tier 2)	Parnate, Marplan	\$0	Formulary (Brand) cost share applies	Formulary (Brand) cost share applies
Generic (Tier 1)	tranylcypromine	\$0	Generic cost share applies	Generic cost share applies

1. Active duty cost share always \$0 in all points of service for all three tiers; TRICARE does not cover non-formulary medications for active duty service members unless they are determined to be medically necessary.
2. MTFs will be able to fill non-formulary requests for non-formulary medications only if both of the following conditions are met: 1) a MTF provider writes the prescription, and 2) medical necessity is established for the non-formulary medication. MTFs may (but are not required to) fill a prescription for a non-formulary medication written by a non-MTF provider to whom the patient was referred, as long as medical necessity has been established.

## Medical Necessity Criteria

The non-formulary cost share for Emsam may be reduced to the formulary cost share if the patient meets any of the following criteria:

1. Use of ALL of the formulary alternatives is contraindicated (e.g., due to hypersensitivity).
2. The patient has experienced or is likely to experience significant adverse effects from ALL of the formulary alternatives.
3. Use of ALL of the formulary alternatives has resulted in therapeutic failure.
4. The patient previously responded to Emsam patch and changing to a formulary alternative would incur an unacceptable clinical risk (e.g., patient is currently stabilized on therapy and changing to a formulary alternative would present a risk of destabilization).
5. The patient is unable to take oral medications.

Medical necessity criteria for Emsam patch recommended by the DoD Pharmacy & Therapeutics Committee at the Feb 2007 meeting and approved by the Director, TMA on 2 May 2007. For more information, please see the February 2007 [DoD P&T Committee minutes](#).

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TRICARE Management Activity,  
a component of the [Military Health System](#)  
Skyline 5, Suite 810, 5111 Leesburg Pike,  
Falls Church, VA 22041-3206

