

**Drug Name:** Emsam patch

**Common Use:** Treatment of depression

**Coverage Requirement:** A trial of one or more of the following generic antidepressants prior to the use of brand-name Emsam Patch:

bupropion\* (generic for Wellbutrin (IR/SR/XL))

citalopram\* (generic for Celexa)

fluoxetine\* (generic for Prozac)

fluvoxamine (generic for Luvox)

mirtazapine (generic for Remeron)

paroxetine\* (generic for Paxil)

sertraline\* (generic for Zoloft)

venlafaxine (generic for Effexor)

\*If your plan includes GenericSample<sup>SM</sup>, the first 30-day fill of this medication will be free. GenericSample is only offered at participating retail pharmacies and is not available on HealthSave<sup>SM</sup> plans or under the 90-day maintenance drug benefit.

**Coverage Rationale:** There is no clinical evidence that one medication in this class is more effective than another. Generic and preferred medications should be considered first.

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*If your doctor would like an exception to step therapy, he or she may request preauthorization by calling SelectHealth Pharmacy Services at **801-442-4912** (Salt Lake area) or **800-442-3129** weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 3:00 p.m.*