Mass General Brigham
Health Plan

Scenesse (afamelanotide)
Effective 02/01/2021

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Scenesse (afamelanotide) is a melanocortin 1 receptor (MC1-R) agonist indicated to increase pain free light exposure in adult patients with a history of phototoxic reactions from erythropoietic protoporphyria

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members new to the plan who are currently receiving treatment with Scenesse, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:
1. The member is using Scenesse for the treatment of biochemically confirmed erythropoietic protoporphyria
2. The member is ≥ 18 years of age
3. The physician provides documentation of increased level of protoporphyrin in peripheral red blood cells (RBC's) above the lab reference range.

<u>Continuation of Therapy</u>
Reauthorization requires physician documentation for all adult member who are experiencing benefit from Scenesse.

Limitations
Initial approvals and reauthorizations will be granted for 12 months

References

1. Scenesse [package insert]. West Menlo Park, CA: Clinuvel; October 2019.
2. Scenesse. *Micromedex.* Micromedex [database online]. Truven Health Analytics, Inc. Ann Arbor, MI. Available at http://www.micromedexsolutions.com. Accessed October 11, 2019.

Review History
01/20/2021 – Created and Reviewed. Effective 2/1/21.
09/21/2022 – Reviewed at Sept P&T; Separated Comm/Exch vs MH policy; no clinical updates.