

Scenesse (afamelanotide) Effective 02/01/2<u>021</u>

Plan	☑ MassHealth☐ Commercial/Exchange	.	⊠ Prior Authorization
Benefit	☐ Pharmacy Benefit ☐ Medical Benefit (NLX)	Program Type	☐ Quantity Limit ☐ Step Therapy
Specialty	N/A		
Limitations			
	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
Contact	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
Information	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

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.

Continuation of Therapy

Reauthorization requires physician documentation for all adult member who are experiencing benefit from Scenesse.

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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.micromedex.olutions.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

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