Health Alliance™ Pharmacy Drug Policy Checklist

POLICY NAME	Scenesse (afamelanotide)	POLICY #	2828P

Criteria

Coverage Criteria for Phototoxic Reactions from Erythropoietic Protoporphyria (EPP)

- ☐ Documented diagnosis of EPP defined by the following:
  - Gene sequencing confirms an FECH mutation
  - Substantially elevated erythrocyte total protoporphyrin (between 300 – 5,000 mcg/dL)
- ☐ Documentation that the patient has non-blistering photosensitivity (e.g., pain, erythema, swelling) following sunlight exposure
- ☐ Provider documentation indicating that the member is expected to have regular sun exposure in the next

months with a risk of skin reactions

- ☐ Age 18 years or older
- ☐ Prescribed by or in consultation with a dermatologist (skin doctor) or porphyria specialist
- ☐ Documented failure, intolerance, or contraindication to high potency oral beta-carotene and pain medication (e.g., NSAIDs)
- ☐ Documented concurrent use of sunscreen, sun avoidance, and/or protective clothing

Exclusion Criteria – Any of the following prevents coverage

- ☐ Patient has a current diagnosis of Bowen's disease, basal cell carcinoma, squamous cell carcinoma, or other malignant or premalignant skin conditions
- ☐ History of melanoma or dysplastic nevus syndrome
- ☐ Significant EPP-associated liver disease