## **Pharmacy Drug Policy Checklist**

**POLICY NAME** Scenesse (afamelanotide) POLICY #

<b>Criteria</b>	
Exclusion Criteria – Any of the following prevents coverage	
	2.1 Patient has a current diagnosis of Bowen's disease, basal cell carcinoma, squamous cell carcinoma, or other malignant or premalignant skin conditions
	2.2 History of melanoma or dysplastic nevus syndrome
	2.3 Significant EPP-associated liver disease
Coverage Criteria for Phototoxic Reactions from Erythropoietic Protoporphyria (EPP)	
	1.1 Documented diagnosis of EPP defined by the following:
	Gene sequencing confirms an FECH mutation
	<ul> <li>Substantially elevated erythrocyte total protoporphyrin (between 300 – 5,000 mcg/dL)</li> </ul>
	<b>1.2</b> Documentation that the patient has non-blistering photosensitivity (e.g., pain, erythema, swelling) following sunlight exposure
	1.3 Provider documentation indicating that the member is expected to have regular sun exposure in the next
months with a risk of skin reactions	
	1.4 Age 18 years or older
	1.5 Prescribed by or in consultation with a dermatologist (skin doctor) or porphyria specialist
	<b>1.6</b> Documented failure, intolerance, or contraindication to high potency oral beta-carotene and pain medication (e.g., NSAIDs)
	1.7 Documented concurrent use of sunscreen, sun avoidance, and/or protective clothing