



PRIOR AUTHORIZATION POLICY

POLICY: Scenesse Prior Authorization Policy

- Scenesse® (afamelanotide implant for subcutaneous use – Clinuvel)

REVIEW DATE: 02/10/2021

OVERVIEW

Scenesse, a melanocortin 1 receptor agonist, is indicated to increase pain-free light exposure in adults with a history of phototoxic reactions from **erythropoietic protoporphyria (EPP)**.¹ Scenesse is a controlled-release dosage form that is implanted subcutaneously (SC). Scenesse should be administered by a healthcare professional. A single implant which contains 16 mg of afamelanotide is inserted SC above the anterior supra-iliac crest once every 2 months.

Disease Overview

Porphyrias are disorders caused by enzyme defects in heme biosynthesis.² There are at least eight different types of porphyrias, which are classified as cutaneous or acute depending on the specific enzyme that is deficient. EPP is a cutaneous porphyria characterized by extreme photosensitivity. It is estimated to occur in 2 to 5 in 1,000,000 individuals.³

EPP occurs due to excessive accumulation of protoporphyrin, a heme precursor. Classic EPP is autosomal recessive and occurs due to a defect in the enzyme ferrochelatase, the final enzymatic step in heme biosynthesis.⁴ An X-linked subtype of EPP, often referred as X-linked protoporphyria (XLP), accounts for 2% to 10% of all EPP cases. This type develops due to a gain-of-function mutation in an upstream enzyme in heme biosynthesis, leading to excess protoporphyrin production.^{3,4} The two subtypes share the same biochemical and clinical features, although females with XLP may be less severely affected. Diagnosis is confirmed by one or both of the following: 1) biochemically via markedly elevated free erythrocyte protoporphyrin, and/or 2) molecular genetic testing.^{2,3}

In both EPP subtypes, protoporphyrin accumulation in superficial skin vessels leads to phototoxicity upon light exposure, resulting in the hallmark symptoms of burning, tingling, and itching, which often occur without visible damage.²⁻⁴ Phototoxic pain is not responsive to analgesics, including narcotics; management is focused on prevention of phototoxic episodes.³

POLICY STATEMENT

Prior authorization is recommended for prescription benefit coverage of Scenesse. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Scenesse as well as the monitoring required for adverse events and long-term efficacy, approval requires Scenesse to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.



RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Scenesse is recommended in those who meet the following criteria:

FDA-Approved Indications

1. **Erythropoietic Protoporphyria (Including X-Linked Protoporphyria).** Approve for 1 year if the patient meets the following criteria (A, B, C, and D):
 - A) Patient is ≥ 18 years of age; AND
 - B) Patient has a history of at least one porphyric phototoxic reaction; AND
 - C) The diagnosis is confirmed by at least one of the following (i or ii):
 - i. Free erythrocyte protoporphyrin level above the normal reference range for the reporting laboratory; OR
 - ii. Molecular genetic testing consistent with the diagnosis; AND
 - D) The agent is prescribed by or in consultation with a dermatologist, gastroenterologist, hepatologist, or physician specializing in the treatment of cutaneous porphyrias.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Scenesse is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Scenesse[®] subcutaneous implant [prescribing information]. Menlo Park, CA: Clinuvel; March 2020.
2. Balwani M. Erythropoietic protoporphyria and X-linked protoporphyria. National Organization of Rare Disorders. Updated 2018. Available at: <https://rarediseases.org/rare-diseases/erythropoietic-protoporphyria/>. Accessed on February 4, 2021.
3. Balwani M, Bloomer J, Desnick R; Porphyrias Consortium of the NIH-Sponsored Rare Diseases Clinical Research Network. Erythropoietic protoporphyria, autosomal recessive. Updated September 7, 2017. In: GeneReviews[®] [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2021. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK100826/>. Accessed on February 4, 2021.
4. Balwani M, Naik H, Anderson KE, et al. Clinical, biochemical, and genetic characterization of North American patients with erythropoietic protoporphyria and X-linked protoporphyria. *JAMA Dermatol.* 2017;153(8):789-796.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	02/19/2020
Annual Revision	No changes to criteria.	02/10/2021

PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan (“PCHP”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PCHP:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, taiaailla qargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂບດລູກ: ຖ້າວ່າທ່ານເຮົາພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ
1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው፡ 763.847.4013) .

ဟ်သ့ဟ်သး- နမာ်ကတိ၊ ကညီ ကိုက်အယိ၊ နမာ် ကိုက်အတၢ်မၤစၢၤလၢ တလၢ်ဘျၣ်လၢ်စၢၤ နီတမံၤဘၣ်သန့လီၤ. ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បំរើអ្នក។ ចុះ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013), 번으로 전화해 주십시오.

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PO Box 59212
Minneapolis, MN 55459-0212
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ဟံသာဝတီ: နမူနာတို့ ကညီ ကျိအသိ, နမူနာ ကျိအတိအကျတို့ တလက်ကွက်လက်စွာ နှိတ်မိသည့်သို့လိ။ ကိ: 1.800.940.5049 (TTY: 763.847.4013).

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