If all the above requirements are met, the medication will be approved for 14 days for an acute attack, or 12 months if meets criterion for prophylactic use.

For **reauthorization**:

1. Chart notes must document a positive clinical response to therapy such as symptom improvement, pain reduction OR
2. If being used off label for prophylaxis, must have documentation of reduced frequency or severity of attacks.

If all the above requirements are met, the medication will be approved for 14 days for an acute attack episode or an additional 12 months if previously met criteria for prophylactic use.

CareSource considers Panhematin (hemin for injection) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
12/27/2022	New policy for Panhematin created.
01/29/2024	Added new reference. Added max dose from label. For prophylaxis, changed “more than 4 attacks” to “4 or more attacks.”

References:

1. Panhematin [prescribing information]. Recordati Rare Diseases Inc.; 2024.
2. Balwani M, Wang B, Anderson KE, et al. Acute hepatic porphyrias: Recommendations for evaluation and long-term management. *Hepatology*. 2017;66(4):1314–1322. doi:10.1002/hep.29313.
3. Stein PE, Badminton MN, Rees DC. Update review of the acute porphyrias. *Br J Haematol*. 2017;176(4):527-538. doi:10.1111/bjh.14459
4. Anderson KE. Acute hepatic porphyrias: Current diagnosis & management. *Mol Genet Metab*. 2019;128(3):219-227. doi:10.1016/j.ymgme.2019.07.002
5. Hepad J4f.ul(y4(E)-58(o)18(a)18h

Effective date: 07/01/2024
Revised date: .53 Tm0 g0 G[(.Ac1a)18(t)-29(e)18(:)-.o: