



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: Hemin

Brand Name: Panhematin®

Medication Class: Blood Modifiers

FDA Approved Uses: Amelioration of recurrent attacks of acute intermittent porphyria (AIP) temporally related to the menstrual cycle

Available Dosage Forms: Sterile, lyophilized black powder for reconstitution

Usual Dose: 1-4mg/kg daily over a period of 10-15 minutes

- In severe cases, dose may be repeated no earlier than every 12 hours
- Max: 6mg/kg in any 24 hour period

Duration of Therapy: 3-14 days based on clinical signs

Approximate monthly cost (based on ASP 7/20/06): \$1,058

Criteria for Use: *(bullet points below are all inclusive unless otherwise noted)*

- Clinically diagnosed acute intermittent porphyria (AIP)
- Positive Watson-Schwartz or Hoesch test
- Appropriate period of alternate therapy has been tried (i.e.: 400g glucose daily for 1-2 days)

Criteria for Continuation of Therapy: Must be approved for recurrent attacks of AIP

Cautions:

- Avoid concurrent use of anticoagulants since hemin usage can increase prothrombin time
- Concurrent use of estrogens, barbiturates, steroids should be avoided because they oppose the effect of hemin by increasing the δ -aminolevulinic acid synthetase activity
- Physicians should be experienced in the management of porphyries
- Dose reduction for obese patients (body weight > 50% of ideal body weight) and patients with renal impairment
- Possibility of virus transmission

Monitoring:

- Watson-Schwartz Test, Hoesch Test
- Urinary concentrations of the following:
 - ALA-delta-aminolevulinic acid
 - UPG-uroporphyrinogen
 - PBG-porphobilinogen
 - coproporphyrin



Contraindications:

- Hypersensitivity to drug
- Porphyria cutanea tarda

Not Approved if: Thorough gynecological and endocrine evaluations have not been conducted or a negative result on a Watson-Schwartz or Hoesch test.

Special Considerations:

P&T Approval: _____ Date: _____