

Medical Policy:
Acute Hepatic Porphyrria (AHP)



Last review date: 6/17/2024

Applicable Products:
Givlaari (givosiran) Panhematin (hemin)

Initial Approval Criteria:

Coverage may be approved if all of the following are met:

- Must be age 18 years or older; **AND**
- Must be prescribed by a physician who specializes in porphyria treatment (e.g., hematologist, gastroenterologist); **AND**
- Must have a diagnosis of acute hepatic porphyria (AHP); **AND**
- Active disease has been documented with at least 2 porphyria attacks requiring hospitalization, urgent healthcare visit, or intravenous hemin administration at home, within the past 6 months; **AND**
- Must provide chart documentation showing member has been counseled on known triggers of porphyria attacks (e.g., alcohol, smoking, hypocaloric diet/fasting, certain medications) and that the member avoids the applicable triggers; **AND**
- Must provide current weight and have a requested dose that falls within the recommended dosing guidelines from the manufacturer; **AND**
- If applicable: Trial and failure, intolerance, or a contraindication to the preferred products as listed in the medical drug list

Renewal Criteria:

Coverage may be renewed if all of the following are met:

- Patient continues to meet Initial Approval Criteria; **AND**
- Improvement in the member's condition as evidenced by chart documentation showing a reduction in porphyria attacks requiring hemin administration, hospitalization, or urgent healthcare visits (e.g., emergency department visit); **AND**
- Absence of unacceptable toxicity

Length of Authorization:

12 months

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract.