

Clinical Policy Title:	Alkindi_Khindivi
Policy Number:	RxA.899
Drug(s) Applied:	Khindivi
Original Policy Date:	6/25/2025
Last Review Date:	12/11/2025
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Adrenocortical Insufficiency (must meet all):

1. Diagnosis of adrenocortical insufficiency (e.g., congenital adrenal hyperplasia, hypopituitarism);
2. Trial and failure of hydrocortisone tablets, unless the patient is unable to swallow tablets.

Approval duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Adrenocortical Insufficiency (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval duration

All Lines of Business (except Medicare): 12 months

References

1. Yau M, Gujral J, New MI. Congenital Adrenal Hyperplasia: Diagnosis and Emergency Treatment. [Updated 2019 Apr 16]. In: Feingold KR, Ahmed SF, Anawalt B, et al., editors. Endotext [Internet]. South Dartmouth (MA): MDText.com, Inc.; 2000. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK279085/>.
2. Alexandraki KI, Grossman A. Management of Hypopituitarism. J Clin Med. 2019;8(12):2153. Published 2019 Dec 5. doi:10.3390/jcm8122153.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	6/25/2025	6/25/2025
Policy reviewed	12/11/2025	12/11/2025

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.