Clinical Policy Title:	Alkindi_Khindivi
Policy Number:	RxA.916
Drug(s) Applied:	Khindivi, Alkindi
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 was reviewed	12/11/2025	12/11/2025

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