

ALKINDI SPRINKLE (hydrocortisone, oral granules)

Diagnoses Considered for Coverage:

- Adrenal insufficiency

Coverage Criteria:

1. For diagnosis of adrenal insufficiency, approve if:

- Patient is < 17 years of age, **and**
- Provider attestation that patient cannot swallow a whole tablet OR daily dose cannot be achieved using the hydrocortisone tablets (5 mg, 10 mg, 20 mg), **and**
- Initial starting dose does not exceed FDA label maximum.

Coverage Duration: length of benefit

Effective: 3/03/2021