Medimpact

## STANDARD COMMERCIAL DRUG FORMULARY PRIOR AUTHORIZATION GUIDELINES

## **HYDROCORTISONE**

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
HYDROCORTISONE	ALKINDI SPRINKLE		46547 46548 46549 46551	GPI-14 (22100025006810) (22100025006815) (22100025006820)	
				(22100025006830)	

#### **GUIDELINES FOR USE**

- 1. Does the patient have a diagnosis of adrenocortical insufficiency and meet **ALL** of the following criteria?
  - The patient is less than 18 years of age
  - The patient is unable to take the tablet formulation of hydrocortisone (e.g., need for lower strength, difficulty swallowing)

If yes, approve for 6 months for all strengths by GPID or GPI-14. If no, do not approve. DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **HYDROCORTISONE (Alkindi Sprinkle)** requires the following rule(s) be met for approval:

- A. You have adrenocortical insufficiency (your body does not produce enough of certain hormones)
- B. You are less than 18 years of age
- C. You are unable to take the tablet form of hydrocortisone (for example you need a lower strength, or you have difficulty swallowing)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

# RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Alkindi Sprinkle.

## REFERENCES

 Alkindi Sprinkle [Prescribing Information]. Baden-Wuerttemberg, Germany: Eton Pharmaceuticals, Inc.; October 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A Commercial Effective: 04/01/21 Created: 02/21 Client Approval: 02/21

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