Commercial PA Criteria

Effective: March 24, 2025

Prior Authorization: Crenessity (crinecerfont)

Products Affected: Crenessity (crinecerfont) capsules and oral solution

Medication Description: Crinecerfont is a selective corticotropin-releasing factor (CRF) type 1 receptor antagonist. Crinecerfont blocks the binding of CRF to CRF type 1 receptors in the pituitary but not CRF type 2 receptors. Crinecerfont binding to CRF type 1 receptors inhibits adrenocorticotropic hormone (ACTH) secretion from the pituitary, thereby reducing ACTH-mediated adrenal androgen production.

Covered Uses: Crenessity is indicated as adjunctive treatment to glucocorticoid replacement to control androgens in adults and pediatric patients 4 years of age and older with classic congenital adrenal hyperplasia (CAH).

Exclusion Criteria:

1. Crenessity is contraindicated in patients with hypersensitivity to crinecerfont or any excipients of Crenessity.

Required Medical Information:

1. Diagnosis
2. Medication History
3. Medical History

Prescriber Restriction: The medication is prescribed by or in consultation with an endocrinologist, urologist, or a physician who specializes in the treatment of adrenal hyperplasia.

Age Restriction: Patient is ≥ 4 years of age.

Coverage Duration:

Initial: 6 months
Continuation: 12 months

Other Criteria:

Initial Approval Criteria

1. Classic Congenital Adrenal Hyperplasia (CAH). Approve for the duration noted if the patient meets **ONE** of the following (A and B):

A. Initial Therapy. Approve if the patient meets **ALL** of the following (i, ii, and iii):

i. Patient is ≥ 4 years of age; **AND**

ii. Patient meets **BOTH** of the following (a and b):

a. The medication will be taken in combination with a systemic glucocorticoid; **AND**

Note: Examples of glucocorticoids include hydrocortisone, prednisone, prednisolone, or dexamethasone.

b. Patients has a diagnosis of 21-hydroxylase deficiency CAH confirmed by ONE of the following [(1), (2), (3), or (4)]:

(1) Elevated 17-hydroxyprogesterone level; **OR**

(2) Confirmed cytochrome (CYP)21A2 genotype; **OR**

(3) Positive newborn screening with confirmatory second-tier testing; **OR**
(4) Diagnostic results after cosyntropin stimulation; **AND**

iii. The medication is prescribed by or in consultation with an endocrinologist, urologist, or a physician who specializes in the treatment of adrenal hyperplasia.

B. Patient is Currently Receiving Crenessity. Approve if, according to the prescriber, the patient is continuing to derive benefit from Crenessity.

Note: Examples of responses to Crenessity therapy are reduced androstenedione levels, decreased 17-hydroxyprogesterone levels, or reduction in glucocorticoid dose from baseline (i.e., prior to Crenessity therapy) or improved or stabilized clinical signs/symptoms of classic Congenital Adrenal Hyperplasia (e.g., decrease in body mass index standard deviation scores, improved insulin resistance, reduction of hirsutism, or improvement in androstenedione-to-testosterone ratio).

References:

1.Crenessity™ capsules and oral solution [prescribing information]. San Diego, CA: Neurocrine Biosciences; December 2024.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	03/24/2025