Mass General Brigham
Health Plan

Crenessity (crinecerfont)
Effective 08/01/2025

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Crenessity (crinecerfont) is a corticotropin-releasing factor type 1 receptor antagonist 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).

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted when all of the following criteria are met:

1. Diagnosis of classic 21-hydroxylase deficiency congenital adrenal hyperplasia (CAH)
2. Member is 4 years of age or older
3. Requested medication is prescribed by or in consultation with an endocrinologist
4. Member is receiving chronic treatment with glucocorticoid replacement therapy (e.g., dexamethasone, hydrocortisone, methylprednisolone) for adrenal insufficiency.
5. Requested medication will be used as an adjunct to glucocorticoid replacement therapy
6. Member meets ONE of the following:
    a. Member meets BOTH of the following:
        i. Member is 4 to 17 years of age
        ii. Daily glucocorticoid dose is greater than 12 mg/m^2/day in hydrocortisone dose equivalents
    b. Member meets BOTH of the following:
        i. Member is 18 years of age or older
        ii. Daily glucocorticoid dose is greater than 13 mg/m^2/day in hydrocortisone dose equivalents

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Documentation demonstrating member has had a positive clinical response to therapy (e.g., decreased androgen levels, reduced daily dose of steroids)
2. Member continues to receive chronic treatment with glucocorticoid replacement therapy (e.g., dexamethasone, hydrocortisone, methylprednisolone)

Limitations

1. Initial approvals will be granted for 6 months.
2. Reauthorization approvals will be granted for 6 months.

References

1. Auchus RJ, Hamidi O, Pivonello R, et al. Phase 3 trial of crinecerfont in adult congenital adrenal hyperplasia. *N Engl J Med*. 2024;391(6):504-514. doi: 10.1056/NEJMoa2404656.
2. Crenessity (crinecerfont) [prescribing information]. San Diego, CA: Neurocrine Biosciences, Inc; December 2024.
3. Jha S, Turcu AF. Non-classic congenital adrenal hyperplasia: what do endocrinologists need to know?. *Endocrinol Metab Clin North Am*. 2021;50(1):151-165. doi:10.1016/j.ecl.2020.10.008.
4. Sarafoglou K, Kim MS, Lodish M, et al. Phase 3 trial of crinecerfont in pediatric congenital adrenal hyperplasia. *N Engl J Med*. 2024;391(6):493-503. doi: 10.1056/NEJMoa2404655.
5. Speiser PW, Arlt W, Auchus RJ, et al. Congenital adrenal hyperplasia due to steroid 21-hydroxylase deficiency: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2018;103(11):4043–4088. doi: 10.1210/jc.2018-01865.
6. Yogi A, Kashimada K. Current and future perspectives on clinical management of classic 21-hydroxylase deficiency. *Endocr J*. 2023;70(10):945-957. doi: 10.1507/endocrj.EJ23-0075.

Review History

05/14/2025 – Created and reviewed by P&T. Effective 08/01/2025