

Clinical Policy Title:	crinecerfont
Policy Number:	RxA.888
Drug(s) Applied:	Crenessity
Original Policy Date:	6/19/2025
Last Review Date:	12/11/2025
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Classic Congenital Adrenal Hyperplasia (must meet all):

1. Diagnosis of classic congenital adrenal hyperplasia confirmed by one of the following (a, b, c, or d):
 - a. 21-OHD mutation;
 - b. Elevated serum 17-hydroxyprogesterone;
 - c. Positive newborn screen with confirmatory second-tier testing;
 - d. Cosyntropin stimulation test;
2. Used as an adjunct to glucocorticoid (GC) replacement therapy;
3. Member requires a supraphysiologic GC dose as defined by one of the following (a or b):
 - a. For adults: Total GC dose >13 mg/m²/day in hydrocortisone dose equivalents;
 - b. For pediatrics: Total GC dose >12 mg/m²/day in hydrocortisone dose equivalents;
4. Attestation that the patient has been receiving a stable regimen of GCs for at least 4 weeks.

Approval duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Classic Congenital Adrenal Hyperplasia (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. Kyriakie Sarafoglou, Kyriakie Sarafoglou, Kyriakie Sarafoglou, et al. Phase 3 Trial of Crinecerfont in Pediatric Congenital Adrenal Hyperplasia. *New England journal of medicine/The New England journal of medicine*. Published online June 2, 2024. Accessed June 10, 2025. Available at: <https://www.nejm.org/doi/full/10.1056/NEJMoa2404655>.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	6/19/2025	6/19/2025
Policy reviewed	12/11/2025	12/11/2025

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.