
5.30.095

Section:	Prescription Drugs	Effective Date:	April 1, 2026
Subsection:	Endocrine and Metabolic Drugs	Original Policy Date:	March 21, 2025
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Last Review Date: March 6, 2026

Crenessity

Description

Crenessity (crinecerfont)

Background

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

Regulatory Status

FDA-approved indication: Crenessity 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) (1).

Crenessity has warnings for hypersensitivity reactions and risk of acute adrenal insufficiency or adrenal crisis with inadequate concomitant glucocorticoid therapy (1).

Patients receiving Crenessity should continue glucocorticoid replacement therapy for the adrenal insufficiency associated with congenital adrenal hyperplasia. Androstenedione levels can be assessed beginning four weeks after Crenessity initiation to inform reduction in glucocorticoid dosage as clinically indicated. Glucocorticoid dosage should not be reduced below what is required for replacement therapy (1).

The safety and effectiveness of Crenessity in pediatric patients less than 4 years of age have

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not been established (1).

Related policies

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Crenessity may be considered **medically necessary** if the conditions indicated below are met.

Crenessity may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 4 years of age or older

Diagnosis

Patient must have the following:

Classic congenital adrenal hyperplasia (CAH)

AND ALL of the following:

1. Diagnosis has been confirmed by **ONE** of the following:
 - i. Genetic test confirming the presence of pathogenic variants in CYP21A2
 - ii. Lab tests confirming 21-hydroxylase deficiency [e.g., baseline morning serum 17-hydroxyprogesterone (17-OHP) measurement by liquid chromatography-tandem mass spectrometry (LC-MS/MS), cosyntropin (ACTH) stimulation test, adrenal steroid profile]
2. Patient has been stable on glucocorticoid therapy for at least 1 month
3. Patient will continue glucocorticoid replacement therapy for adrenal insufficiency associated with CAH

Prior – Approval *Renewal* Requirements

Age 4 years of age or older

Diagnosis

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Patient must have the following:

Classic congenital adrenal hyperplasia (CAH)

AND ALL of the following:

1. Patient has achieved or maintained a positive clinical response to therapy (e.g., reduction in glucocorticoid therapy)
2. Patient will continue glucocorticoid replacement therapy for adrenal insufficiency associated with CAH

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity 400 mg per day

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Crenessity is a corticotropin-releasing factor type 1 receptor antagonist that is indicated as adjunctive treatment to glucocorticoid replacement to control androgens in patients with classic congenital adrenal hyperplasia (CAH). The safety and effectiveness of Crenessity in pediatric patients less than 4 years of age have not been established (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Crenessity while maintaining optimal therapeutic outcomes.

References

1. Crenessity [package insert]. San Diego, CA: Neurocrine Biosciences, Inc.; December 2024.

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Policy History

Date	Action
March 2025	Addition to PA
June 2025	Annual review
March 2026	Annual review

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 6, 2026 and is effective on April 1, 2026.