AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Crenessity	Page:	1 of 2
Effective Date:	3/26/2025	Last Review Date:	2/28/2025
Applies to:	☒Illinois ☒New Jersey ☒Maryland ☒Florida Kids ☒Pennsylvania Kids ☒Virginia		

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Crenessity under the patient's prescription drug benefit.

Description:

FDA-Approved Indication
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).

All other indications are considered experimental/investigational and not medically necessary

Applicable Drug List:

Crenessity

Policy/Guideline:

Documentation

Initial requests:

- Chart notes or medical record documentation confirming diagnosis of classic congenital adrenal hyperplasia (CAH) by ANY of the following:
  - Genetic test to confirm presence of pathogenic variants in CYP21A2
  - Lab tests confirming 21-hydroxylase deficiency [e.g., baseline morning serum 17-hyroxyprogesterone (17-OHP) measurement by liquid chromatography-tandem mass spectrometry (LC-MS/MS), cosyntropin (ACTH) stimulation test, adrenal steroid profile]
- Chart notes, medical record documentation, or claims history supporting current utilization of glucocorticoid therapy and stable for at least 1 month.

Continuation requests:

- Chart notes or medical record documentation confirming the member has achieved or maintained a positive clinical response to treatment (e.g., reduction in glucocorticoid therapy).

Prescriber Specialties

This medication must be prescribed by or in consultation with an endocrinologist.

Exclusions

Coverage will not be provided for members with ANY of the following exclusions:

- Diagnosis of any other known forms of congenital adrenal hyperplasia (CAH) (e.g., 11-beta-hydroxylase deficiency, 17-alpha-hydroxylase deficiency).

- History of bilateral adrenalectomy, hypopituitarism, or other condition requiring chronic glucocorticoid therapy

Criteria for Initial Approval:

Classic congenital adrenal hyperplasia

Authorization of 12 months may be granted for treatment of classic congenital adrenal hyperplasia (CAH) if ALL the following criteria are met:

- Member is 4 years of age or older.
- The diagnosis is confirmed by any of the following:
  - Genetic test to confirm presence of pathogenic variants in CYP21A2
  - Lab tests confirming 21-hydroxylase deficiency [e.g., baseline morning serum 17-hyroxyprogesterone (17-OHP) measurement by liquid chromatography-tandem mass spectrometry (LC-MS/MS), cosyntropin (ACTH) stimulation test, adrenal steroid profile]
- Member is currently receiving glucocorticoid therapy and stable for at least 1 month.

Criteria for Continuation of Therapy

Classic congenital adrenal hyperplasia

Authorization of 12 months may be granted when the member has achieved or maintained a positive clinical response (e.g., reduction in glucocorticoid therapy).

Approval Duration and Quantity Restrictions:

Initial and Renewal Approval: 12 months

Quantity Level Limit:

25mg Capsule:	60 capsules per 30 days
50mg Capsule:	60 capsules per 30 days
100mg Capsule:	60 capsules per 30 days
50mg/mL oral solution:	120mL per 30 days

References:

1. Crenessity [package insert]. San Diego, CA: Neurocrine Biosciences, Inc.; December 2024
2. 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;103:4043-4088.
3. Sarafoglou K, Kim MS, Lodish M, et al. Phase 3 Trial of Crinecerfont in Pediatric Congenital Adrenal Hyperplasia. N Engl J Med. 2024;391:493-503.
4. Auchus RJ, Hamidi O, Pivonllo R, et al. Phase 3 Trial of Crinecerfont in Adult Congenital Adrenal Hyperplasia. N Engl J Med. 2024;391(6):604-514.
5. Merke DP, Auchus RJ. Congenital Adrenal Hyperplasia Due to 21-Hydroxylase Deficiency. N Engl J Med. 2020;383:1248-61.