

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2025 P 1471-1
Program	Prior Authorization/Notification
Medication	Crenessity™ (crinecerfont) oral capsule and oral suspension
P&T Approval Date	2/2025
Effective Date	4/1/2025

**1. Background:**

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).

**2. Coverage Criteria<sup>a</sup>:**

**A. Initial Authorization**

1. **Crenessity** will be approved based upon **all** of the following criteria:

a. Diagnosis of *classic* congenital adrenal hyperplasia (CAH)

-AND-

b. Patient is 4 years of age or older

-AND-

c. Patient will receive concomitant glucocorticoid replacement (e.g., dexamethasone, hydrocortisone, methylprednisolone, prednisone, prednisolone)

**Authorization will be issued for 12 months.**

**B. Reauthorization**

1. **Crenessity** will be approved based upon **both** of the following criteria:

a. Documentation of positive clinical response to Crenessity therapy

-AND-

b. Patient will continue to receive concomitant glucocorticoid replacement (e.g., dexamethasone, hydrocortisone, methylprednisolone, prednisone, prednisolone)

**Authorization will be issued for 12 months.**

<sup>a</sup>State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

### 3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

### 4. Reference:

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

Program	Prior Authorization/Notification - Crenessity (crinecerfont)
<b>Change Control</b>	
2/2025	New program