

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Crinecerfont (Crenessity)

Notes:

- Quantity Limits: Yes
- Guidance: Consider crinecerfont if:
 - adrenal androgens continue to be elevated despite good compliance with glucocorticoid treatment
 - the hydrocortisone dose is at the upper end of the expected range with poor control
 - there are adverse effects (e.g., weight gain, poor growth, bone health issues) from the hydrocortisone dose that is needed for control of classic congenital adrenal hyperplasia (CAH)

Initiation (new start) criteria: Non-formulary **crinecerfont (Crenessity)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by an endocrinologist or pediatric endocrinologist
- Patient is 4 years of age or older
- Medically confirmed diagnosis of classic 21-hydroxylase deficiency CAH based on one of the following:
 - Elevated 17-hydroxyprogesterone (17-OHP) level
 - Confirmed CYP21A2 genotype
 - Positive newborn screening with confirmatory second-tier testing (e.g., liquid chromatography – tandem mass spectrometry)
 - Cosyntropin stimulation test
- Patient is currently receiving chronic glucocorticoid treatment for CAH (e.g., hydrocortisone, prednisone, prednisolone, methylprednisolone, dexamethasone) with good compliance
- Crinecerfont is prescribed in combination with glucocorticoid treatment

Criteria for current Kaiser Permanente members and new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:

Non-formulary **generic (Brand)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by an endocrinologist or pediatric endocrinologist
- Patient is 4 years of age or older
- Medically confirmed diagnosis of classic 21-hydroxylase deficiency CAH based on one of the following:
 - Elevated 17-hydroxyprogesterone (17-OHP) level
 - Confirmed CYP21A2 genotype
 - Positive newborn screening with confirmatory second-tier testing (e.g., liquid

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Crinecerfont (Crenessity)

- chromatography – tandem mass spectrometry)
- Cosyntropin stimulation test
- Patients are currently receiving chronic glucocorticoid treatment for CAH (e.g., hydrocortisone, prednisone, prednisolone, methylprednisolone, dexamethasone) with good compliance
- Crinecerfont is prescribed in combination with glucocorticoid treatment

Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication: Non-formulary **crinecerfont (Crenessity)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by an endocrinologist or pediatric endocrinologist
- Patient is currently receiving chronic glucocorticoid treatment for classic CAH (e.g., hydrocortisone, prednisone, prednisolone, methylprednisolone, dexamethasone) with good compliance
- Crinecerfont is prescribed in combination with glucocorticoid treatment