

Louisiana Medicaid Crinecerfont (Crenessity™)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for crinecerfont (Crenessity™).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available [HERE](#).

Approval Criteria for Initiation of Therapy

- The recipient is 4 years of age or older on the date of the request; **AND**
- The recipient has a diagnosis of classic 21-hydroxylase deficiency congenital adrenal hyperplasia (CAH) confirmed by **ONE** of the following definitive tests: [dates, type of testing, and results are **stated on the request**]
 - Positive newborn screening with confirmatory second-tier testing; **OR**
 - Elevated 17-hydroxyprogesterone (17-OHP) level; **OR**
 - Cosyntropin stimulation test; **OR**
 - Confirmed genotype; **AND**
- This medication is prescribed by, or the request states that the medication is being prescribed in consultation with, an endocrinologist; **AND**
- The prescriber **states on the request** that the recipient is currently receiving chronic glucocorticoid treatment for CAH; **AND**
- The prescriber **states on the request** that Crenessity™ is prescribed in combination with glucocorticoid treatment.

Approval Criteria for Continuation of Therapy

- The prescriber **states on the request** that there is evidence of a positive response to therapy as indicated by either a reduction in glucocorticoid daily dose or a reduction in serum androstenedione.

Duration of approval for initiation and continuation of therapy: 12 months

References

Crenessity (crinecerfont) [package insert]. San Diego, CA: Neurocrine Biosciences, Inc; December 2024. <https://pi.neurocrine.com/crenessity/CRENESSITY-Full-US-Prescribing-Information.pdf#page=17>

Speiser PW, Arlt W, Auchus RJ, et al. Congenital Adrenal Hyperplasia Due to Steroid 21- Hydroxylase Deficiency: An Endocrine Society Clinical Practice Guideline. *J Clinical Endocrinol Metab*. November 2018; 103(11): 4043-4088.

Revision / Date	Implementation Date
Policy created / January 2025	May 2025