PRIOR AUTHORIZATION POLICY

POLICY: Adrenal Hyperplasia – Crenessity Prior Authorization Policy
- Crenessity™ (crinecerfont capsules and oral solution – Neurocrine Biosciences)

REVIEW DATE: 12/18/2024

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Crenessity, a corticotropin-releasing factor type 1 receptor antagonist, is indicated for the treatment of classic congenital adrenal hyperplasia (CAH) as adjunctive treatment to glucocorticoid replacement to control androgens in adults and pediatric patients ≥ 4 years of age.[1]

Disease Overview

Classic CAH due to 21-hydroxalase deficiency is the most common cause of primary adrenal insufficiency in children.[2] The prevalence of classic CAH is 1 in 10,000 to 1 in 15,000 live births. However, the prevalence of classic CAH is lower in Black and Asian populations. CAH typically presents during the newborn screening or by presentation of atypical genitalia in females. Early detection can prevent salt wasting adrenal crisis and decrease neonatal mortality. A diagnosis of CAH is most often confirmed during the newborn screenings which tests for elevated 17-hydroxyprogesterone levels. Other tests that are used in the diagnosis of CAH include cosyntropin stimulation tests and genetic testing with confirmed cytochrome (CYP)21A2 genotype. Management of classic CAH requires adequate glucocorticoid replacement with hydrocortisone at supraphysiological doses.

Clinical Efficacy

The efficacy of Crenessity for the treatment of classic CAH has been evaluated in two pivotal studies.[1,3,4] One study included pediatric patients and the other included adults. Both studies required the patients to have a confirmed diagnosis of CAH and to receive a stable dose of glucocorticoid of > 12 mg/m^2/day in hydrocortisone dose equivalents. In both studies, compared with placebo, Crenessity significantly decreased serum androstenedione levels from baseline at Week 4. In addition, compared with placebo, the total glucocorticoid dose while androstenedione was controlled (≤ 120% of baseline or ≤ upper limit of normal) was significantly reduced in the Crenessity group at Week 24.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Crenessity. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Crenessity as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Crenessity to be prescribed by or in consultation with a physician who specializes in the condition being treated.

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is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indication

1. **Classic Congenital Adrenal Hyperplasia (CAH).** Approve for the duration noted if the patient meets ONE of the following (A and B):
   - **A)** Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, and iii):
     - **i.** Patient is ≥ 4 years of age; AND
     - **ii.** Patient meets BOTH of the following (a and b):
       - **a)** The medication will be taken in combination with a systemic glucocorticoid; AND

       Note: Examples of glucocorticoids include hydrocortisone, prednisone, prednisolone, or dexamethasone.
       - **b)** Patients has a diagnosis of 21-hydroxylase deficiency CAH confirmed by ONE of the following [(1), (2), (3), or (4)]:
         - **(1)** Elevated 17-hydroxyprogesterone level; OR
         - **(2)** Confirmed cytochrome (CYP)21A2 genotype; OR
         - **(3)** Positive newborn screening with confirmatory second-tier testing; OR

(4) Diagnostic results after cosyntropin stimulation; AND

iii. The medication is prescribed by or in consultation with an endocrinologist, urologist, or a physician who specializes in the treatment of adrenal hyperplasia.

B) Patient is Currently Receiving Crenessity. Approve for 1 year if, according to the prescriber, the patient is continuing to derive benefit from Crenessity. Note: Examples of responses to Crenessity therapy are reduced androstenedione levels, decreased 17-hydroxyprogesterone levels, or reduction in glucocorticoid dose from baseline (i.e., prior to Crenessity therapy) or improved or stabilized clinical signs/symptoms of classic Congenital Adrenal Hyperplasia (e.g., decrease in body mass index standard deviation scores, improved insulin resistance, reduction of hirsutism, or improvement in androstenedione-to-testosterone ratio).

CONDITIONS NOT COVERED

- **Crenessity™ (crinecerfont capsules and oral solution - Neurocrine Biosciences)**

is(are) considered experimental, investigational or unproven for ANY other use(s); criteria will be updated as new published data are available.

REFERENCES

1. Crenessity™ capsules and oral solution [prescribing information]. San Diago, CA: Neurocrine Biosciences, December 2024.
2. Fraga NR, Minaeian N, Kim MS. Congenital adrenal hyperplasia. *Pediatr Rev*. 2024;45(2):74-84.
3. Auchus RJ, Hamidi O, Pivonello R, et al. Phase 3 trial of crinecerfont in adult congenital adrenal hyperplasia. *N Engl J Med*. 2024;391(6):504-514.
4. Sarafoglou K, Kim MS, Lodish M, et al. Phase 3 trial of crinecerfont in pediatric congenital adrenal hyperplasia. *N Engl J Med.* 2024;391(6):493-503.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	12/18/2024