

New Hampshire Medicaid Fee-for-Service Program Crenessity (crinecerfont) Criteria

Approval Date: November 17, 2025

Medications

Brand Names	Generic Names	Indication
Crenessity	crinecerfont	Indicated as adjunctive treatment to glucocorticoid replacement to control androgens in adults and pediatric patients ≥ 4 years of age with classic congenital adrenal hyperplasia (CAH)

Criteria for Approval

1. Patient is 4 years of age or older; **AND**
2. Patient has a diagnosis of classic congenital adrenal hyperplasia (CAH) due to 21-hydroxylase deficiency as confirmed by **one** of the following:
 - a. Positive infant screening with secondary tier 2 confirmatory testing; **OR**
 - b. Elevated serum 17-hydroxyprogesterone level (17OHP) above the upper limit of normal (ULN); **OR**
 - c. Cosyntropin (adrenocorticotrophic hormone [ACTH]) stimulation test; **OR**
 - d. Genetic testing for mutation in the CYP21A2 gene consistent with CAH; **AND**
3. Patient does **not** have a hypersensitivity to Crenessity or any excipients of the product; **AND**
4. The patient is currently treated with glucocorticoid replacement therapy (e.g., hydrocortisone, prednisone, prednisolone, dexamethasone); **AND**
5. The patient will continue glucocorticoid at a dosage that is required for replacement therapy (e.g., hydrocortisone, prednisone, prednisolone, dexamethasone) in combination with Crenessity; **AND**
6. The prescriber is an endocrinologist or geneticist, or the prescriber has consulted with a specialist in the area of the patient's diagnosis.

Initial approval period: 12 months

Criteria for Denial

Failure to meet approval criteria.

Criteria for Renewal

1. Patient must continue to meet the above criteria; **AND**

Proprietary & Confidential

All brand names are property of their respective owners.

© 2025 Prime Therapeutics Management LLC, a Prime Therapeutics LLC company

2. Patient has had clinical benefit with Crenessity; **AND**
3. Patient has **not** experienced any treatment-restricting adverse effects (e.g., clinically significant hypersensitivity reactions).

Renewal approval period: 12 months

References

Available upon request.

Revision History

Reviewed by	Reason for Review	Date Approved
DUR Board	New	09/23/2025
Commissioner designee	Approval	11/17/2025