

## Crenessity

Pakistan · access guide

# Crenessity access in Pakistan: the DRAP named-patient pathway

Last reviewed 2026-05-16 by Reserve Meds clinical and regulatory team.

## Quick orientation

Crenessity (crinecerfont) is an oral selective corticotropin-releasing factor type 1 (CRF1) receptor antagonist approved by the US Food and Drug Administration in December 2024 for the treatment of classic congenital adrenal hyperplasia in adults and pediatric patients 4 years of age and older. Manufactured by Neurocrine Biosciences, the product addresses the long-standing therapeutic gap in classic CAH where patients have required supraphysiologic glucocorticoid doses to suppress excess adrenal androgens, with the price being chronic complications of high-dose steroid exposure. Crenessity reduces the upstream ACTH drive, allowing physicians to lower glucocorticoid doses to physiologic replacement while still controlling androgen excess. The CAHtalyst pivotal trials reported significant reductions in androstenedione, 17-hydroxyprogesterone, and required glucocorticoid dose. Crenessity is not registered with the Drug Regulatory Authority of Pakistan (DRAP), and access for Pakistani patients runs through the Special Provision personal-use import pathway.

## Why Pakistani patients ask about Crenessity

Pakistan has a meaningful CAH patient population given the country's overall scale and consanguinity rates. Pediatric endocrinology programs at Aga Khan University Hospital Karachi, the Children's Hospital and Institute of Child Health Lahore, Shaukat Khanum Memorial Cancer Hospital pediatric services, National Institute of Child Health Karachi, and the Sindh Institute of Urology and Transplantation manage these patients. The therapeutic rationale for Crenessity is especially compelling in pediatric patients with growth suppression from chronic high-dose hydrocortisone, or in adults with cushingoid morbidity from long-term supraphysiologic prednisone.

## The DRAP Special Provision pathway for Crenessity

Pakistan's framework for unregistered-medicine import runs through DRAP under the Drugs Act 1976 and DRAP Act 2012. The Special Provision personal-use import is available where a DRAP-licensed physician documents clinical necessity. For Crenessity, the FDA approval and the documented need to reduce supraphysiologic glucocorticoid exposure provide the clinical justification. A complete application includes the clinical justification letter, the physician's PMDC registration, the receiving institution, the dosing schedule, and the chain-of-custody plan. DRAP processing is typically 10 to 25 business days.

## Where Crenessity is dispensed in Pakistan

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Tertiary pediatric and adult endocrinology centers handling classic CAH include AKUH Karachi, Children's Hospital and ICH Lahore, NICH Karachi, Shaukat Khanum pediatric services, and the major private hospitals. Crenessity is an oral capsule and does not require cold-chain handling. The dispensing pharmacy is the prescribing hospital's outpatient pharmacy or a DRAP-licensed specialty importer in Karachi, Lahore, or Islamabad.

## Real cost picture for Crenessity in Pakistan

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US wholesale acquisition cost for Crenessity is approximately USD 50,000 per year at adult full dosing, with pediatric dosing weight-banded. The Pakistani rupee trades at approximately 280 PKR to 1 USD, so the annual reference range converts to roughly PKR 14 million at adult dosing. Pediatric dosing reduces the absolute cost. International logistics for oral medicines runs USD 200 to USD 500 per shipment quarter. DRAP permit fees are nominal. Pakistani private insurance does not routinely reimburse rare-disease imports.

## Typical timeline for Crenessity in Pakistan

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End-to-end, most Pakistani Crenessity cases complete within 3 to 6 weeks from physician decision to dispensed product. DRAP processing runs 10 to 25 business days. US-side sourcing and shipment runs 7 to 14 days. Refill cadence aligns to a quarterly reorder rhythm.

## What your physician needs to provide

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For a Pakistani pediatric or adult endocrinologist prescribing Crenessity, the clinical justification letter documents the classic CAH diagnosis, the current glucocorticoid regimen and its limitations, the growth trajectory in pediatric patients, the patient's age and weight for dose calculation, and the planned monitoring schedule. The physician's PMDC registration number completes the package.

## Common questions about Crenessity in Pakistan

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**Will Pakistani private insurance cover this?** Pakistani private insurers do not routinely reimburse rare-disease personal imports. Cash-pay is the operating assumption.

**Is this only for pediatric patients?** No. The FDA label covers adults and pediatric patients 4 years and older.

**Can my child stop steroids entirely?** No. Patients with classic CAH require glucocorticoid replacement for life. Crenessity allows the dose to be lowered to physiologic replacement.

**What about sick-day rules?** Standard CAH sick-day rules continue: stress-dose glucocorticoids during illness, surgery, or trauma.

**Can I receive the medicine at home?** The dispensing facility must be DRAP-licensed. The hospital outpatient pharmacy releases the medicine.

## Where Reserve Meds fits in Crenessity cases

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Reserve Meds is a US-based concierge coordinator. For Crenessity cases originating in Pakistan, we orchestrate US-side sourcing through DSCSA-compliant channels, build the DRAP documentation packet your endocrinologist submits, coordinate shipment to the receiving Pakistani importer, and assign a single named coordinator. No prior Reserve Meds Crenessity case experience is logged yet at the Pakistan-origin profile.

### *Reserve Meds's role*

US-based concierge coordinator for cross-border specialty medicine. We are not the prescriber, not the dispensing pharmacy, and not the manufacturer. All clinical decisions remain with your treating physician.

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### **Reserve Meds**

*reserved for you.*

Composite case examples. This document is for general information only and does not constitute medical advice. Please consult your treating physician.

Reserve Meds is in pre-launch. Published timelines and cost ranges are indicative, not guarantees.

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