Crenessity

Qatar · access guide

How to access Crenessity for classic congenital adrenal hyperplasia from Qatar: 2026 pathway via Qatar endocrinology and named-patient pathway

By Reserve Meds clinical & regulatory team. Last reviewed 2026-05-20.

Qatar runs one of the deepest paediatric and adult endocrinology programmes in the region. Sidra Medicine paediatric endocrinology in Doha runs a dedicated paediatric metabolic and endocrine service that handles classic congenital adrenal hyperplasia (CAH) from newborn screening forward and is operationally appropriate for paediatric Crenessity (the FDA label is paediatric 4 years and older). Hamad Medical Corporation (HMC) adult endocrinology in Doha handles the corresponding adult CAH service, with Aspetar's orthopaedic-endocrine interface, Al-Ahli Hospital, and Doha Clinic providing private-sector adult endocrinology access. The full operational arc is in place: newborn screening, lifelong glucocorticoid replacement, mineralocorticoid dosing for salt-wasting subtypes, growth and androgen suppression monitoring, fertility planning, and adult transition. Crenessity (crinecerfont, Neurocrine Biosciences) is the first-in-class oral corticotropin-releasing factor type 1 (CRF1) receptor antagonist, FDA-approved in December 2024 for classic CAH in adults and paediatric patients aged 4 years and older. For a Qatar-resident patient or family with confirmed classic CAH already on stable glucocorticoid replacement, the operational question in 2026 is whether Crenessity is the right fit, how the named-patient supply pathway works while MOPH registration catches up with the December 2024 FDA approval, what the cash-pay cost exposure looks like, and how the family handles the careful glucocorticoid dose titration that the drug requires.

This page explains how the pathway works in 2026 for a Qatar-resident patient: who qualifies, where the prescribing endocrinologist conversation happens (paediatric at Sidra, adult at HMC or private sector), how Crenessity is supplied via named-patient pathway, what the realistic out-of-pocket exposure band is in QAR, what to monitor during the first weeks of glucocorticoid down-titration, and how the long-term routine fits into a Qatar family's life.

Why Crenessity, and why now

Crenessity is crinecerfont, a first-in-class oral selective antagonist of the corticotropin-releasing factor type 1 (CRF1) receptor in the hypothalamic-pituitary-adrenal (HPA) axis. By blocking CRF1 signalling, Crenessity reduces ACTH drive on the adrenal cortex, which in classic CAH reduces the substrate flux that gets shunted into androgen overproduction when 21-hydroxylase is deficient. The clinical translation is that the treating endocrinologist can reduce the supra-physiologic glucocorticoid doses historically required to suppress androgens, while still achieving androgen control. The pivotal CAHtalyst trials in adults and in paediatric patients aged 4 years and older both demonstrated meaningful reductions in daily hydrocortisone-equivalent dosing alongside reductions in androstenedione and 17-hydroxyprogesterone.

The FDA approved Crenessity in December 2024. This is a brand-new drug, on-market for under 18 months at the time of this page. MOPH registration status is verified at intake; the named-patient European-import or US-direct supply pathway covers Qatar dispensing where in-country registration has not yet caught up. The EMA review is in progress.

For a Qatar patient with classic CAH already on lifelong hydrocortisone (paediatric) or prednisone (adult) replacement, who has been carrying the chronic side-effect burden of glucocorticoid therapy, Crenessity is the first agent that offers a structural alternative: a glucocorticoid-sparing adjunct that reduces the daily steroid dose required for androgen control. The conversation about whether to start Crenessity, when to time the addition, and how aggressively to titrate down the background glucocorticoid is the central clinical decision. This page is the operational layer underneath that conversation.

Reserve Meds does not advocate Crenessity over a stable glucocorticoid-only regimen.

What Crenessity is, in plain language

Crenessity is an oral capsule (adults: 100 mg twice daily) or an oral solution (paediatric: weight-based twice daily dosing). It is not an injection, not an infusion, and not given in a clinic. The patient or family administers Crenessity at home, twice daily, with food. It is taken alongside the patient's existing glucocorticoid replacement (hydrocortisone for children, prednisone or hydrocortisone for adults) and any mineralocorticoid (fludrocortisone) the patient is on for salt-wasting CAH.

Crenessity is not a replacement for hydrocortisone or prednisone. The patient does not stop the steroid. What changes is the steroid dose: under endocrinology supervision, the daily glucocorticoid dose is reduced from the historically supra-physiologic level toward the physiologic-replacement range, with Crenessity providing the upstream androgen control that the higher steroid dose had been carrying.

This is a chronic, lifelong adjunct.

Eligibility at a Qatar endocrinologist clinic

For Qatar-resident patients, the endocrinology services apply the FDA criteria with local supply adaptation:

1. Confirmed classic congenital adrenal hyperplasia, 21-hydroxylase deficiency confirmed by elevated 17-hydroxyprogesterone, elevated ACTH, elevated androgens (androstenedione, testosterone), and confirmatory CYP21A2 genetics where available. 2. Age 4 years and older for paediatric patients (Sidra Medicine paediatric endocrinology); age 18 and older for adult patients (HMC or private sector). 3. Current stable glucocorticoid replacement regimen. 4. Baseline labs documented: 17-hydroxyprogesterone, androstenedione, ACTH, cortisol axis function, electrolytes, renal and hepatic function. 5. Endocrinology team in place for ongoing follow-up. 6. Family or patient willingness to commit to the careful glucocorticoid dose titration that Crenessity introduces. 7. Pregnancy planning conversation for women of childbearing potential. 8. CYP3A modifier review. 9. Live vaccine review for any patient on chronic glucocorticoid replacement.

A Qatar family should arrive at the Crenessity conversation with the most recent endocrinology documentation: current 17-hydroxyprogesterone, androstenedione, and ACTH values, the current glucocorticoid dose with the historical titration record, growth records for paediatric patients, bone density assessment if available in adults, and the family's documentation of fatigue, mood, or steroid-related side effects that motivated the Crenessity conversation.

The Qatar prescribing and supply picture, plainly

Crenessity MOPH registration status is verified at intake. Neurocrine Biosciences' MENA commercial pathway is in early stages given the December 2024 FDA approval recency. The supply pathway is named-patient European-import or US-direct sourcing until in-country registration is in place. The operational pathway is:

1. **Prescribing physician**: for paediatric patients aged 4 to 18, a board-certified paediatric endocrinologist at Sidra Medicine paediatric endocrinology in Doha. For adult patients aged 18 and over, a board-certified adult endocrinologist at HMC adult endocrinology, Aspetar endocrine-orthopaedic services where appropriate, Al-Ahli Hospital, or Doha Clinic. 2. **Pharmacy dispensing**: named-patient import via the prescribing hospital pharmacy, with ongoing maintenance dispensing typically every 1 to 3 months once the supply chain is stable. 3. **Insurance pre-authorisation**: with a December 2024 FDA approval, Qatar commercial insurance coverage is not yet routine. Initial-year exposure is typically cash-pay; the prescribing endocrinologist's office initiates any case-by-case insurance preauthorisation that may be available. For Qatari nationals, MOPH-coordinated public funding pathways are assessed case by case for specialty endocrine therapy. Commercial covers (Qatar Insurance, Allianz Qatar, AXA) require similar documentation. `[VERIFY: current MOPH registration status at intake.]` 4. **Glucocorticoid titration support**: the endocrinology office directs the steroid down-titration. This is not optional. The family should have a clear written taper plan, the patient should have a hydrocortisone stress-dose plan for illness or surgery, and contact arrangements for endocrinology should be in place for the first several months. 5. **Ongoing monitoring**: endocrinology follow-up at weeks 2, 4, 8, 12, then quarterly during the first year.

Cost expectation in QAR

US list price for Crenessity is approximately USD 110,000 to 145,000 annual at WAC, depending on adult versus paediatric dosing. At 2026 indicative cross rates, the QAR-equivalent annual cost band is approximately QAR 400,000 to 528,000 at list price for named-patient supply during the registration-catch-up period.

For Qatari nationals with public coverage, the financial preauthorisation conversation needs to start before the first dispensing, not after. Commercial covers vary; the prescribing endocrinologist's office is the gating step.

What to expect on Crenessity

The first 4 to 8 weeks are the steroid down-titration phase. The endocrinology office directs a gradual reduction in the daily glucocorticoid dose, typically by 10 to 20 percent every 2 to 4 weeks, with lab and clinical monitoring at each step. The patient may experience fatigue, headache, or mild dizziness during this phase. These are typically manageable and resolve over weeks.

Over months, the androstenedione and 17-hydroxyprogesterone values trend downward. The endocrinologist continues to titrate, with the goal of reaching a physiologic-replacement glucocorticoid dose while maintaining androgen control.

Live-vaccine considerations remain on the chronic glucocorticoid replacement. Stress-dose hydrocortisone for illness, surgery, or significant injury remains essential and is unchanged by Crenessity.

When Crenessity is the wrong drug

For a Qatar patient with non-classic CAH (Crenessity is approved only for classic CAH), with unstable adrenal function, with inability or unwillingness to commit to endocrinology follow-up during the titration phase, with a paediatric patient under 4 years of age, or with a pregnancy plan that has not been addressed with the treating endocrinologist, the operational pathway shifts:

- **Continued glucocorticoid-only regimen**: the historical standard. - **Alternative dosing or formulation of the existing steroid**: modified-release hydrocortisone or chronotherapy approaches. - **Watchful waiting on Crenessity**: with a December 2024 FDA approval, some families may prefer to wait for additional post-marketing data and MOPH registration.

Reserve Meds does not advocate Crenessity over a stable glucocorticoid-only regimen.

What Reserve Meds does on this case

We are a US-based concierge coordinator. We are not the prescriber and not the dispensing pharmacy. On a Qatar Crenessity case we build the documentation pack with the treating endocrinologist office (Sidra paediatric or HMC adult depending on patient age), confirm MOPH registration status and the appropriate named-patient supply pathway, run the insurance preauthorisation conversation where applicable, coordinate the named-patient import logistics, and stay with the case through the first year of dosing with handoff to the local endocrinologist for ongoing surveillance. Clinical decisions remain with your treating endocrinologist.

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