MEDICATION POLICY:
Kerendia™

Generic Name: Finerenone

Therapeutic Class or Brand Name: N/A

Applicable Drugs (if Therapeutic Class): N/A

Preferred: N/A

Non-preferred: N/A

Date of Origin: 8/29/2022

Date Last Reviewed / Revised: 11/03/2023

Prior Authorization Criteria

(May be considered medically necessary when criteria I through IV are met.)

I. Diagnosis of type 2 diabetes mellitus.

II. Diagnosis of diabetic or chronic kidney disease and meets all criteria A, B, and C:

  A. Estimated glomerular filtration (eGFR) rate of ≥ 25 mL/min/1.73 m^2.

  B. Urine albumin-to-creatinine ratio of ≥ 30 mg/g.

  C. Serum potassium level is ≤ 5.0 mEq/L.

III. Documented treatment failure (persistent albuminuria), intolerance, or contraindication to maximally tolerated combination therapy ACE/ARB + SGLT2 (e.g., Jardiance, Farxiga).

IV. Minimum age requirement: 18 years old.

Exclusion Criteria

- Use in combination with strong CYP3A4 inhibitors.
- Adrenal insufficiency

Other Criteria

- N/A

Quantity / Days Supply Restrictions

- 10 mg and 20 mg tablets
- 30 tablets per 30 days

Approval Length

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing that current medical necessity criteria are met, and that the medication is effective. Serum potassium remains < 5.5 mEq/L

APPENDIX

N/A

REFERENCES

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3. Ronco, Pierre et al. "Kidney Disease Improving Global Outcomes (KDIGO): Clinical practice guideline for diabetes management in chronic kidney disease." Kidney Int. 98, 45 (2020): S1-S115. doi.org/10.1016/j.kint.2020.06.019.
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6. Agarwal R, Filippatos G, Pitt B, et al. "Cardiovascular and kidney outcomes with finerenone in patients with type 2 diabetes and chronic kidney disease the FIDELITY pooled analysis." Eur Heart J 43 (2022): 474-484. doi.org/10.1093/eurheartj/ehab777.
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