

Generic Name: Finerenone

Preferred: N/A

Therapeutic Class or Brand Name: Kerendia

Non-preferred: N/A

Applicable Drugs (if Therapeutic Class): N/A

Date of Origin: 8/29/2022

Date Last Reviewed / Revised: 5/21/2025

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through VI 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 m².
 - 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 ACE/ARB therapy.
- IV. Minimum age requirement: 18 years old.
- V. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.
- VI. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

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:** 12 months.
- **Re-Authorization:** 12 months: 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

1. American Diabetes Association Professional Practice Committee; 10. Cardiovascular Disease and Risk Management: Standards of Care in Diabetes—2025. *Diabetes Care* 1 January 2025; 48 (Supplement_1): S207–S238. <https://doi.org/10.2337/dc25-S010>.
2. Rossing P, Caramori ML, Chan JCN, et al. Executive summary of the KDIGO 2022 clinical practice guideline for diabetes management in chronic kidney disease: an update based on rapidly emerging new evidence. *Kidney Int.* 2022;102(5):990–999. doi:10.1016/j.kint.2022.06.013.
3. Bakris G, Agarwal R, Anker SD, et al. Effect of Finerenone on Chronic Kidney Disease Outcomes in Type 2 Diabetes. *N Engl J Med.* 2020;383(23):2219–2229. Pitt B, Filippatos G, Agarwal R, et al. Cardiovascular events with finerenone in kidney disease and type 2 diabetes. *N Engl J Med.* 385(24): 2252–2263.
4. 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.* 2022;43(6):474–484.
5. Kerendia. Prescribing information. Bayer HealthCare Pharmaceuticals Inc; 2022. Accessed May 21, 2025. https://labeling.bayerhealthcare.com/html/products/pi/Kerendia_PI.pdf

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.