

Applicable Drugs: Kerendia (finerenone)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 8/29/2022

Date Last Reviewed / Revised: 10/20/2025

PRIOR AUTHORIZATION CRITERIA

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

- I. Documented diagnosis of one of the following conditions A or B AND must meet ALL criteria listed under applicable diagnosis.
 - A. Chronic Kidney Disease (CKD) associated with Type 2 Diabetes Mellitus (T2DM)
 - i. Estimated glomerular filtration (eGFR) rate ≥ 25 mL/min/1.73 m²
 - ii. Urine albumin-to-creatinine ratio (UACR) ≥ 30 mg/g
 - iii. Serum potassium (K+) level ≤ 5 mEq/L
 - iv. Documented treatment failure (eg, persistent albuminuria), intolerance, or contraindication to maximally tolerated ACEi/ARB therapy
 - B. Heart Failure (NYHA Class II-IV) with LVEF $\geq 40\%$
 - i. Documented treatment failure to one or contraindication to all SGLT2 inhibitors at stable dose (eg, empagliflozin, dapagliflozin)
 - ii. Estimated glomerular filtration (eGFR) rate ≥ 25 mL/min/1.73 m²
 - iii. Serum potassium (K+) level ≤ 5.0 mEq/L
- II. Minimum age requirement: 18 years
- III. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.
- IV. 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

- Concomitant use with strong CYP3A4 inhibitors
- Adrenal insufficiency

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- 10 mg, 20 mg, 40 mg tablets
 - 30 tablets per 30 days

APPROVAL LENGTH

- **Authorization:** 12 months
- **Re-Authorization:** 1 year. An updated letter of medical necessity or progress notes showing improvement or maintenance with the medication.
 - 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; 2025. Accessed October 20, 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.