PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

KERENDIA
(finerenone)

Status: CVS Caremark® Criteria
Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS
Kerendia is indicated to reduce the risk of sustained eGFR decline, end-stage kidney disease, cardiovascular death, non-fatal myocardial infarction, and hospitalization for heart failure in adult patients with chronic kidney disease (CKD) associated with type 2 diabetes (T2D).

COVERAGE CRITERIA
The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has a diagnosis of chronic kidney disease (CKD) associated with type 2 diabetes (T2D)
  AND
  - The patient is currently receiving a maximally tolerated dose of an angiotensin-converting enzyme inhibitor (ACEi) or angiotensin receptor blocker (ARB)

  OR
  - The patient has experienced an intolerance to an angiotensin-converting enzyme inhibitor (ACEi) or angiotensin receptor blocker (ARB)

  OR
  - The patient has a contraindication that would prohibit a trial of an angiotensin-converting enzyme inhibitor (ACEi) or angiotensin receptor blocker (ARB)

Duration of Approval (DOA):

- 4871-A: DOA: 12 months

REFERENCES

1. Kerendia [package insert]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc.; September 2022.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. https://online.lexi.com. Accessed October 4, 2023.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 10/04/2023).
4. Chronic Kidney Disease and Risk Management: Standards of Medical Care in Diabetes – 2023. *Diabetes Care. Dec* 2022;46:S191-S202.
5. KDIGO 2022 Clinical Practice Guideline for Diabetes Management in Chronic Kidney Disease. *Kidney International*. 2022;102(Suppl 5S):S1-S127.