

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	December 8, 2021

## **KERENDIA<sup>®</sup> (finerenone)**

**LENGTH OF AUTHORIZATION:** Up to 1 year

**INITIAL REVIEW CRITERIA:**

- Patient must be  $\geq 18$  years of age.
- Patient must have a diagnosis of chronic kidney disease (CKD) associated with type 2 diabetes (T2D).
- Medication prescribed to reduce the risk of sustained estimated glomerular filtration rate (eGFR) decline, end stage kidney disease, cardiovascular death, non-fatal myocardial infarction, and/or hospitalization for heart failure.
- Patient is on concomitant therapy with an angiotensin converting enzyme inhibitor (ACEi) or angiotensin receptor blocker (ARB) at maximum tolerated labeled dosage.
- Patient does not have adrenal insufficiency.
- Patient does not have severe hepatic impairment (Child Pugh C).
- Prior to starting therapy, serum potassium levels and eGFR are measured.
  - Serum potassium is  $\leq 5.0$  mEq/L.
  - eGFR is  $\geq 25$  mL/min/1.73m<sup>2</sup>

**CONTINUATION OF THERAPY:**

- Patient met initial review criteria.
- Documentation of improved clinical response.
- Dosing is appropriate as per labeling or is supported by compendia.

**DOSING AND ADMINISTRATION:**

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as 10 mg and 20 mg tablets.