ALASKA MEDICAID
Prior Authorization Criteria

Kerendia®
(finerenone)

FDA INDICATIONS AND USAGE[1]

Kerendia® is a non-steroidal mineralocorticoid receptor antagonist (MRA) 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 (T2DM).
- cardiovascular death, hospitalization for heart failure, and urgent heart failure visits in adult patients with heart failure with left ventricular ejection fraction (LVEF) ≥ 40%.

APPROVAL CRITERIA[1,2,3,4,5]

1. Patient is 18 years of age or older **AND**;
2. Prescribed by or in consultation with a cardiologist or nephrologist **AND**;
3. Chart notes have been submitted with baseline labs showing all of the following:
    - Estimated glomerular filtration rate ≥ 25 mL/min/1.73 m2
    - Urine albumin-to-creatinine ratio ≥ 30 mg/g
    - Serum potassium level ≤ 5.0 mEq/L **AND;**
4. Patient has the diagnosis of chronic kidney disease and type 2 diabetes and the following applies:
    - Patient is currently taking a maximally tolerated angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) AND a preferred sodium glucose transport protein 2 (SGLT2) inhibitor or has a documented contraindication or intolerance to the above drug classes **OR;**
5. Patient has the diagnosis of heart failure with LVEF ≥ 40% and the following applies:
    - Pt is currently receiving a sodium-glucose cotransporter-2 (SGLT2) inhibitor or has a documented clinical contraindication to these agents.

DENIAL CRITERIA[1]

1. Failure to meet approval criteria **OR**;
2. Patient is taking strong CYP3A4 inhibitors concomitantly **OR;**
3. Patient has adrenal insufficiency **OR;**
4. Patient has severe hepatic impairment (Child Pugh C).

CAUTIONS[1]

- Patients with decreased kidney function and higher baseline potassium levels are at increased risk. Monitor serum potassium levels and adjust dose as needed.
- Patients should avoid concomitant use of grapefruit or grapefruit juice.
- May cause hyperkalemia, hypotension, and hyponatremia.

DURATION OF APPROVAL

- Initial Approval: up to 3 months
- Reauthorization Approval: up to 6 months if:
    - Patient has disease improvement and/or stabilization OR improvement in the slope of decline (based on UACR or eGFR) and the patient has not developed hyperkalemia.

QUANTITY LIMIT

- 30 tablets per 30 days (10mg and 20mg strengths)

REFERENCES / FOOTNOTES:

1. Kerendia®. Prescribing Information. Whippany, NJ; Bayer; August 2025
2. Efficacy and safety of finerenone in in subjects with type 2 diabetes and diabetic kidney disease (FIDELIO-DKD). Available at: https://clinicaltrials.gov/ct2/show/NCT02540993. Accessed September 23, 2021.
3. Bakris GL, 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. DOI: 10.1056/NEJMoa2025845.
4. Kidney Disease: Improving Global Outcomes (KDIGO) Diabetes Work Group. KDIGO 2020 Clinical Practice Guideline for Diabetes Management in Chronic Kidney Disease. Kidney Int. 2020 Oct;98(4S):S1-S115.
5. Heidenreich PA, Bozkurt B, Aguilar D, et al. 2022 AHA/ACC/HFSA guideline for the management of heart failure: a report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. Circulation. 2022 May 3;145(18):e876-e894.