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

KERENDIA® (finerenone)

LENGTH OF AUTHORIZATION: Up to 1 year

INITIAL REVIEW CRITERIA:

- Patient must be ≥ 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 ≤ 5.0 mEq/L.
    - eGFR is ≥ 25 mL/min/1.73m^2

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.