Reference number(s)
4871-A

Initial Prior Authorization
Kerendia

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Kerendia	finerenone

Indications

FDA-approved Indications

Kerendia is indicated to:

- reduce the risk of sustained estimated glomerular filtration rate (eGFR) decline, end-stage kidney disease, cardiovascular death, non-fatal myocardial infarction, and hospitalization for heart failure in adults with chronic kidney disease (CKD) associated with Type 2 diabetes mellitus (T2DM).
- reduce urinary albumin-to-creatinine ratio (UACR), which is expected to reduce the risk of sustained eGFR decline and end-stage kidney disease in adults with CKD associated with Type 1 diabetes mellitus (T1DM).
- reduce the risk of cardiovascular death, hospitalization for heart failure, and urgent heart failure visits in adults with heart failure with left ventricular ejection fraction (LVEF) $\geq$ 40%.

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Coverage Criteria

Chronic Kidney Disease (CKD) Associated with Type 1 Diabetes Mellitus (T1DM) or Type 2 Diabetes Mellitus (T2DM)

Authorization may be granted when the patient has a diagnosis of chronic kidney disease (CKD) associated with Type 1 diabetes mellitus (T1DM) or Type 2 diabetes mellitus (T2DM) when ONE of the following criteria is met:

- The patient is currently receiving a maximally tolerated dose of an angiotensin-converting enzyme inhibitor (ACEi) OR angiotensin receptor blocker (ARB).
- The patient has experienced an intolerance to an ACEi or ARB.
- The patient has a contraindication that would prohibit a trial of an ACEi or ARB.

Heart Failure with Left Ventricular Ejection Fraction (LVEF) ≥ 40%

Authorization may be granted when the requested drug is being prescribed to reduce the risk of cardiovascular death, hospitalization for heart failure, and urgent heart failure visits when the following criteria is met:

- The patient has a diagnosis of heart failure with left ventricular ejection fraction (LVEF) greater than or equal to 40 percent.

Duration of Approval (DOA)

- 4871-A: DOA: 12 months

References

1. Kerendia [package insert]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc.; September 2026.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2025. https://online.lexi.com. Accessed September 27, 2025.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 09/27/2025).
4. Chronic Kidney Disease and Risk Management: Standards of Medical Care in Diabetes – 2025. Diabetes Care. 2025;48(1 Supp 1):S239-S251.
5. KDIGO 2022 Clinical Practice Guideline for Diabetes Management in Chronic Kidney Disease. Kidney International. 2022;102(Suppl 5S):S1-S127.

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