STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Office of Pharmacy Services
Prior Authorization Criteria
Kerendia® (finerenone)
Effective 2/16/2022

Prior Authorization Request Form

Kerendia (finerenone) *is a nonsteroidal Mineralocorticoid (Aldosterone) Receptor Antagonists indicated to reduce the risk of sustained eGFR decline, end-stage kidney disease, cardiovascular death, nonfatal myocardial infarction, and hospitalization for heart failure in adult patients with chronic kidney disease associated with type 2 diabetes.*

CRITERIA FOR APPROVAL:

1. Patient has a diagnosis of chronic kidney disease associated with type 2 diabetes; **AND**

2. Patient is within the age range as recommended by the FDA label; **AND**

3. Prescribed by, or in consultation with, a cardiologist, endocrinologist, or nephrologist; **AND**

4. Prior to initiation of Kerendia, the patient meets ***ALL the following*****:**

   a) Estimated glomerular filtration rate ≥ 25 mL/min/1.73 m^2 and < 75 mL/min/1.73 m^2; and
   b) Urine albumin-to-creatinine ratio ≥ 30 mg/g; and
   c) Serum potassium level ≤ 5.0 mEq/L; **AND**

5. Patient is currently receiving a maximally tolerated angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) **PLUS** a preferred agent containing a sodium glucose transport protein 2 (SGLT2) inhibitor* that is indicated for use in patients with chronic kidney disease (such as canagliflozin and dapagliflozin) unless the patient has an intolerance or contraindication to these agents.

   *Exemption requests from this requirement (not including intolerance or contraindication) would require an appeal to the medical director providing medical reasoning as to why SGLT2 therapy is not appropriate for the patient.

Approval Duration:

Initial approval will be for 6 months.

Criteria for reauthorization:

1. Demonstrate continued documented compliance; **AND**
2. Documentation of positive clinical response and/or stabilization to therapy must be provided (such as stabilization of eGFR, lack of hospitalization due to renal or cardiovascular disease etc.)

Continuation of therapy will be granted for 12 months.

References:

1.) Lexi-Comp drug monograph for Kerendia (Reviewed 2/2022)
2.) Package insert for Kerendia 7/2021 (Reviewed 2/2022)
3.) UpToDate article: Treatment of Diabetic Kidney Disease. Article updated February 9, 2022 (Reviewed 2/2022)
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.) American Diabetes Association. Standards of medical care in diabetes – 2021. *Diabetes Care*. 2021;44(Suppl 1): S1-S232.