

**Generic Name:** Finerenone

**Preferred:** N/A

**Therapeutic Class or Brand Name:** N/A

**Non-preferred:** N/A

**Applicable Drugs (if Therapeutic Class):** N/A

**Date of Origin:** 8/29/2022

**Date Last Reviewed / Revised:** N/A

### PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through V are met.)

- I. Diagnosis of type 2 diabetes mellitus.
- II. Diagnosis of diabetic or chronic kidney disease and meets all criteria A, B, and C:
  - A. Estimated glomerular filtration (eGFR) rate of  $\geq 25$  mL/min/1.73 m<sup>2</sup>.
  - B. Urine albumin-to-creatinine ratio of  $\geq 30$  mg/g.
  - C. Serum potassium level is  $\leq 5.0$  mEq/L.
- III. Documented treatment failure or contraindication to A or B below:
  - A. Maximally tolerated angiotensin converting enzyme (ACE) inhibitor (e.g., captopril, enalapril).
  - B. Maximally tolerated angiotensin II receptor blocker (ARB) (e.g., candesartan, valsartan).
- IV. Patient meets criteria A or B:
  - A. Persistent albuminuria and currently receiving an SGLT2i inhibitor (e.g., Farxiga, Jardiance).
  - B. Documented treatment failure or contraindication to an SGLT2 inhibitor (e.g., Farxiga, Jardiance).
- V. Minimum age requirement: 18 years old.

### EXCLUSION CRITERIA

- Use in combination with strong CYP3A4 inhibitors.
- Adrenal insufficiency

### OTHER CRITERIA

- N/A

### QUANTITY / DAYS SUPPLY RESTRICTIONS

- 30 tablets per 30 days

## APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing that current medical necessity criteria are met, and that the medication is effective.

## APPENDIX

N/A

## REFERENCES

1. Riddle, Matthew et al. "American Diabetic Association (ADA): Standards of medical care in diabetes." *Diabetes Care* Vol. 45, Suppl. 1 (2022): S1-S264. [doi.org/10.2337/dc22-Srev](https://doi.org/10.2337/dc22-Srev).
2. Pop-Busui, Rodica et al. Heart failure: "An underappreciated complication of Diabetes. A consensus report of the American Diabetes Association." *Diabetes Care* Vol. 45, 7 (2022): 1670-1690. [doi.org/10.2337/dci22-0014](https://doi.org/10.2337/dci22-0014).
3. Ronco, Pierre et al. "Kidney Disease Improving Global Outcomes (KDIGO): Clinical practice guideline for diabetes management in chronic kidney disease." *Kidney Int.* 98, 45 (2020): S1-S115. [doi.org/10.1016/j.kint.2020.06.019](https://doi.org/10.1016/j.kint.2020.06.019).
4. Bakris G, Agarwal R, Anker SD, et al. "Effect of finerenone on chronic kidney disease outcomes in type 2 diabetes." *N Engl J Med* 383 (2020): 2219-29. [doi.10.1056/NEJMoa2025845](https://doi.org/10.1056/NEJMoa2025845).
5. Pitt B, Filippatos G, Agarwal R, et al. "Cardiovascular events with finerenone in kidney disease and type 2 diabetes." *N Engl J Med* 385 (2021): 2252-2263. [doi.10.1056/NEJMoa2110956](https://doi.org/10.1056/NEJMoa2110956).
6. Agarwal R, Filippatos G, Pitt B, et al. "Cardiovascular and kidney outcomes with finerenone in patients with type 2 diabetes and chronic kidney disease the FIDELITY pooled analysis." *Eur Heart J* 43 (2022): 474-484. [doi.org/10.1093/eurheartj/ehab777](https://doi.org/10.1093/eurheartj/ehab777).
7. Kerendia [package insert]. Bayer HealthCare Pharmaceuticals Inc; Whippany, NJ 07981; 2021. Available at: [https://labeling.bayerhealthcare.com/html/products/pi/Kerendia\\_PI.pdf](https://labeling.bayerhealthcare.com/html/products/pi/Kerendia_PI.pdf).

**DISCLAIMER:** Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.