

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Finerenone (Kerendia)

Notes:

- Quantity Limits: Yes
- Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:

Non-formulary **finerenone (Kerendia)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient is at least 18 years of age
- The patient has a diagnosis of Type 2 Diabetes
- Patient has diagnosis of chronic kidney disease defined as either:
 - A urinary albumin-to-creatinine ratio (UACR) of 30 to less than 300 mg/g and an estimated glomerular filtration rate (eGFR) of 25 to 60 mL/minute/1.73² and diabetic retinopathy
 - A urinary albumin-to-creatinine ratio of 300 to 5,000 mg/g and an eGFR of 25 to less than 75 mL/minute/1.73 m²
- Patient is currently treated with a maximum tolerated dose of an Angiotensin converting enzyme inhibitor (ACE inhibitor) or angiotensin receptor blocker (ARB) drug or have a documented allergy or intolerance both an ACE inhibitor and ARB.
- Patient has failed an adequate trial of an SGLT2 inhibitor, patient has an allergy or intolerance to SGLT2 inhibitors, or the patient is currently on an SGLT2 inhibitor with persistent proteinuria defined as a urinary-albumin-to creatinine ratio of more than 300 mg/g
- The patient has a baseline serum potassium of 5 mEq/L or less
- The patient is not diagnosed with chronic heart failure with reduced ejection fraction (New York Heart Association Class II, III, & IV)
- Patient is not receiving treatment with a strong CYP3A4 inhibitor drug or spironolactone or eplerenone