



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

**FINERENONE**

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
FINERENONE	KERENDIA	47487		GPI-10 (3035403000)	

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of chronic kidney disease (CKD) associated with type 2 diabetes (T2D) and meet **ALL** of the following criteria?
  - The patient is 18 years of age or older
  - The patient had a trial of or contraindication to **BOTH** of the following:
    - A sodium-glucose cotransport-2 (SGLT2) inhibitor (e.g., Farxiga, Invokana, Jardiance, Steglatro)
    - Spironolactone OR eplerenone

If yes, **approve for 12 months by HICL or GPI-10 with a quantity of #1 per day.**

If no, do not approve.

**DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **FINERENONE (Kerendia)** requires the following rule(s) be met for approval:

- A. You have chronic kidney disease (CKD) associated with type 2 diabetes (T2D)
- B. You are 18 years of age or older
- C. You had a trial of or contraindication to (medical reason why you cannot use) **BOTH** of the following:
  1. A sodium-glucose cotransport-2 (SGLT2) inhibitor (such as Farxiga, Invokana, Jardiance, Steglatro)
  2. Spironolactone OR eplerenone

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Kerendia.

**REFERENCES**

- Kerendia [Prescribing Information]. Whippany, NJ: Bayer HealthCare Pharmaceuticals, Inc., July 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 05/01/23

Created: 07/21

Client Approval: 03/23

P&T Approval: 04/21