

Policy Name:	Kerendia (finerenone)	Policy #:	3134P
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Purpose of the Policy

The purpose of this policy is to define coverage of Kerendia (finerenone).

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approved the use of Kerendia under the pharmacy benefit when the following criteria are met.

Criteria

1. Coverage Criteria for Chronic Kidney Disease associated with Type 2 Diabetes

- 1.1 Diagnosis of type 2 diabetes and chronic kidney disease with eGFR of ≥ 25 mL/min/1.73m²
- 1.2 Age 18 years or older
- 1.3 Documented concurrent use of preferred ACE (some examples are lisinopril, benazepril, enalapril) or ARB (some examples are losartan, candesartan, olmesartan)
- 1.4 Documented concurrent use or previous trial and failure of a preferred SGLT-2 inhibitor (such as Jardiance or Farxiga)

2. Approval Period

- 2.1 Initial: 12 months
- 2.2 Reauthorization: 12 months with documented clinical benefit from therapy

CPT Codes

HCPCS Codes

References

1. Kerendia (finerenone) [prescribing information]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc; September 2022.
2. Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. *Kidney Int.* 2024 Apr;105(4S):S117-S314.
3. American Diabetes Association Professional Practice Committee; 9. Pharmacologic Approaches to Glycemic Treatment: Standards of Care in Diabetes—2024. *Diabetes Care* 1 January 2024; 47 (Supplement_1): S158–S178.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.