Mass General Brigham
Health Plan

Kerendia (finerenone)
Effective 03/01/2022

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Kerendia is indicated to reduce the risk of sustained eGFR decline, end-stage kidney disease, cardiovascular death, non-fatal myocardial infarction, and hospitalization for heart failure in adult patients with chronic kidney disease (CKD) associated with type 2 diabetes (T2D).

Coverage Guidelines
Authorization may be granted for members new to the plan who are currently receiving treatment with Kerendia, excluding when the product is obtained as samples or via manufacturer's patient assistance program
OR
Approval of Kerendia will be granted if the member meets all following criteria and documentation has been submitted:

1. The member has a diagnosis of chronic kidney disease (CKD) associated with type 2 diabetes (T2D)
2. The member meets ONE of the following:
    a. The member has a paid claim or physician documented use of a sodium-glucose co-transporter 2 (SGLT2) inhibitor with renal benefit (ex. Farxiga, Invokana)
    b. The member has intolerance or contraindication to SGLT2 inhibitor with renal benefit (ex. Farxiga, Invokana)
3. The member meets ONE of the following:
    a. The member has a paid claim or physician documented use of an angiotensin-converting enzyme inhibitor (ACEi) or angiotensin receptor blocker (ARB)
    b. The member has intolerance or contraindication to an ACEi or ARB

Continuation of Therapy
Reauthorization requires physician documentation of continuation of therapy and positive response to therapy.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months
2. The following quantity limits apply:

Kerendia	30 tablets per 30 days

References

1. Farxiga [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP:, April 2021.
2. Invokana [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc:, August 2020.
3. Kerendia [package insert]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc.; July 2021.
4. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed July 14, 2021.
5. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: https://www.micromedexsolutions.com. Accessed July 14, 2021
6. Riddle MC, Bakris G, Blonde L, et al. Standards of Medical Care in Diabetes - 2021. *Dia Care*. 2021;44(S1):S1-S232.
7. de Boer IH, Caramori ML, Chan JCN, et al. KDIGO 2020 Clinical Practice Guideline for Diabetes Management in Chronic Kidney Disease. *Kidney International*. 2020;98(4):S1-S115.
8. Bakris GL, Agarwal R, Anker SD, et. al. Effect of Finerenone on Chronic Kidney Disease Outcomes in Type 2 Diabetes. *New Engl J Med*, 2020;383(23):2219-2229.

Review History

01/19/2022 – Reviewed and Created for Jan P&T. Effective 03/01/2022.