Mass General Brigham
Health Plan

Kerendia (finerenone)
Effective 05/01/2025

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 (finerenone) is a non-steroidal mineralocorticoid receptor antagonist (MRA) 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 within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance program

OR

Authorizations may be granted when all of the following criteria are met:

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

<u>Continuation of Therapy</u>
Requests for reauthorization will be approved when the following criteria are met:

1. 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:

Drug Name	Quantity Limit
Kerendia	30 tablets per 30 days

References

1. American Diabetes Association. Standards of Medical Care in Diabetes - 2025. *Diabetes Care.* 2025;48(S1):S1-S352.
2. 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.
3. 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.
4. Farxiga (dapagliflozin) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP:, October 2024.
5. Invokana (canagliflozin) [prescribing information]. Titusville, NJ: Janssen Pharmaceuticals, Inc:, December 2024.
6. Jardiance (empagliflozin) [prescribing information]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; September 2023.
7. Kerendia (finerenone) [prescribing information]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc.; September 2022.

Review History

01/19/2022 – Reviewed and Created for Jan P&T. Effective 03/01/2022.
02/12/2025 – Reviewed and updated for February P&T. Added Jardiance as an example of SGLT2 inhibitor. Effective 05/01/2025.