

finerenone (KERENDIA)

Diagnoses Considered for Coverage:

- Chronic kidney disease (CKD) associated with type 2 diabetes (T2D)

Coverage Criteria:

1. For diagnosis of diabetic nephropathy, approve if:

- Patient has type 2 diabetes with diabetic kidney disease (diabetic nephropathy), **and**
- Inadequate response, intolerable side effects, or contraindication to Farxiga, **and**
- Dose does not exceed 20 mg per day.

Coverage Duration: one year

Effective Date: 09/27/2023