**Louisiana Medicaid**
**Finerenone (Kerendia®)**

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for finerenone (Kerendia®).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available HERE.

**Approval Criteria for Initiation of Therapy**

- The recipient has a documented diagnosis of chronic kidney disease (CKD) associated with type 2 diabetes (T2D); **AND**
- The recipient is 18 years of age or older on the date of the request; **AND**
- The recipient is currently receiving at least **ONE** standard of care treatment for type 2 diabetes, and this is **stated on the request**; **AND**
- **ONE** of the following is true and **stated on the request**:
    - The recipient is currently receiving a maximum tolerated labeled dose of an angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB); **OR**
    - The recipient has a contraindication to angiotensin-converting enzyme (ACE) inhibitor **AND** angiotensin receptor blocker (ARB) therapy;

**OR**

- The recipient is 18 years of age or older on the date of the request; **AND**
- The recipient has a diagnosis of heart failure (New York Heart Association [NYHA] class II–IV); **AND**
- The recipient has a documented left ventricular ejection fraction (LVEF) ≥40% measured by any modality (e.g. echocardiography, cardiac MRI, or MUGA scan) within the previous 12 months.
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**Approval Criteria for Continuation of Therapy**

- When used for CKD with T2D, **ALL** of the following are required:
    - The recipient is currently receiving at least **ONE** standard of care treatment for type 2 diabetes, and this is **stated on the request**; **AND**
    - **ONE** of the following is true and **stated on the request**:
        - The recipient is currently receiving a maximum tolerated labeled dose of an angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB); **OR**

        - The recipient has a contraindication to angiotensin-converting enzyme (ACE) inhibitor **AND** angiotensin receptor blocker (ARB) therapy; **AND**
    - The prescriber **states on the request** that the recipient is established on the medication with evidence of a positive response to therapy; **OR**.
- When used for heart failure, the prescriber **states on the request** that the recipient is established on the medication with evidence of a positive response to therapy.

**Duration of approval for initiation and continuation of therapy: 12 months**

**Reference**

Kerendia (finerenone) [package insert]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc; JulySeptember 20252. https://labeling.bayerhealthcare.com/html/products/pi/Kerendia_PI.pdfhttps://labeling.bayerhealthcare.com/html/products/pi/Kerendia_PI.pdf

| Revision / Date | Implementation Date |
|---|---|
| Policy created / August 2021 | January 2022 |
| Modified requirement to define CKD associated with T2D diagnosis, removed attestation referring to heart failure, updated reference / March 2023 | July 2023 |
| Formatting changes / March 2024 | July 2024 |
| Added new indication of heart failure, updated reference / July 2025 | January 2026 |