

Finerenone

Goal(s):

- Promote use of finerenone that is consistent with medical evidence
- Promote use of high value products

Length of Authorization:

- 12 months

Requires PA:

- Finerenone (Kerendia™)

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code; go to #2	
2. Is the patient 18 years or older with a diagnosis of type 2 diabetes?	Yes: Go to #3	No: Pass to RPh; deny for medical appropriateness
3. Does the patient have a diagnosis of chronic kidney disease?	Yes: Go to #4	No: Pass to RPh; deny for medical appropriateness.
4. Does the patient have a documented estimated glomerular filtration rate (eGFR) or creatinine clearance (CrCl) < 25 ml/min OR require hemodialysis?	Yes: Pass to RPh; deny for medical appropriateness. Request eGFR if not provided	No: Document eGFR and go to #5 Recent eGFR: _____ Date: _____
5. Is the patient currently on a maximally tolerated angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB), OR have a documented contraindication to both?	Yes: Go to #6	No: Pass to RPh; deny for medical appropriateness.
6. Is the patient's serum potassium ≤ 5.0 mEq/L?	Yes: Approve for up to 12 months Recent potassium: _____ Date: _____	No: Pass to RPh; deny for medical appropriateness.

P&T / DUR Review: 06/22 (MH)
Implementation: 7/1/22