Finerenone (KERENDIA)
Criteria for Use in Chronic Kidney Disease
Updated October 2025

VA Pharmacy Benefits Management Services and National Formulary Committee

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

See the VA National Formulary Committee Monograph on this drug at the *PBM INTRAnet* site for further information.

Exclusion Criteria

If any of the following are selected, the patient will NOT meet criteria for finerenone.

- ☐ Concomitant treatment with strong CYP3A4 inhibitors or strong or moderate CYP3A4 inducers
- ☐ Adrenal insufficiency
- ☐ Serum potassium greater than 5.0 mEq/L
- ☐ Condition where another mineralocorticoid receptor antagonist (i.e., spironolactone or eplerenone) would be indicated (e.g., resistant hypertension, heart failure)^1
- ☐ Severe hepatic impairment (Child Pugh class C)
- ☐ Lactating

Inclusion Criteria

All the following criteria must be selected to meet criteria.

- ☐ Type 2 diabetes mellitus
- ☐ Chronic kidney disease diagnosis with estimated glomerular filtration rate >= 25 ml/min/1.73m2 AND persistent albuminuria with urinary albumin-to-creatinine ratio>= 30 mg/g ^2^3
- ☐ Receiving treatment containing maximum tolerated labeled dose of an angiotensin-converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) or unable to use an ACEI or ARB
- ☐ Receiving treatment with a sodium-glucose cotransporter-2 (SGLT2) inhibitor or unable to use an SGLT2 inhibitor

1. If finerenone is being requested for heart failure with ejection fraction >/= 40%, please reference VHA PBM criteria for this indication
2. Inclusion criteria for the following clinical trials: FIDELIO-DKD: Chronic kidney disease (CKD) = persistent albuminuria (urinary albumin-to-creatinine ratio [UACR] 30 to < 300 mg/g), estimated glomerular filtration rate [eGFR] 25 to < 60 ml/min/1.73m2, and diabetic retinopathy; OR persistent albuminuria (UACR 300 to 5000 mg/g) with eGFR 25 to < 70 ml/min/1.73m2. FIGARO-DKD: CKD= persistent albuminuria (UACR 30 to < 300 mg/g) with eGFR 25 to 90 ml/min/1.73m2; OR persistent albuminuria (UACR 300 to 5000 mg/g) with eGFR >= 60 ml/min/1.73m2.
3. Despite guideline directed medical therapy (i.e., ACEI or ARB, SGLT2 inhibitor)

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