



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Kerendia

Page: 1 of 2

Effective Date: 4/16/2025

Last Review Date: 3/2025

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Kerendia under the patient's prescription drug benefit.

Description:

FDA-Approved Indications

Kerendia is 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).

Applicable Drug List:

Kerendia

Policy/Guideline:

Coverage Criteria

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has a diagnosis of chronic kidney disease (CKD) associated with type 2 diabetes (T2D)

AND

- The patient is currently receiving a maximally tolerated dose of an angiotensin-converting enzyme inhibitor (ACEi) or angiotensin receptor blocker (ARB)

OR

- The patient has experienced an intolerance to an angiotensin-converting enzyme inhibitor (ACEi) or angiotensin receptor blocker (ARB)

OR

- The patient has a contraindication that would prohibit a trial of an angiotensin-converting enzyme inhibitor (ACEi) or angiotensin receptor blocker (ARB)

Approval Duration and Quantity Restrictions:

Approval: 12 months



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References:

1. Kerendia [package insert]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc.; September 2022.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. <https://online.lexi.com>. Accessed September 24, 2024.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 09/24/2024).
4. Chronic Kidney Disease and Risk Management: Standards of Medical Care in Diabetes – 2023. Diabetes Care. Dec 2022;46:S191-S202.
5. KDIGO 2022 Clinical Practice Guideline for Diabetes Management in Chronic Kidney Disease. Kidney International. 2022;102(Suppl 5S):S1-S127.