



Bayer is committed to helping your patients start and stay on KERENDIA by addressing their coverage and affordability challenges.

Access Services by Bayer™ is working with CoverMyMeds®† to provide the support your patients count on; with enhanced services you can trust from CoverMyMeds.

Support your patient's access to KERENDIA through CoverMyMeds:

1. Log in to or create your account at CoverMyMeds.com. Then select **New Request** and enter **KERENDIA**
2. For Prior Authorization support, select **Start PA** then complete the required fields
 - For Appeals and Medical Exception support, select **Start Enrollment** then complete the required fields
3. Click **Submit** to complete the electronic prior authorization (ePA) or **Enrollment process**
 - You can check the status at any time by selecting Cases on the left side of the portal

For additional questions or support with the platform:



Live Chat: www.covermymeds.com | Phone: 1-800-288-8374 (M-F, 9 AM-6 PM EST)

Resources: go.covermymeds.com/specialtydemo

Additional patient support is available at 888-KERENDIA and www.KERENDIAhcp.com

Patients who need help paying for their KERENDIA prescription should call 1-888-KERENDIA (537-3634) or visit www.KERENDIA.com to learn more about the affordability solutions offered by Bayer.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS:

- **Hyperkalemia:** KERENDIA can cause hyperkalemia. The risk for developing hyperkalemia increases with decreasing kidney function and is greater in patients with higher baseline potassium levels or other risk factors for hyperkalemia. Measure serum potassium and eGFR in all patients before initiation of treatment with KERENDIA and dose accordingly. Do not initiate KERENDIA if serum potassium is >5.0 mEq/L
- Measure serum potassium periodically during treatment with KERENDIA and adjust dose accordingly. More frequent monitoring may be necessary for patients at risk for hyperkalemia, including those on concomitant medications that impair potassium excretion or increase serum potassium

MOST COMMON ADVERSE REACTIONS:

- Adverse reactions reported in ≥1% of patients on KERENDIA and more frequently than placebo: hyperkalemia (18.3% vs. 9%), hypotension (4.8% vs. 3.4%), and hyponatremia (1.4% vs. 0.7%)

DRUG INTERACTIONS:

- **Strong CYP3A4 Inhibitors:** Concomitant use of KERENDIA with strong CYP3A4 inhibitors is contraindicated. Avoid concomitant intake of grapefruit or grapefruit juice
- **Moderate and Weak CYP3A4 Inhibitors:** Monitor serum potassium during drug initiation or dosage adjustment of either KERENDIA or the moderate or weak CYP3A4 inhibitor and adjust KERENDIA dosage as appropriate
- **Strong and Moderate CYP3A4 Inducers:** Avoid concomitant use of KERENDIA with strong or moderate CYP3A4 inducers

USE IN SPECIFIC POPULATIONS:

- **Lactation:** Avoid breastfeeding during treatment with KERENDIA and for 1 day after treatment
- **Hepatic Impairment:** Avoid use of KERENDIA in patients with severe hepatic impairment (Child Pugh C) and consider additional serum potassium monitoring with moderate hepatic impairment (Child Pugh B)

Please see KERENDIA Prescribing Information in pocket.

†CoverMyMeds is an independent party.

References: 1. KERENDIA [package insert]. Whippany, NJ: Bayer HealthCare Pharmaceuticals, Inc.; July 2021. 2. American Diabetes Association. Standards of medical care in diabetes—2022. *Diabetes Care*. 2022;45(suppl 1):S1-S264.



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Prior Authorization and Medical Exceptions Guide for KERENDIA® (finerenone)

Common Prior Authorization (PA) Criteria for KERENDIA*



Many health plans require PAs for products that treat chronic kidney disease (CKD) associated with type 2 diabetes (T2D), including KERENDIA.¹ This means that **the prescriber may need to obtain authorization before coverage for KERENDIA is approved**



PA criteria may vary by plan and many plans will have specific PA request forms available on their website that enable provision of the required information

Prior Authorization Tips



It is important to **provide complete and accurate information** (if available) for every PA **to help streamline the process and avoid delays**

- **ICD-10-CM diagnosis code that most closely describes the patient's diagnosis**
 - For example, E11.22 (Type 2 diabetes mellitus with diabetic chronic kidney disease) or E11 and R80 (proteinuria)
- **Lab values (if available)**
 - Estimated glomerular filtration rate (eGFR)
 - Urinary albumin-to-creatinine ratio (UACR)
 - ◊ Other documentation of proteinuria or albuminuria
 - Serum potassium level
- **Indicate current and previously prescribed medications that the patient has tried (SGLT2i, MRA, or ACEi/ARB), as well as those that the patient cannot tolerate**
 - Specify if the patient has taken KERENDIA before (including free samples) and provide an explanation of the patient's experience when applicable
 - Include any additional supporting documentation that validates the patient's diagnosis and supports treatment with KERENDIA



Reference Recommendation 11.3c (level of evidence: A) in the 2022 American Diabetes Association Standards of Care, which supports use of KERENDIA in appropriate patients with CKD associated with T2D²

INDICATION:

- 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)

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS:

- Concomitant use with strong CYP3A4 inhibitors
- Patients with adrenal insufficiency

Please see continued Important Safety Information on next page.

ACEi, angiotensin-converting enzyme inhibitor; ARB, angiotensin receptor blocker; ICD-10-CM, *International Classification of Diseases, Tenth Revision, Clinical Modification*; MRA, mineralocorticoid receptor antagonist; SGLT2i, sodium-glucose transport protein 2 inhibitor.

*Information provided in this resource is for informational purposes only and does not guarantee that codes will be appropriate or that coverage will result. Customers should consult with their payers for all relevant coverage and coding.

