



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Kerendia

Page: 1 of 2

Effective Date: 8/27/2025

Last Review Date: 8/11/2025

Applies to: Illinois
 Maryland

Florida Kids
 Pennsylvania Kids

New Jersey
 Virginia

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

Sustained estimated glomerular filtration rate (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 (T2DM).

Cardiovascular death, hospitalization for heart failure, and urgent heart failure visits in adult patients with heart failure with left ventricular ejection fraction (LVEF) \geq 40%.

Applicable Drug List:

Kerendia

Policy/Guideline:

Coverage Criteria

Chronic Kidney Disease (CKD) Associated with Type 2 Diabetes (T2DM)

Authorization may be granted when the patient has a diagnosis of chronic kidney disease (CKD) associated with type 2 diabetes (T2DM) when ONE of the following criteria is met:

- The patient is currently receiving a maximally tolerated dose of an angiotensin-converting enzyme inhibitor (ACEi) OR angiotensin receptor blocker (ARB).
- The patient has experienced an intolerance to an ACEi or ARB.
- The patient has a contraindication that would prohibit a trial of an ACEi or ARB.

Heart Failure with Left Ventricular Ejection Fraction (LVEF) \geq 40%

Authorization may be granted when the requested drug is being prescribed to reduce the risk of cardiovascular death, hospitalization for heart failure, and urgent heart failure visits when the following criteria is met:

- The patient has a diagnosis of heart failure with left ventricular ejection fraction (LVEF) greater than or equal to 40 percent.

Approval Duration and Quantity Restrictions:

Approval: 12 months

References:

1. Kerendia [package insert]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc.; July 2025.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. <https://online.lexi.com>. Accessed September 24, 2024.



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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.