

Prior Authorization Request Form for
finerenone (**Kerendia**)



JOHNS HOPKINS
HEALTH PLANS

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**Fax completed form and
applicable progress notes to:
(410) 424-4037**

USFHP Pharmacy Prior Authorization Form

To be completed by requesting provider	
Drug Name:	Strength:
Dosage/Frequency (SIG):	Duration of Therapy:

Questions? Contact the Pharmacy Dept at (888) 819-1043, option 4

Clinical Documentation must accompany form in order for a determination to be made.

Step 1 Please complete patient and physician information (please print):

Patient Name:	_____	Physician Name:	_____
Address:	_____	Address:	_____
Sponsor ID #	_____	Phone #:	_____
Date of Birth	_____	Secure Fax #:	_____

Step 2 Please complete the clinical assessment:

1. Is the patient greater than or equal to 18 years of age?	<input type="checkbox"/> Yes Proceed to Question 2	<input type="checkbox"/> No STOP Coverage not approved
2. Is Kerendia prescribed by or in consultation with a nephrologist?	<input type="checkbox"/> Yes Proceed to Question 3	<input type="checkbox"/> No STOP Coverage not approved
3. Does the patient have type 2 diabetes? Note: Non-FDA approved used are NOT approved including not approved for use in renal transplant patients.	<input type="checkbox"/> Yes Proceed to Question 4	<input type="checkbox"/> No STOP Coverage not approved
4. Does the patient have diabetic kidney disease with albuminuria?	<input type="checkbox"/> Yes Proceed to Question 5	<input type="checkbox"/> No STOP Coverage not approved
5. Does the patient have an estimated glomerular filtration rate (eGFR) 25-75 with albuminuria greater than 300 mg/g?	<input type="checkbox"/> Yes Proceed to Question 7	<input type="checkbox"/> No Proceed to Question 6
6. Does the patient have eGFR 25-60 with albuminuria greater than 30 mg/g PLUS diabetic retinopathy?	<input type="checkbox"/> Yes Proceed to Question 7	<input type="checkbox"/> No STOP Coverage not approved
7. Is the patient on max-dose ACE inhibitor or ARB for more than four weeks?	<input type="checkbox"/> Yes Proceed to Question 8	<input type="checkbox"/> No STOP Coverage not approved

