MANAGEMENT OF HYPERKALAEMIA

Practical guidance[1-5]

Adverse event reporting and Prescribing Information for Kerendia®▼(finerenone) is available via the QR code on the right.

Either click here or scan the QR code for adverse event reporting information and prescribing information.

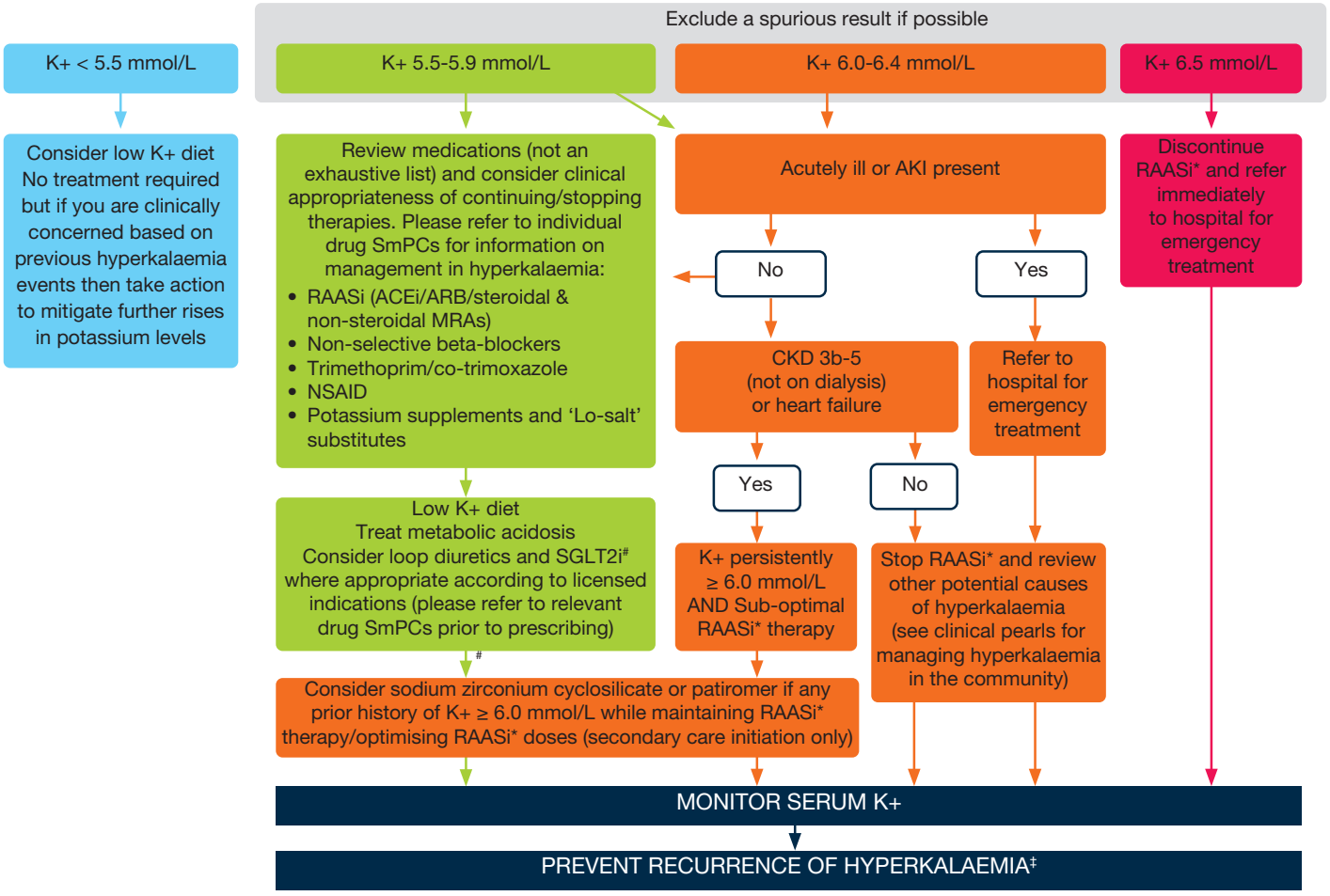
For direct access to this prescribing information, please ensure that your device's browser settings have automatic PDF download enabled.

This Bayer initiated and funded guidance has been produced by a faculty of experts from primary and secondary care. Guidance is designed to support HCPs with hyperkalaemia management in a primary care setting but it is not intended to replace clinical judgement. When making clinical decisions please take into consideration the individual patient and trends in their potassium levels and consult the relevant Summary of Product Characteristics.

Finerenone▼ is indicated for the treatment of chronic kidney disease (stage 3 and 4 with albuminuria) associated with type 2 diabetes in adults. There is an increased risk of hyperkalaemia in patients who are prescribed finerenone.
For further information on dosing, special warnings and precautions for use of finerenone see page 3 of this document.

Thresholds and actions for managing hyperkalaemia

Severity of hyperkalaemia	Clinically well (no AKI)	Unexpected result	Clinically unwell or AKI
MILD K+ 5.5-5.9 mmol/L	Repeat test within 14 days	Repeat test within 3 days	Consider if hospital referral is indicated
	Assess for cause (drugs, diet) and address in community		
MODERATE K+ 6.0-6.4 mmol/L	Repeat test within 1 working day	Repeat test within 24 hours	Refer to hospital
	Assess for cause (drugs, diet) and address in community or hospital		
SEVERE K+ ≥ 6.5 mmol/L	Refer to hospital for immediate assessment and treatment		
	Assess for cause and address during hospital admission		



*Patients on RAASi

- Ensure licensed indication (for full indication information, please refer to relevant RAASi SmPCs prior to prescribing)
- If RAASi therapy is stopped/down-titrated, please refer to relevant RAASi SmPC for details on how to restart/optimise dose of the drug as appropriate once the acute hyperkalaemia event is over and it is deemed clinically tolerable to do so#

‡Consider sodium zirconium cyclosilicate or patiromer if any prior history of K+ ≥ 6.0 mmol/L while maintaining RAASi therapy/optimising RAASi doses

Adapted from the UK Kidney Association guidance on management of hyperkalaemia in the community.

#Recommended by the faculty of experts.

ACEi, angiotensin-converting enzyme inhibitors; AKI, acute kidney injury; ARB, angiotensin receptor blocker; CKD, chronic kidney disease; EF, ejection fraction; K+, potassium; MRAs, mineralocorticoid receptor antagonists; NSAID, non-steroidal anti-inflammatory drug; RAASi, renin-angiotensin-aldosterone system inhibitors; SGLT2i, sodium-glucose co-transporter-2 inhibitors.

1. UK Kidney Association. Clinical Practice Guidelines: Treatment of Acute Hyperkalaemia in Adults. July 2020. Available from: https://ukkidney.org/health-professionals/guidelines/treatment-acute-hyperkalaemia-adults. Accessed December 2024; 2. Edren.org. Hyperkalaemia in the community. Available from: https://edren.org/ren/handbook/unithdbk/fluids-and-electrolytes/hyperkalaemia-outpatient/. Accessed December 2024; 3. NICE. NICE TA623: Patiromer for treating hyperkalaemia. Available from: https://www.nice.org.uk/guidance/ta623. Accessed December 2024; 4. NICE. NICE TA599: Sodium zirconium cyclosilicate for treating hyperkalaemia. Available from: https://www.nice.org.uk/guidance/ta599. Accessed December 2024; 5. Finerenone SmPC.

Scan the QR code to access UKKA guidelines on treatment of acute hyperkalaemia in adults.

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MANAGEMENT OF HYPERKALAEMIA IN THE COMMUNITY

Practical guidance and clinical pearls[1-8]

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Clinical pearls for managing hyperkalaemia in the community	
Spurious results	Consider: • Is the eGFR and serum bicarbonate at a normal level? • Has there been problems with sample storage? o High temperatures/overnight storage may lead to sample deterioration o Has the sample been contaminated with EDTA from the FBC tube? • Was there difficulty collecting the sample? o Was there excessive tourniquet or repeated fist clenching when the sample was taken? o Was the sample shaken or squirted through the needle into the collecting tubes? o Was thrombocytopenia present? o Was there severe leucocytosis (can produce pseudohyperkalaemia[#])? ***Tips to reduce chances of spurious results:*** • ***Following venipuncture, send the sample for analysis within the timeframe outlined in local guidance*** • ***Remove torniquet before drawing blood*** • ***Consider appropriate sample storage requirements prior to collection by courier***
Conditions that may cause hyperkalaemia	Does the patient have a condition that may cause hyperkalaemia, like: • Addison's disease (consider if there is postural hypotension, pigmentation, hyponatraemia, hypoglycaemia present) • Hypovolaemia • Severe acidosis • Acute kidney injury/chronic kidney disease
Medicines that may cause hyperkalaemia	• Agents influencing RAASi system, e.g. ACEi/ARB/steroidal & non-steroidal MRAs • If RAASi therapy is stopped/down-titrated, please refer to relevant RAASi SmPC for details on how to restart/ optimise dose of the drug as appropriate once the acute hyperkalaemia event is over and it is deemed clinically tolerable to do so[†] • Non-selective beta-blockers • Trimethoprim/Co-trimoxazole • NSAIDs • Potassium supplements and 'Lo-salt' substitutes If medicines are stopped/ down-titrated during the acute hyperkalaemia event, consider restarting/optimising doses if strong indication for use, when clinically appropriate to do so
Patient groups at high risk of hyperkalaemia	Patients at high risk of hyperkalaemia include those with: • Low eGFR • Diabetes • Heart failure • ≥ 2 comorbidities • Serum bicarbonate < 25 mmol/L
Strategies for maintaining optimal therapies after hyperkalaemia, including potassium binders	To continue optimal cardiorenal therapies, consider the clinical appropriateness of initiating a potassium binder. In order to optimise the management of CKD and heart failure, the use of potassium binders is recommended if K+ is or has previously been ≥ 6.0mmol/L. Potassium binders are indicated for the treatment of hyperkalaemia in adults*: Patiromer[‡] • Starting dose: 8.4 g once daily (max dose 25.2 g) • Maintenance dose: Titrate in 8.4 g increments at 1 week intervals based on K+ level Sodium zirconium cyclosilicate[‡] • Starting dose: 10 g three times daily for maximum 72 hours • Maintenance dose: 5 g once daily, titrate up to 10 g daily OR down to 5 g alternate days Monitoring for efficacy and hypokalaemia is essential when using potassium binders. Please consult the SmPCs for more detailed information about the use of patiromer and sodium zirconium cyclosilicate.

*Consider sodium zirconium cyclosilicate or patiromer if any prior history of K+ ≥ 6.0 mmol/L while maintaining RAASi therapy/optimising RAASi doses.
[†]Recommended by the faculty of experts.
[‡]View NICE TAG for patiromer here and for sodium zirconium cyclosilicate here. Bayer has no control over the content of these third-party sites and takes no responsibility for the content within these guidelines.
[#]Pseudohyperkalaemia is a falsely elevated potassium level due to disruption of cells during the collection or processing of the sample.[7]

ACEi, angiotensin-converting enzyme inhibitors; ARB, angiotensin receptor blocker; CKD, chronic kidney disease; EDTA, ethylenediaminetetraacetic acid; eGFR, estimated glomerular filtration rate; FBC, full blood count; K+, potassium; MRAs, mineralocorticoid receptor antagonists; NSAIDs, non-steroidal anti-inflammatory drugs; RAASi, renin-angiotensin-aldosterone system inhibitors.

1. UK Kidney Association. Clinical Practice Guidelines: Treatment of Acute Hyperkalaemia in Adults. July 2020. Available from: https://ukkidney.org/health-professionals/guidelines/treatment-acute-hyperkalaemia-adults. Accessed April 2023; 2. Edren.org. Hyperkalaemia in the community. Available from: https://edren.org/ren/handbook/unithdbk/fluids-and-electrolytes/hyperkalaemia-outpatient/. Accessed April 2023; 3. NICE. NICE TA623: Patiromer for treating hyperkalaemia. Available from: https://www.nice.org.uk/guidance/ta623. Accessed April 2023; 4. NICE. NICE TA599: Sodium zirconium cyclosilicate for treating hyperkalaemia. Available from: https://www.nice.org.uk/guidance/ta599. Accessed April 2023; 5. Patiromer SmPC; 6. Sodium zirconium cyclosilicate SmPC; 7. Dewey J, et al. Cureus 2020;12:e9800; 8. Finerenone SmPC.

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FINERENONE DOSING GUIDANCE

Contraindications to the use of finerenone: Addison's disease, hypersensitivity to the active substance or excipients and concomitant treatment with strong CYP3A4 inhibitors. Please see the summary of product characteristics for further information.

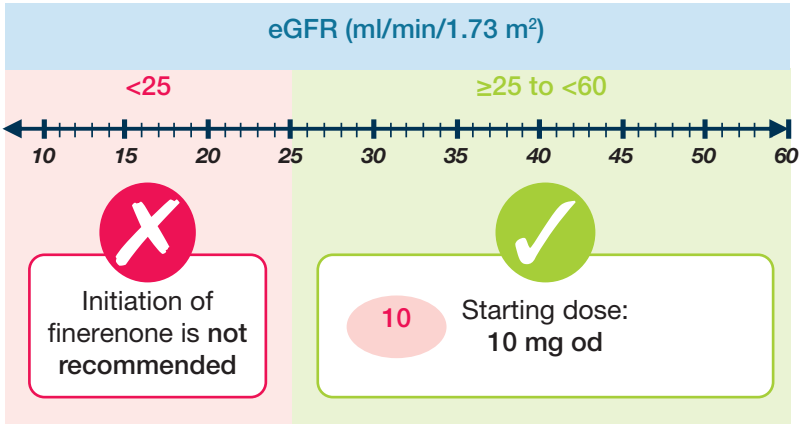
Initiating Treatment

Measurement of Serum Potassium Level & eGFR

- Serum potassium levels & eGFR have to be measured to determine whether patients can initiate finerenone
- The recommended starting dose of finerenone is 10mg od

Serum potassium levels	
mmol/l	Initiation of finerenone
≤4.8	✓ Can be started
>4.8–5.0	✓ May be considered*
>5.0	✗ Not recommended

*Initiation of finerenone may be considered with additional serum potassium monitoring within the first 4 weeks based on patient characteristics & serum potassium levels



Continuation of Treatment & Dose Adjustment

- Serum potassium & eGFR have to be re-checked 4 weeks after:
  - Initiation of treatment
  - Restarting treatment
  - An increase in dose
- Thereafter, serum potassium should be re-measured periodically & as needed based on patient characteristics & serum potassium levels
- Due to limited data finerenone should be discontinued if eGFR <15mls/min/1.73m²

The recommended target dose & maximum recommended dose of finerenone is 20 mg od		
Current serum potassium (mmol/l)	**Current finerenone dose**	
	10 mg od	**20 mg od**
≤4.8	10 → 20 Increase dose to 20 mg od*	20 → 20 Maintain 20 mg od
>4.8–5.5	10 → 10 Maintain 10 mg od	20 → 20 Maintain 20 mg od
>5.5	10 → ✋ Withhold treatment. Consider restarting at 10 mg od when serum potassium is ≤5.0 mmol/L	20 → ✋ Withhold treatment. Restart at 10 mg od when serum potassium is ≤5.0 mmol/L

*Maintain 10 mg od, if eGFR has decreased by >30% compared with the previous measurement

eGFR, estimated glomerular filtration rate; od, once daily.

1. Finerenone SmPC.