



Adverse event reporting information and Prescribing Information for Kerendia® (finerenone) can be accessed via the QR code located at the bottom of this page.

DOSING GUIDE

➤ **Three pillars approach
to management of
CKD & T2D**




This promotional material has been developed and funded by Bayer plc and is intended for UK healthcare professionals only. Kerendia (finerenone) is indicated for the treatment of chronic kidney disease (stage 3 and 4 with albuminuria) associated with type 2 diabetes in adults.

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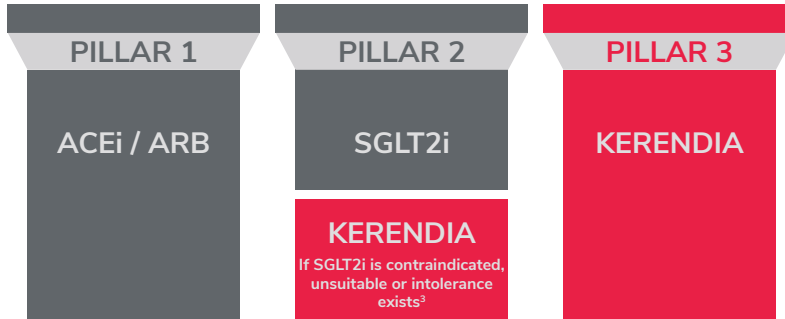
Either click [here](#) or scan the QR code for adverse event reporting information and prescribing information

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





In CKD associated with T2D in adults:
Initiate Kerendia to treat stage 3 and 4 chronic kidney disease with albuminuria¹⁻³



The 3 pillar approach to therapy could slow CKD disease progression in T2D⁴



Kerendia: once-daily dosing

Kerendia (finerenone) is indicated for the treatment of chronic kidney disease (stage 3 and 4 with albuminuria) associated with type 2 diabetes in adults.

Measure eGFR and serum potassium to determine suitability for initiating Kerendia and appropriate starting dose¹



KIDNEY FUNCTION (eGFR)



≥25 to <60 mL/min/1.73m²



<25 mL/min/1.73m²



SERUM POTASSIUM LEVELS



≤4.8 mmol/L
• Initiate Kerendia



>4.8–5.0 mmol/L
• Consider initiating Kerendia with additional serum potassium monitoring in first 4 weeks based on patient characteristics and serum potassium levels



>5.0 mmol/L
• Do not initiate Kerendia

Continued treatment and dose adjustment

Regularly monitor eGFR and serum potassium, and dose titrate Kerendia as needed¹



Check eGFR and serum potassium 4 weeks after

Initiating Kerendia | Increasing the Kerendia dose | Restarting Kerendia



REVIEW DOSE AT 4 WEEKS

Current serum potassium

≤4.8 mmol/L



OR



Increase to 20 mg once daily

Maintain 20 mg once daily

maintain 10mg once daily, if eGFR has decreased >30% compared to the previous measurement.

>4.8–5.5 mmol/L

Maintain current dose

>5.5 mmol/L



Pause Kerendia treatment

Restart at 10 mg once daily when potassium is ≤5.0 mmol/L

Discontinue Kerendia if eGFR falls <15 mL/min/1.73m²



MISSED DOSES

- A missed dose should be taken as soon as the patient notices, but only on the same day
- The patient should not take 2 doses to make up for a missed dose

ACEi, angiotensin converting enzyme inhibitor; ARB, angiotensin receptor blocker; CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate; NICE, National Institute for Health and Care Excellence; OD, once daily; SGLT2i, sodium-glucose cotransporter 2 inhibitor; T2D, type 2 diabetes.

References: 1. Kerendia SmPC; 2. Bakris GL, et al. N Engl J Med 2020;383:2219–2229; 3. NICE. Finerenone for treating chronic kidney disease in type 2 diabetes [TA877]. Available at: <https://www.nice.org.uk/guidance/ta877>. Accessed December 2024; 4. Blazek O and Bakris GL. Cells 2023;12:1975.