Kerendia® finerenone

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

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Kerendia®
finerenone

In CKD associated with T2D in adults:

Initiate Kerendia to treat stage 3 and 4 chronic kidney disease with albuminuria[1-3]

PILLAR 1
ACEi / ARB

PILLAR 2
SGLT2i

KERENDIA
If SGLT2i is contraindicated, unsuitable or intolerance exists[3]

PILLAR 3
KERENDIA

The 3 pillar approach to therapy could slow CKD disease progression in T2D[4]

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 dose[1]

KIDNEY FUNCTION (eGFR)

10
10 mg OD

≥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

Pills not actual size.

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Continued treatment and dose adjustment

Regularly monitor eGFR and serum potassium, and dose titrate Kerendia as needed[1]

Check eGFR and serum potassium 4 weeks after

Initiating Kerendia | Increasing the Kerendia dose | Restarting Kerendia

REVIEW DOSE AT 4 WEEKS

Current serum potassium	Current Kerendia dose
≤4.8 mmol/L	10 → 20 Increase to 20 mg once daily maintain 10mg once daily, if eGFR has decreased >30%compared to the previous measurement. OR 20 Maintain 20 mg once daily
>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.