Prescribing information for Kerendia® (finerenone) is available via the QR code on the right.

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

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

This promotional material has been developed and funded by Bayer plc. Intended for healthcare professionals in the United Kingdom only.

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

Kerendia®
finerenone

Identification of diabetic kidney disease (DKD) in primary care: Testing and management including pharmacotherapy

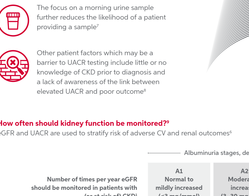
Both eGFR and UACR are key to diagnosing CKD[1]

An increase in UACR can indicate progression of DKD[2]

UACR testing can detect early signs of DKD before significant nephron loss has occurred[3]

Figure adapted from Tonneijck, et al., 2017

UACR tests for people with diabetes are completed at lower rates compared with serum creatinine testing in England, Scotland and Wales[4,5]



Primary Care participation was 99.3% in England and Wales. Scottish data collates information from all 14 NHS Boards.

Barriers to UACR testing

UACR testing rates have declined since the test was removed from QOF[3] in 2014

HCPs may have deprioritised UACR testing due to a historic lack of treatment options and no clear explanation about why both eGFR and UACR are required to gain a holistic picture of kidney health

Early morning UACR is recommended but specialists say that any urine sample is better than no sample[6]

The focus on a morning urine sample further reduces the likelihood of a patient providing a sample[7]

Other patient factors which may be a barrier to UACR testing include little or no knowledge of CKD prior to diagnosis and a lack of awareness of the link between elevated UACR and poor outcome[8]

How often should kidney function be monitored?*

eGFR and UACR are used to stratify risk of adverse CV and renal outcomes[9]

GFR categories, description and range (mL/min/1.73 m²)			Albuminuria stages, description and range: A1 Normal to mildly increased (<3 mg/mmol)	A2 Moderately increased (3–30 mg/mmol)	A3 Severely increased (>30 mg/mmol)
	Number of times per year eGFR should be monitored in patients with (or at risk of) CKD				
G1	Normal or high	≥90	≤1	1	≥1
G2	Mild	60–89	≤1	1	≥1
G3a	Mild to moderate	45–59	1	1	2
G3b	Moderate to severe	30–44	1 or 2	2	≥2
G4	Severe	15–29	2	2	3
G5	Kidney failure	<15	4	≥4	≥4

Adapted from KDIGO 2022 and NICE 2021

Low risk (if no other markers of kidney disease, no CKD) | Moderately increased risk | High risk | Very high risk

Useful resource:
Winocour PH et al. Testing for kidney disease in type 2 diabetes: Consensus statement and recommendations. Diabetes & Primary Care 2020;22: 99–109

Approaches to the management of DKD[10-12]

Blood pressure and blood glucose control

Management of CV risk factors

Lifestyle adjustment (e.g. weight management, exercise, smoking cessation)

Dietary modification (e.g. low salt diet)

Pharmacotherapy

Pharmacotherapy for diabetic kidney disease: NICE guidance[13]

Advice for adults with type 2 diabetes and CKD	
ACR ≥3 mg/mmol	Offer an ACE inhibitor or ARB and titrate to maximum tolerated / highest licensed dose
ACR 3–30 mg/mmol and patients are already taking an ACE inhibitor/ARB titrated to the highest licensed dose they can tolerate	Consider an SGLT2 inhibitor* (in addition to the ACE inhibitor/ARB) if they meet the criteria in the marketing authorisation (including relevant eGFR thresholds)
ACR >30 mg/mmol and patients are already taking an ACE inhibitor/ARB titrated to the highest licensed dose they can tolerate	Offer an SGLT2 inhibitor* (in addition to the ACE inhibitor/ARB) if they meet the criteria in the marketing authorisation (including relevant eGFR thresholds)

*Be aware that not all SGLT2 inhibitors are currently licensed for this indication in the UK.

Pharmacotherapy for diabetic kidney disease: Introducing Kerendia (finerenone)

Kerendia is a selective, non-steroidal MRA indicated for the treatment of CKD (stage 3 and 4 with albuminuria) associated with type 2 diabetes in adults[13]

In the FIDELIO-DKD phase 3 randomised, double-blind, placebo-controlled, multicentre clinical trial of 5734 adult patients with type 2 diabetes and CKD who were randomised 1:1 to receive either oral finerenone or placebo, at baseline approximately 124 (4.4%) patients in the finerenone arm and 135 (4.8%) in the placebo arm were on SGLT2 inhibitors.[14]

Delay CKD progression with Kerendia®[14]

NICE recommends Kerendia®, the first and only UK licensed non-steroidal MRA, as an add-on to standard of care for stage 3 and 4 CKD (with albuminuria) associated with T2D[15]

Kerendia® slows CKD progression in T2D and can significantly delay progression of renal disease (vs. placebo)[14]

Diabetic kidney disease is progressive and irreversible; act now with Kerendia® to significantly reduce the risk of renal & CV events for your patient (vs. placebo)[14]

To find out more about the FIDELIO-DKD study, please scan the QR code, or visit go.bayer.com/fideliodkd

NICE TA877 guidance[15]

Finerenone for treating CKD in type 2 diabetes
Technology appraisal guidance [TA877]
Published: 23 March 2023

Recommendation

1.1. Finerenone is recommended as an option for treating stage 3 and 4 CKD (with albuminuria) associated with type 2 diabetes in adults. It is recommended only if:
- it is an add-on to optimised standard care; this should include, unless they are unsuitable, the highest tolerated licensed doses of:
  - ACE inhibitors or ARBs and
  - SGLT2 inhibitors and
- the person has an eGFR of 25 ml/min/1.73 m² or more.

Kerendia can be added to optimised therapy where the UACR is greater than or equal to 3 mg/mmol.[14,15]

Although recommendations for the use of an SGLT2 inhibitor in patients with CKD and type 2 diabetes were introduced after the initiation of FIDELIO-DKD in 2015, a limited number of patients received concomitant SGLT2 inhibitor treatment during the FIDELIO-DKD trial.[16]

Stay connected with Bayer electronic communications about Bayer's products services and events some of which may be promotional in nature by registering at pro.bayer.co.uk

References
1. KDIGO Diabetes Work Group. Kidney Int 2022;102:S1–127. 2. McGill JB et al. BMJ Open Diab Res Care 2022;10:e002806. 3. Tonneijck L, et al. J Am Soc Nephrol 2017;28:1023–39. 4. NHS Digital. National Diabetes Audit, Care processes and treatment targets 2019-20, interactive report England and Wales. December 2020. Available at: https://files.digital.nhs.uk/A1/B2538B/NationalNDA2DiabetesNDA2019-20%20Full%20Report%201.pdf (accessed April 2024). 5. NHS Scotland. Scottish Diabetes Survey 2019. Available at: https://www.diabetesinscotland.org.uk/wp-content/uploads/2020/10/Diabetes-Scottish-Diabetes-Survey-2019.pdf (accessed April 2024). 6. Winocour PH et al. Diabetes & Primary Care 2020;22: 99–109. 7. Christofides EA and Desai N. J Prim Care Community Health 2021;12:21501327211003483. 8. Willson A et al. BMJ Qual Improv Rep 2016;5:u209285.w3747. 9. NICE. Chronic kidney disease: assessment and management (NG203). August 2021). Available at: www.nice.org.uk/guidance/ng203 (accessed April 2024). 10. Hahr AJ, et al. Clin Diabetes Endocrinol 2015;1:2. 11. Healthline (2017). Chronic Kidney Disease. Available at: www.healthline.com/health/chronic-kidney-disease#treatment (accessed April 2024). 12. NICE. Type 2 diabetes in adults: Management (NG28, June 2022). Available at: https://www. nice.org.uk/guidance/ng28 (accessed April 2024). 13. Kerendia Summaries of Product Characteristics for GB & NI. 14. Bakris GL et al. N Engl J Med 2020;383:2219–29.
15. NICE (2023). Finerenone for treating chronic kidney disease in people with type 2 diabetes [TA877] Technology Appraisal Guidance. Available at: www.nice.org.uk/guidance/ta877 (accessed April 2024). 16. Kolkhof P et al. Handb Exp Pharmacol 2017; 243: 271-306.

Abbreviations
ACE: angiotensin converting enzyme; **ACR:** albumin creatinine ratio; **ARB:** angiotensin receptor blocker; **CI:** confidence interval; **CKD:** chronic kidney disease; **CV:** cardiovascular; **DKD:** diabetic kidney disease; **eGFR:** estimated glomerular filtration rate; **HCP:** healthcare professional; **HR:** hazard ratio; **MRA:** mineralocorticoid receptor antagonist; **NICE:** National Institute for Health and Care Excellence; **QOF:** Quality and Outcomes Framework; **SGLT2:** sodium-glucose co-transporter-2; **UACR:** urine albumin creatinine ratio; **UAE:** urinary albumin excretion.

This promotional material has been developed and funded by Bayer plc.
Date of preparation: November 2024
Job code: PP-KER-GB-0743