Kerendia® finerenone

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.

BAYER

Kerendia® finerenone

The management protocol for Kerendia helps you to mitigate the associated risk of hyperkalaemia[1]

Dosing information for Kerendia[1]

Please refer to the Summary of Product Characteristics before prescribing Kerendia.

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

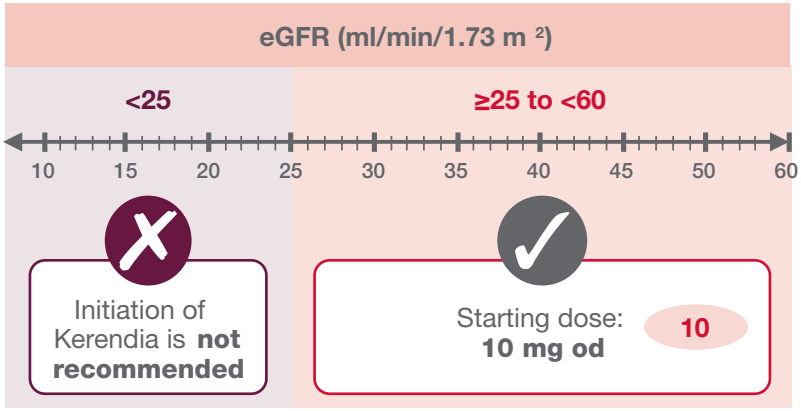
Initiating Treatment for CKD Stage 3 & 4

Measurement of Serum Potassium Level & eGFR

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

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

*Initiation of Kerendia 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
  - An increase in dose
  - Restarting treatment
- Thereafter, serum potassium should be re-measured periodically & as needed based on patient characteristics & serum potassium levels
- Due to limited data Kerendia should be discontinued if eGFR <15mls/min/1.73m [2]

The recommended target dose & maximum recommended dose of Kerendia is 20 mg od		
Current serum potassium (mmol/l)	**Current Kerendia 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. Kerendia SmPC. - SmPC Kerendia 10 & 20mg

Prescribing considerations for use of Kerendia[1]

Please refer to the **Summary of Product Characteristics** before prescribing Kerendia for further information on special warnings, precautions for use and adverse event profile

Contraindications[1]

- hypersensitivity to the active substance or to any of the excipients
- concomitant treatment with strong inhibitors of CYP3A4
- Addison's disease

Hyperkalaemia[1]

Hyperkalaemia has been observed in patients treated with finerenone
Patients at a higher risk of developing hyperkalaemia include those with:
- low eGFR
- higher serum potassium
- previous episodes of hyperkalaemia

In these patients, more frequent monitoring has to be considered

Hepatic impairment[1]

Severe: Kerendia treatment should not be initiated
Moderate: consider additional serum potassium monitoring and adapt monitoring according to patient characteristics
Mild or moderate: no initial dose adjustment is required

Renal impairment[1]

The risk of hyperkalaemia increases with decreasing renal function. Ongoing monitoring of renal function should be performed as needed according to standard practice. In patients with eGFR < 25 mL/min/1.73 m^2, finerenone treatment should not be initiated due to limited clinical data

Concomitant use of medicines or substances*

Kerendia should not be used with (see also Contraindications):
- strong or moderate CYP3A4 inducers
- potassium-sparing diuretics and other mineralocorticoid receptor antagonists
- grapefruit or grapefruit juice

Concomitant use with precautions. The following agents may lead to increased serum potassium levels. Additional monitoring of serum potassium levels is recommended:
- moderate or weak CYP3A4 inhibitors
- potassium supplements
- trimethoprim, or trimethoprim/sulfamethoxazole (temporary discontinuation of Kerendia may be necessary)

In these patients, more frequent monitoring has to be considered.

The risk for hypotension increases with concomitant use of multiple other antihypertensive medicinal products.

Please see section 4.4 of the SmPC for special warnings and precautions for use.

*Includes medicines or substances that may affect Kerendia exposure or may increase the risk of hyperkalaemia

Adverse reactions[1]

The adverse reactions observed are listed below. They are classified according to MedDRA`s system organ class database and frequency convention. Adverse reactions are grouped according to their frequencies in the order of decreasing seriousness.

Frequencies are defined as: very common (≥ 1/10), common (≥ 1/100 to < 1/10) and uncommon (≥ 1/1,000 to < 1/100).

System Organ Class (MedDRA)	Very common	Common	Uncommon
Metabolism and nutrition disorders	Hyperkalaemia	Hyponatraemia, Hyperuricaemia	
Vascular disorders		Hypotension	
Skin and subcutaneous tissue disorders		Pruritus	
Investigations		Glomerular filtration rate decreased	Haemoglobin decreased

Delay CKD progression with Kerendia®[2]

NICE RECOMMENDED

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[3]

Kerendia® slows CKD progression in T2D and can significantly delay progression of renal disease (vs. placebo)[2]

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)[2]

***Kerendia 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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1. Kerendia SmPC - - SmPC Kerendia 10 & 20mg
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.

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