

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.

Prescribing information and adverse event reporting information can be found here and accessed via a QR code located at the bottom of this document.



# Kerendia® a non-steroidal MRA, is distinct from steroidal MRAs

The mineralocorticoid receptor antagonists differ in their licensed indications:1-3

#### Kerendia<sup>®1</sup>

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

#### Spironolactone<sup>2</sup>

Indicated in nephrotic syndrome.

#### Eplerenone<sup>3</sup>

No licensed renal indication.

#### Pharmacological differences between Kerendia and steroidal MRAs<sup>4,5</sup>

Based on preclinical data, not supported by human studies. Kerendia<sup>®</sup> has not been compared to currently available MRAs in phase 3 clinical trials. The clinical consequences of differences between the characteristics described is therefore unknown.

CHARACTERISTIC	KERENDIA®	SPIRONOLACTONE	<b>EPLERENONE</b>
MRA class⁴	Non-steroidal	Steroidal	Steroidal
Selectivity for MR <sup>4</sup>	High	Low	Medium
Potency for MR⁴	High	High	Low
Metabolites <sup>4</sup>	No active metabolites	Multiple active metabolites	No active metabolites
BP-lowering effect <sup>5</sup>	Weak*	Strong	Weak

<sup>\*</sup>The majority of hypotension events were mild or moderate and resolved in patients treated with Kerendia®. For further information consult the Kerendia® Summary of Product Characteristics.¹

Kerendia® has no relevant affinity for glucocorticoid, androgen, oestrogen or progesterone receptors6

In keeping with its non-steroidal structure, hormonal adverse events (reproductive system and breast disorders) with Kerendia® were similar to placebo; 126 (4.5%) vs. 146 (5.2%) respectively.<sup>7</sup>

In the pivotal phase III FIDELIO-DKD study, gynaecomastia occurred in 6 (0.2%) of patients in both the Kerendia® and placebo arms.<sup>7</sup> Kerendia® has been shown to have an anti-fibrotic and anti-inflammatory effect in animal models<sup>8,9</sup>

The most frequently reported adverse reaction under treatment with Kerendia® was hyperkalaemia¹

### KERENDIA IS THE ONLY MRA RECOMMENDED FOR CKD (STAGE 3 AND 4 WITH ALBUMINURIA):





- The CVRM diseases, CVD, CKD and T2D are closely interlinked and the interaction between these conditions requires a holistic approach to care.<sup>12</sup>
- Availability of a therapy like Kerendia® with crossindications across CKD and T2D¹ is therefore of paramount importance.



## Protect the kidneys, support the heart

Explore the connection between CKD and CVD here:



NICE recommends Kerendia®, the first and only UK licensed non-steroidal MRA, as an addon to standard of care for stage 3 and 4 CKD (with albuminuria) associated with T2D<sup>10</sup>

Kerendia® slows CKD progression in T2D and can significantly delay progression of renal disease (vs. placebo)<sup>13</sup>

Diabetic kidney disease is progressive and irreversible; act now with Kerendia® to significantly reduce the risk of renal & CV events for your patients (vs. placebo)<sup>13</sup>

CKD, chronic kidney disease; CV, cardiovascular; CVD, cardiovascular disease; CVRM, cardiovascular-renal-metabolic; MR, mineralocorticoid receptor; MRAs, mineralocorticoid receptor antagonists; NICE, National Institute for Health and Care Excellence; SMC, Scottish Medicines Consortium; T2D, type 2 diabetes; UK, United Kingdom.

1. Kerendia SmPC; 2. Spironolactone SmPC; 3. Eplerenone SmPC; 4. Adapted from Kolkhof P, et al. Handb Exp Pharmacol 2017; 243:271–305; 5. Kobayashi M, et al. Nephrol Dial Transplant 2024;39:1063–1072; 6. Frampton JE. Drugs 2021;81(15):1787–1794; 7. Bakris GL, et al. N Engl J Med 2020;383:2219–2229 (supplementary appendix); 8. Kolkhof P, et al. J Cardiovasc Pharmacol 2014;64:69–78; 9. Grune J, et al. Hypertension 2018;71:599–608; 10. NICE. Finerenone for treating chronic kidney disease in type 2 diabetes [TA877]. Available at: <a href="https://www.nice.org.uk/guidance/ta877">https://www.nice.org.uk/guidance/ta877</a>. Accessed March 2025; 11. SMC. finerenone (Kerendia). Available at: <a href="https://scottishmedicines.org.uk/medicines-advice/finerenone-kerendia-full-smc2486/">https://scottishmedicines.org.uk/medicines-advice/finerenone-kerendia-full-smc2486/</a>. Accessed April 2025; 12. Kadowaki T, et al. Diabetes Obes Metab 2022;24(12):2283–2296; 13. Bakris GL, et al. N Engl J Med 2020;383:2219–2229.

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

download enabled.

and adverse event reporting information. For direct access to this prescribing information, please ensure that your device's browser settings have automatic PDF