What is Kerendia (finerenone)?

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.

Adverse event reporting and Prescribing Information for Kerendia® (finerenone) is available via the QR code on the right.

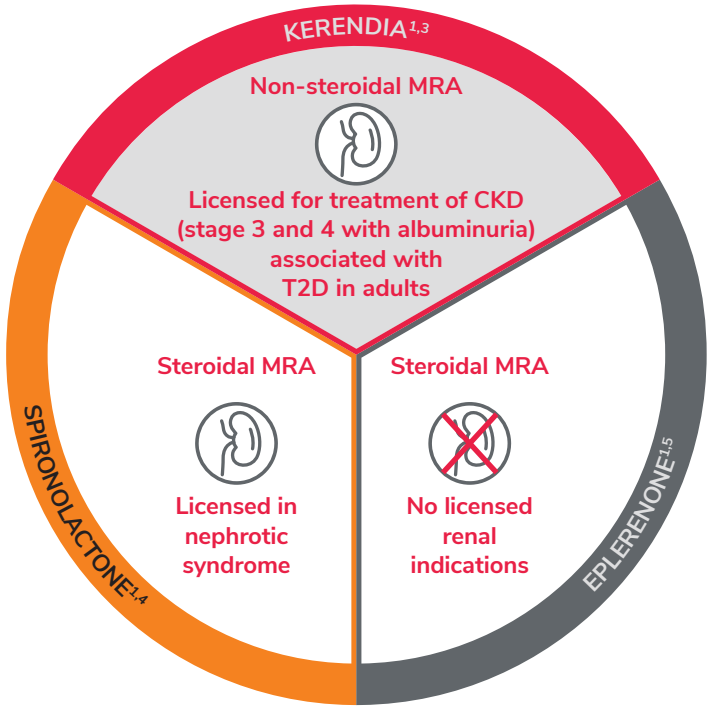
Either click here or scan the QR for adverse event reporting information and prescribing information.

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

Kerendia is pharmacologically distinct from steroidal MRAs[1]

Highly selective for the mineralocorticoid receptor, with no relevant affinity for glucocorticoid, androgen, oestrogen or progesterone receptors, based on preclinical data.[2]

Licensed MRA indications specific to CKD



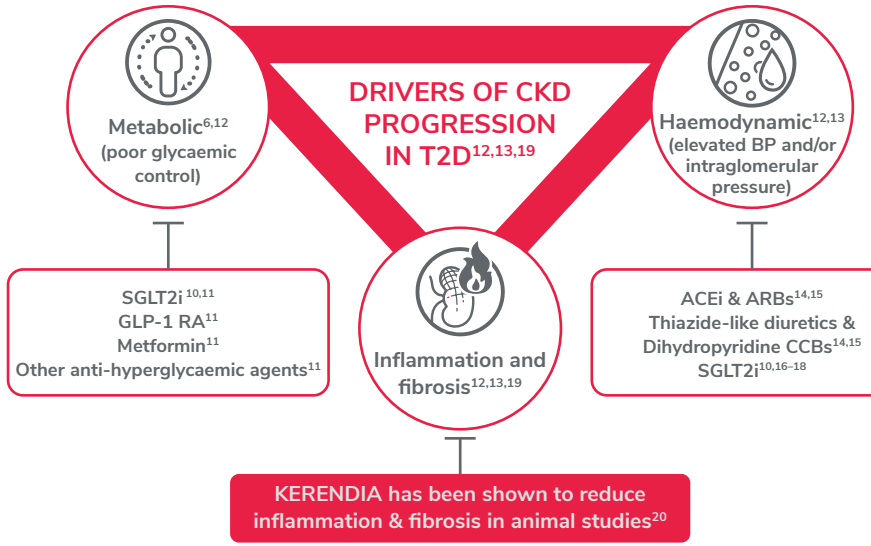
Kerendia has not been compared to currently available MRAs in phase 3 clinical trials. The clinical consequences of differences between their respective characteristics is therefore unknown.

Medicines used in patients with CKD associated with T2D

KERENDIA DELAYS CKD PROGRESSION COMPARED TO PLACEBO[6,7*]

In the Phase III study FIDELIO-DKD, Kerendia was shown to lower the risk of disease progression in patients with CKD and T2D compared to placebo (on top of optimised ACEi/ARB)[6]

In patients with T2D, mineralocorticoid receptor overactivation may contribute to CKD progression[8,9]



*In the FIDELIO-DKD trial, there was a sustained reduction in CKD progression with Kerendia compared to placebo. CKD progression defined as the first occurrence of composite of onset of kidney failure or sustained decrease of eGFR ≥40% from baseline over at least 4 weeks or death due to renal causes. Kidney failure defined as initiation of dialysis for ≥90 days or kidney transplantation or eGFR <15 ml/min/1.73m² over ≥4 weeks.[6] Overall, the frequency of adverse events was similar in the two groups.[6] The most frequently reported adverse reaction under treatment with Kerendia was hyperkalaemia (18.3%).[3]

Three pillars approach to management of CKD & T2D

ACEi / ARB · SGLT2i · Kerendia

Add Kerendia to patients with CKD (stage 3 and 4 with albuminuria) associated with T2D in adults:[21]

- ACEi / ARB + SGLT2i
- ACEi / ARB but in whom SGLT2i are contraindicated, unsuitable or intolerance exists

NICE TA877:[21]

Finerenone is recommended as an option for treating stage 3 and 4 chronic kidney disease (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:
  – angiotensin-converting enzyme (ACE) inhibitors or angiotensin-receptor blockers (ARBs) and sodium–glucose cotransporter-2 (SGLT2) inhibitors and
- the person has an estimated glomerular filtration rate (eGFR) of 25 ml/min/1.73 m² or more.

ACEi, angiotensin converting enzyme inhibitors; ARBs, angiotensin receptor blockers; BP, blood pressure; CCBs, calcium channel blockers; CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate; GLP-1 RA, glucagon-like peptide-1 receptor agonist; MRAs, mineralocorticoid receptor antagonists; NICE, National Institute for Health and Care Excellence; SGLT2i, sodium-glucose cotransporter 2 inhibitors; SmPC, Summary of Product Characteristics; T2D, type 2 diabetes; MOA, Mode of action.

References: 1. Adapted from Kolkhof P, et al. Handb Exp Pharmacol 2017;243:271–305; 2. Frampton JE. Drugs 2021;81:1787–1794; 3. Kerendia SmPC; 4. Spironolactone SmPC; 5. Eplerenone SmPC; 6. Bakris GL, et al. N Engl J Med 2020;383:2219–2229; 7. Bakris GL, et al. JAMA 2015;314:884–894; 8. Agarwal R, et al. Eur Heart J 2021;42:152–161; 9. Agarwal R, et al. Nephrol Dial Transplant 2022;37:1014–1023; 10. Zelniker TA and Braunwald E. J Am Coll Cardiol 2020;75:422–434; 11. American Diabetes Association. Diabetes Care 2020;43:S98–S110; 12. Alicic RZ, et al. Clin J Am Soc Nephrol 2017;12:2032–2045; 13. Mora-Fernández C, et al. J Physiol 2014;59:3997–4012; 14. American Diabetes Association. Diabetes Care 2020;43:S135–S151; 15. American Diabetes Association. Diabetes Care 2020;43:S111–S134; 16. Kidokoro K, et al. Circulation 2019;140:303–315; 17. Zelniker TA and Braunwald E. J Am Coll Cardiol 2018;72:1845–1855; 18. Heerspink HJ, et al. Circulation 2016;134:752–772; 19. Bauersachs J, et al. Hypertension 2015;65:257–263; 20. Pitt B, et al. JAMA Netw Open 2022;5:e2236123; 21. 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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