Finerenone for treating chronic kidney disease (CKD) (stage 3 and 4 with albuminuria) associated with type 2 diabetes in adults: Prescribing Information Sheet

Traffic light classification- Amber 3

- Finerenone is a non-steroidal, selective mineralocorticoid receptor antagonist.
- Clinical study showed that in patients with chronic kidney disease (CKD) and type 2 diabetes, treatment with Finerenone resulted in **lower risks of CKD progression and cardiovascular events than placebo.**
- NICE [TA877] recommends Finerenone as an add-on to optimised standard care, if:
  - **Type 2 diabetes AND**
  - **Chronic Kidney Disease with eGFR between 25 to < 60 ml/min/1.73m^2 AND**
  - **Urine albumin-creatinine ratio (uACR) > 3mg/mmol AND**
  - **On both maximally tolerated ACEi/ARB plus SGLT2 inhibitor unless they are unsuitable/intolerant**

Treatment initiation

Serum potassium level (mmol/L)	
≤ 4.8	Start Finerenone 10mg daily
4.9 to 5.0	Finerenone may be considered with additional serum potassium monitoring within the first 4 weeks, based on the patient's co-morbidities and subsequent potassium levels.
> 5.0	Do not start Finerenone
eGFR (mL/min/1.73m^2)	
≥ 25 to < 60	Start 10mg daily
< 25	Do not start Finerenone

The starting dose is 10mg once daily. The recommended target dose is 20mg once daily.

Treatment continuation and dose adjustment

Serum potassium K+ (mmol/L)	**Finerenone dose (once daily)**	
	10mg	**20mg**
≤4.8	Consider increasing to 20mg OD	Maintain 20mg OD
>4.8 to 5.5	Maintain 10mg OD	Maintain 20mg OD
>5.5	Withhold Finerenone Consider restarting at 10mg once daily when serum K+ ≤5.0 mmol/L. If K+ remains > 5.5-6 mmol/L then consider seeking Advice & Guidance from specialists for use of K+ chelating agents to achieve target eg Lokelma. lokelma | Search results | NICE Patiromer for treating hyperkalaemia | Search results | NICE	
eGFR		
If eGFR decrease is > 30% from the previous measurement, to recheck U+E in 5-7 days. If further decline of eGFR on repeat U+E, to stop Finerenone. If eGFR < 15 ml/min, to stop Finerenone		

Adapted from Midlands Kidney Network

A transient decline in eGFR ((mean 2 mL/min/1.73 m2) and a drop in blood pressure (2-4 mm Hg) may be observed upon initiating treatment. Both are reversible during continuous treatment.

Due to limited clinical data, Finerenone should be discontinued in patients who have progressed to end-stage renal disease (eGFR < 15 ml/min/1.73m^2).

Monitoring

- Serum potassium and eGFR must be rechecked **4 weeks after**: initiation of treatment, increment of dose or restarting of treatment.
- Thereafter, serum potassium should be re-measured periodically, in keeping with stage and progression of CKD, and serum potassium levels. No additional monitoring is required.
- Consider stopping with AKI 2 or more and using the sick day rules – sick-day-rules.pdf (nottsapc.nhs.uk).
- Utilise potassium chelating agents to achieve satisfactory potassium levels. This will require discussion with the renal unit as Lokelma is Amber 2.
- Please calculate KFRE as part of CKD monitoring (The Kidney Failure Risk Equation).

Contraindications

- Severe hepatic impairment.
- Addison's disease.
- Finerenone should not be used during pregnancy unless there has been careful consideration of the benefit for the mother and the risk to the foetus.

Drug interactions

Finerenone should not be taken concomitantly with:

- Grapefruit or grapefruit juice
- Strong CYP3A4 inhibitors (i.e., clarithromycin, ritonavir, itraconazole)
- Strong CYP3A4 inducers (i.e., rifampicin, carbamazepine, phenytoin, phenobarbital, St John's Wort)

References

1) Bakris G, Agarwal R and Anker S et al. Effect of Finerenone on Chronic Kidney Disease Outcomes in Type 2 Diabetes. *N Engl J Med* 2020;383:2219–2229
2) NICE TA – Finerenone for treating CKD in type 2 diabetes. Technology appraisal guidance [TA877] Published: 23 March 2023
3) SPC for Kerendia 10 mg film-coated tablets. Last updated on 21MAR2023. Accessed via https://www.medicines.org.uk/emc/product/13437/smpc#gref
4) Pitt B, Filippatos G, Agarwal R, Anker SD, Bakris GL, Rossing P, et al. Cardiovascular events with Finerenone in kidney disease and type 2 diabetes. New England Journal of Medicine. 2021;385(24):2252–63.

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To be removed prior to publication:

Version Control- Finerenone Prescribing Information sheet			
Version	Author(s)	Date	Changes
1.	Dr Catherine Byrne Nephrologist NUH – adapted from Midlands Kidney Network	March 2024	NA
1.1	Vimbayi Mushayi in consultation with Dr Charlotte Bebb Nephrologist NUH, Dr Rahul Mohan GP	June 2026	Amended wording on dose adjustments to if potassium remains > 5.5-6 then consider seeking Advice & Guidance from specialists for use K