

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

- 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<sup>2</sup> 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 <sup>2</sup> ) |                                                                                                                                                                          |
| ≥ 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<br>Consider restarting at 10mg once daily when serum K+ ≤5.0 mmol/L.<br>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. <a href="#">lokelma</a>   <a href="#">Search results</a>   <a href="#">NICE</a> |                  |
|                                                                                                                                                                                               | <a href="#">Patiromer for treating hyperkalaemia</a>   <a href="#">Search results</a>   <a href="#">NICE</a>                                                                                                                                                                                                                   |                  |
| 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.<br>If eGFR < 15 ml/min, to stop Finerenone |                                                                                                                                                                                                                                                                                                                                |                  |

A transient decline in eGFR ((mean 2 mL/min/1.73 m<sup>2</sup>) 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<sup>2</sup>).

### 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](https://nhs.uk/medicines/sick-day-rules) ([nhs.uk](https://nhs.uk/medicines/sick-day-rules)).
- 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](https://www.kidney.org/health/learn/ckd/ckd-4-5/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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