A Practical Guide to Kerendia®

Kerendia® (finerenone)
10 mg • 20 mg Tablets

Kerendia® (finerenone) is indicated as an adjunct to standard of care therapy in adults with chronic kidney disease (CKD) and type 2 diabetes (T2D) to reduce the risk of:

- *End-stage kidney disease and a sustained decrease in estimated glomerular filtration rate,*
- *Cardiovascular death, non-fatal myocardial infarction, and hospitalization for heart failure.*[1]

Diabetes Canada Guideline Recommendations for nsMRA[2]

Recommend nsMRA therapy, alongside potassium monitoring, in:

ADULTS WITH TYPE 2 DIABETIC NEPHROPATHY, DEFINED BY:

eGFR between 25–90 mL/min/1.73 m² and UACR between 3–30 mg/mmol with or without diabetic retinopathy

OR

eGFR between 25–60 mL/min/1.73 m²

OR

eGFR >25 mL/min/1.73 m² with UACR between 30–500 mg/mmol

WHO ARE

on maximally tolerated or maximally prescribed doses of RAAS inhibitors (RAASi)

AND HAVE

a serum potassium ≤4.8 mmol/L

[Grade A, Level 1A recommendation for finerenone]

nsMRA=non-steroidal mineralocorticoid receptor antagonist; eGFR=estimated glomerular filtration rate; UACR=urinary albumin-to-creatinine ratio; RAAS=renin-angiotensin-aldosterone system.

Starting patients on once-daily Kerendia®[1]

The recommended target dose of Kerendia® (finerenone) is 20 mg once daily.

The starting dose is based on your patient's **eGFR**:

≥60 mL/min/1.73 m²	20 mg 
≥25 to <60 mL/min/1.73 m²	10 mg 
<25 mL/min/1.73 m²	Not recommended

Tablets not actual size.

Know your patient's serum potassium

Do not initiate if serum potassium >5.0 mmol/L. If serum potassium >4.8 to 5.0 mmol/L, initiation may be considered with additional monitoring in the first 4 weeks based on patient characteristics and serum potassium levels.

Measure serum potassium and eGFR to determine whether to initiate Kerendia® and the starting dose. Prior to initiating, patients should be adequately treated with standard of care therapy, pregnancy should be ruled out, and breastfeeding discontinued.

eGFR=estimated glomerular filtration rate.

Adjusting your patient's dose of Kerendia®[1]

Dose adjustments are based on your patient's **serum potassium** and eGFR:

	 Current dose of 10 mg	 Current dose of 20 mg
≤4.8 mmol/L	Increase to 20 mg if eGFR has not decreased >30% vs. prior measurement	Maintain 20 mg
>4.8 to 5.5 mmol/L	Maintain 10 mg	Maintain 20 mg
>5.5 mmol/L	Withhold Restart at 10 mg if serum potassium ≤5.0 mmol/L	Withhold Restart at 10 mg if serum potassium ≤5.0 mmol/L

Tablets not actual size.

Know your patient's serum potassium

Check serum potassium 4 weeks after initiation, restart or dose adjustment, and periodically thereafter.

In clinical trials, serum potassium was monitored at baseline, week 4, week 16, and every 4 months thereafter.[3,4]

Patients with renal impairment: measure eGFR 4 weeks after initiation to determine up-titration. Patients with end-stage renal disease (eGFR <15 mL/min/1.73 m^2): discontinue treatment. Patients with moderate hepatic impairment (Child Pugh B) or taking concomitant medications: consider additional or adapted serum potassium monitoring according to patient characteristics. Patients with severe hepatic impairment (Child Pugh C): avoid treatment.

See Product Monograph for complete dosing and administration information.

Scan here to learn more about Kerendia®

Clinical Use:
Greater sensitivity of some older individuals (≥65 years of age) cannot be ruled out.

Contraindications:
- Patients receiving concomitant systemic treatment with strong CYP3A4 inhibitors.
- Patients with Addison's disease.

Relevant Warnings and Precautions:
- Consider additional serum potassium monitoring in patients using concomitant weak or moderate CYP3A4 inhibitors.
- Avoid concomitant use with moderate or strong CYP3A4 inducers.
- Avoid concomitant intake of grapefruit or grapefruit juice.
- Avoid use in patients with severe hepatic impairment (Child Pugh C). Consider additional serum potassium monitoring in patients with moderate hepatic impairment (Child Pugh B).
- Hyperkalemia can occur in patients with CKD and T2D, which may be aggravated by therapy, and in rare cases lead to serious, sometimes fatal arrhythmias. Kerendia® can cause hyperkalemia. Consider more frequent monitoring in high-risk patients.
- Initiation not recommended if serum potassium >5.0 mmol/L. If serum potassium >4.8–5.0 mmol/L, initiation may be considered with additional monitoring within the first 4 weeks. Withhold Kerendia® if serum potassium >5.5 mmol/L, and follow local guidelines for hyperkalemia management. Restart Kerendia® at 10 mg if serum potassium ≤5.0 mmol/L.
- Initiation of Kerendia® can cause an initial decrease in eGFR. Remeasure serum potassium and eGFR 4 weeks after initiation, re-start or up-titration of Kerendia®. Thereafter, remeasure serum potassium periodically and as needed.
- Avoid concomitant use of potassium-sparing diuretics and other mineralocorticoid receptor antagonists. Use with caution and monitor serum potassium when taken with concomitant use of potassium supplements, trimethoprim, or trimethoprim-sulfamethoxazole.
- Perform ongoing monitoring of renal function according to standard practice. Initiation not recommended in patients with eGFR <25 mL/min/1.73 m². Continue with caution in patients who progress to eGFR <25 mL/min/1.73 m² and discontinue in those who progress to end-stage kidney disease (eGFR <15 mL/min/1.73 m²). A greater risk of glomerular filtration rate decrease has been observed with Kerendia®.
- Do not use during pregnancy without careful consideration of the risks and benefits. Women of childbearing potential should use effective contraception. If a patient becomes pregnant during treatment, inform them of the potential risks to the fetus.
- Breast-feeding women should either discontinue breast-feeding or discontinue Kerendia®, considering the benefits for the child and woman.

For More Information:
Consult the Product Monograph at www.bayer.com/sites/default/files/kerendia-pm-en.pdf for important information relating to adverse reactions, drug interactions and dosing information which have not been discussed in this piece. The Product Monograph is also available by calling 1-800-265-7382 or emailing canada.medinfo@bayer.com.

References: 1. Kerendia® (finerenone) Product Monograph. Bayer Inc., October 14, 2022. **2.** Diabetes Canada. Chronic Kidney Disease in Diabetes: A Clinical Practice Guideline. *Can J Diabetes.* 2025;49(2):73-86. **3.** Supplement to: Pitt B, et al. Cardiovascular events with finerenone in kidney disease and type 2 diabetes. *N Engl J Med.* 2021;385:2252-2263. **4.** Supplement to: Bakris GL, et al. Effect of finerenone on chronic kidney disease outcomes in type 2 diabetes. *N Engl J Med.* 2020;383:2219-2229.

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