DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Guidance on prescribing finerenone for treating Chronic Kidney Disease (stage 3 and 4 with albuminuria) associated with Type 2 diabetes in adults

- Finerenone is a non-steroidal, selective mineralocorticoid receptor antagonist
- Clinical study showed that in patients with CKD (chronic kidney disease) 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 25ml/min/1.73m^2 or more 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)	
≥ 60	Start 20mg daily
≥ 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.

The maximum recommended 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 potassium ≤5.0 mmol/L	
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		

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).

*If a GP needs to stop finerenone due to hyperkalaemia they should contact/refer back to nephrology as restarting finerenone will require the same monitoring as per initiation guidelines.

Initial Monitoring (undertaken by specialist)

- Serum potassium, creatinine and eGFR must be rechecked a maximum of **4 weeks after**: initiation of treatment, increment of dose or restarting of treatment.
- Thereafter, serum potassium should be remeasured periodically and as needed based on patient characteristics and serum potassium levels.
- Pause finerenone with AKI stage 2 or more and use the sick day guidance.
- Secondary care specialist will be responsible for prescribing finerenone and checking serum potassium, creatinine and eGFR during the initial stages of commencing and dosing finerenone.

Ongoing Monitoring (undertaken by primary care)

- No specific additional bloods need to be taken.
- Ongoing monitoring of renal function and potassium levels should be performed according to standard practice and consideration of patient factors as per NICE CKD guidelines (NG203).

Contraindications

- Do not initiate if eGFR less than 25 mL/min/1.73m^2.
- Do not initiate if serum potassium level greater than 5.0 mmol/L.
- 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
- Concomitant treatment with strong inhibitors of CYP3A4

Drug interactions

Finerenone should not be taken concomitantly with

- Grapefruit or grapefruit juice
- Strong CYP3A4 inhibitors (e.g. clarithromycin, ritonavir, itraconazole)
- Strong CYP3A4 inducers (e.g. rifampicin, carbamazepine, phenytoin, phenobarbital, St John's Wort)
- Potassium-sparing diuretics e.g. amiloride, and other MRAs e.g. spironolactone, eplerenone

Nephrology contact details

Renal Consultants' Secretaries can be contacted on:	01332 789344
Renal Pharmacist can be contacted on:	07500 976569

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 26 JULY 2023. Accessible via https://www.medicines.org.uk/emc/product/13437/smpc#gref. Last accessed: 17 December 2024
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.