

ANITA
Case Consideration



Pr Kerendia® (finerenone)
10 mg · 20 mg Tablets

Meet ANITA*
60 years old

Currently receiving standard of care therapy, including:

- **Glucose-lowering therapy** to manage T2D
- **Therapies for chronic CV risk management** following a CV event, with stable CV status
- Maximally tolerated dose of **ARB** and **SGLT2i** for CKD

Lab Results

eGFR:
55 mL/min/1.73 m^2

Albuminuria/UACR:
19 mg/mmol

Consider Kerendia® as adjunct therapy for your adult patients with T2D and CKD.

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]

*Fictitious case. May not be representative of the general population. Patient image was generated with the assistance of Artificial Intelligence.

T2D=type 2 diabetes; CV=cardiovascular; ARB=angiotensin II receptor blocker; SGLT2i=sodium-glucose cotransporter-2 inhibitor; CKD=chronic kidney disease; eGFR=estimated glomerular filtration rate; UACR=urine albumin-to-creatinine ratio.

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REVIEWED BY PAAB



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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

Scan to learn more about Kerendia® dosing.

[Grade A, Level 1A recommendation for finerenone]
Please refer to the guidelines for complete recommendations.

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/1.73m². Continue with caution in patients who progress to eGFR <25 mL/min/1.73m² and discontinue in those who progress to end-stage kidney disease (eGFR <15 mL/min/1.73m²). 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.

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

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.

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