

# Don't Jump to Kerendia for Diabetic Kidney Disease

***Kerendia* (finerenone) will be a new Rx for patients with chronic kidney disease (CKD) due to type 2 diabetes.**

It's the first "nonsteroidal mineralocorticoid receptor antagonist"...and is approved to slow CKD progression and improve CV outcomes in these patients.

*Kerendia* is thought to limit fibrosis and inflammation in the kidneys and heart...by blocking effects of aldosterone.

Think of spironolactone or eplerenone as working similarly. But they're steroidal...and don't have evidence of improved CKD outcomes.

Adding once-daily *Kerendia* to max ACEI or ARB doses slows CKD progression in about 1 in 30 patients over 2.5 years...mostly due to less risk of significant eGFR decline, not kidney failure or death.

It also reduces risk of CV events in about 1 in 56 patients...likely due to reducing heart failure hospitalizations.

But think of *Kerendia* as a "niche" med...and weigh downsides.

It causes hyperkalemia in up to 1 in 11 patients...shouldn't be started if eGFR is below 25 mL/min/1.73 m<sup>2</sup>...and costs about \$570/month.

Instead, continue to first optimize BP and glucose control...and maximize ACEI or ARB doses.

If patients with CKD due to type 2 diabetes need a metformin add-on, consider an SGLT2 inhibitor (*Jardiance*, etc) or possibly a GLP-1 agonist (*Victoza*, etc)...especially for those at high CV risk.

These meds help protect the kidneys...improve CV outcomes...and lower glucose. *Kerendia* doesn't lower glucose.

SGLT2 inhibitors have more evidence for CKD than GLP-1 agonists.

Save *Kerendia* as a last resort to slow CKD progression in patients with type 2 diabetes...when an SGLT2 inhibitor or GLP-1 agonist isn't an option.

Don't ADD *Kerendia* to these meds for CKD...there's no evidence of additional benefit yet.

Monitor potassium similar to an ACEI or ARB...at baseline and within 4 weeks of starting *Kerendia* or adjusting the dose.

See our chart, Slowing Progression of Kidney Disease in Patients With Diabetes, for more on treatment and *Kerendia*'s role.

## Key References:

- N Engl J Med 2020;383(23):2219-29
- N Engl J Med Published online Aug 28, 2021; doi:10.1056/NEJMoa2110956
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