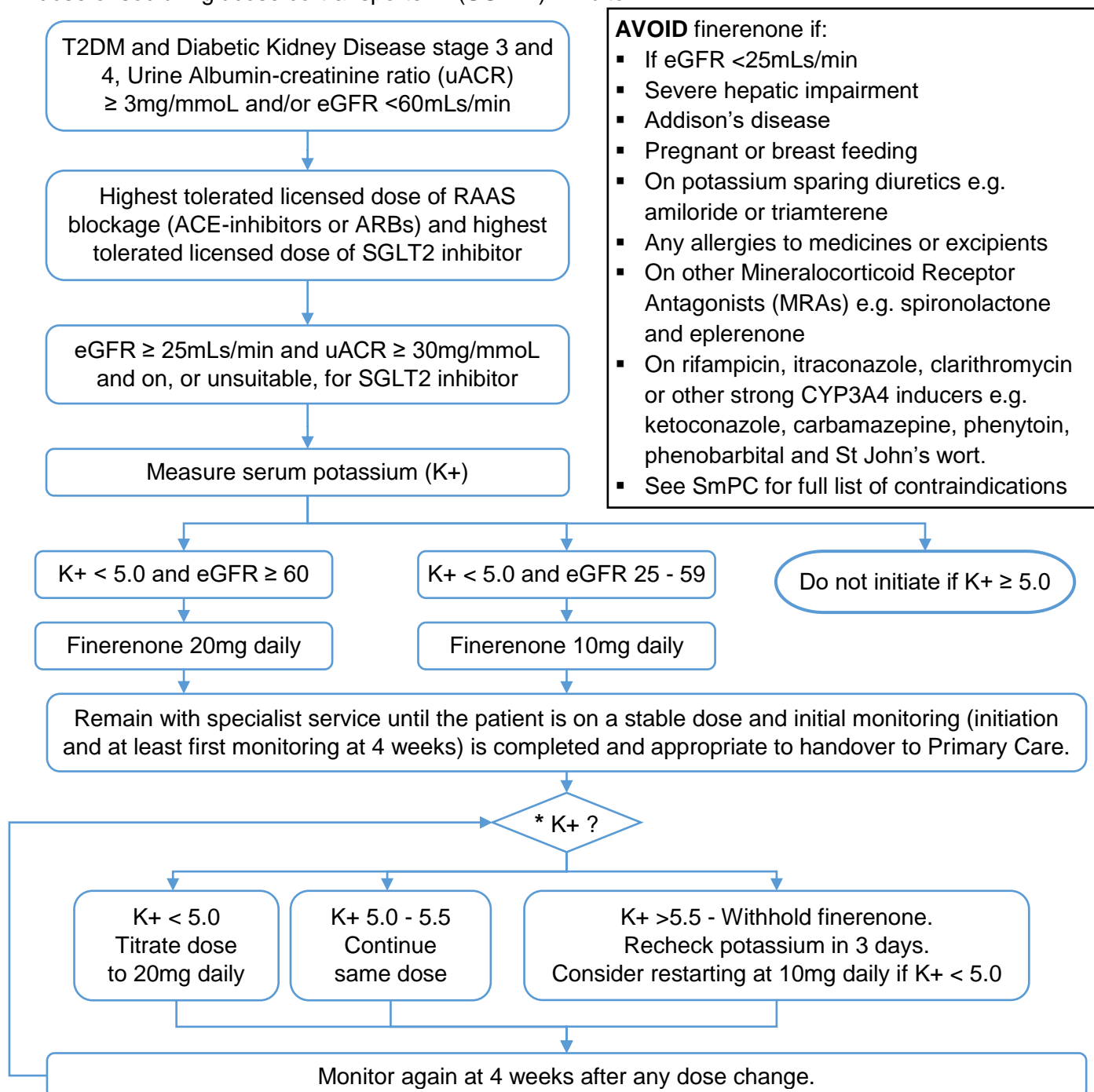


## Prescribing Guidance for Finerenone in Diabetic Kidney Disease



Finerenone is recommended as add-on to optimised standard care, this should include, unless patients are unsuitable, highest tolerated licensed dose of renin angiotensin-aldosterone system (RAAS) blockage and highest tolerated licensed dose of sodium-glucose co-transporter-2 (SGLT2) inhibitor.



### Primary Care – ongoing prescribing following initiation by specialist service:

- Once on a stable dose check K+ periodically, as per patient's CKD monitoring schedule (i.e. once or twice a year in line with [CKD Grampian Guidance](#)). Action dependent on K+ levels as above\*. Refer to [hyperkalaemia guidance](#) as necessary.
- Stop if diarrhoea and vomiting/flu (any dehydrating illness) and follow sick day rules for restarting.
- Consider stopping if issues with hypotension and/or new Acute Kidney Injury (AKI) or eGFR <15 or starting dialysis – discuss with specialist service.

### References

NICE Technology Appraisal TA877; Finerenone for treating chronic kidney disease in type 2 diabetes; March 2023  
NHS Tayside Prescribing Guidance for Finerenone in Diabetic Kidney Disease, February 2024  
SmPC [Kerendia 20 mg film coated tablets - Summary of Product Characteristics \(SmPC\)](#) - (emc)