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IN BRIEF

A New Indication for Finerenone (*Kerendia*)

The FDA has approved the nonsteroidal mineralocorticoid receptor antagonist (MRA) finerenone (*Kerendia*) to reduce the urinary albumin-to-creatinine ratio (UACR) in adults with chronic kidney disease (CKD) associated with type 1 diabetes. Reducing UACR is expected to reduce the risk of sustained eGFR decline and progression to end-stage kidney disease. Finerenone is the first drug to be approved in the US for this indication in 30 years.

OTHER INDICATIONS — Finerenone is also FDA-approved to reduce the risk of kidney disease progression and cardiovascular events in adults with CKD associated with type 2 diabetes and to reduce the risk of cardiovascular death, hospitalization for heart failure (HF), and urgent HF visits in adults with HF with a left ventricular ejection fraction (LVEF) $\geq 40\%$.^{1,2}

MECHANISM OF ACTION — CKD and cardiovascular disease are common complications of type 1 diabetes. Finerenone inhibits aldosterone at the mineralocorticoid receptor, preventing receptor overactivation and decreasing the fibrosis that leads to kidney dysfunction and cardiovascular disease.

A CLINICAL STUDY — FDA approval of finerenone for the new indication was based on the results of a double-blind trial (FINE-ONE) in 242 adults with type 1 diabetes, CKD, and albuminuria. Patients were randomized to receive finerenone 10 or 20 mg or placebo, each in addition to standard treatment (an angiotensin-converting enzyme [ACE] inhibitor or angiotensin receptor blocker [ARB]). Patients with symptomatic HF with a reduced ejection fraction and those who had received a sodium-glucose cotransporter 2 (SGLT2) inhibitor or glucagon-like peptide-1 (GLP-1) receptor agonist in the prior 8 weeks were excluded. The reduction from baseline in UACR over 6 months, the primary endpoint, was significantly greater with finerenone than with placebo (34% vs 12%). Longer studies are needed to evaluate the effect of finerenone on eGFR and clinical kidney outcomes.³

ADVERSE EFFECTS — The most common adverse effect of finerenone in the FINE-ONE trial was hyperkalemia.

DRUG INTERACTIONS — Concurrent use of finerenone and other drugs that increase serum potassium levels increases the risk of hyperkalemia. Finerenone is a substrate of CYP3A4; use with CYP3A4 inducers or inhibitors could alter serum concentrations of finerenone. Concurrent use of finerenone and strong CYP3A4 inhibitors or strong or moderate CYP3A4 inducers should be avoided.⁴

PREGNANCY AND LACTATION — Finerenone has not been studied in pregnant or lactating women. Administration of the drug to pregnant animals was associated with fetal toxicity, skeletal and visceral malformations, and embryo-fetal mortality. Breastfeeding should be avoided during treatment with finerenone.

DOSAGE, ADMINISTRATION, AND COST — The recommended starting dosage of finerenone is 10 mg (eGFR 25–<60 mL/min/1.73 m²) or 20 mg (eGFR ≥ 60 mL/min/1.73 m²) once daily; the target dose is 20 mg once daily. Finerenone should not be used in patients with an eGFR <25 mL/min/1.73 m² or in those with severe hepatic impairment (Child-Pugh C). Serum potassium levels should be measured before and 4 weeks after starting the drug. Finerenone should not be started in patients with a serum potassium level >5.0 mEq/L. The label contains dosage adjustments that should be made based on serum potassium levels. A 30-day supply of *Kerendia* 20-mg tablets costs \$715.50.⁵

CONCLUSION — In adults with chronic kidney disease associated with type 1 diabetes, addition of the nonsteroidal mineralocorticoid receptor antagonist finerenone (*Kerendia*) to standard treatment reduces the urinary albumin-to-creatinine ratio (UACR). Longer studies are needed to evaluate the effect of the drug on clinical kidney outcomes. ■

1. Finerenone (*Kerendia*) for chronic kidney disease. *Med Lett Drugs Ther* 2021; 63:131.
2. A new heart failure indication for finerenone (*Kerendia*). *Med Lett Drugs Ther* 2025; 67:146.

3. HJL Heerspink et al. Finerenone in type 1 diabetes and chronic kidney disease. *N Engl J Med* 2026; 394:947.
4. Inhibitors and inducers of CYP enzymes, P-glycoprotein, and other transporters. *Med Lett Drugs Ther* 2023 January 25 (epub). Available at: www.medicalletter.org/downloads/CYP_PGP_Tables.pdf.
5. Approximate WAC. WAC = wholesaler acquisition cost or manufacturer's published price to wholesalers; WAC represents a published catalogue or list price and may not represent an actual transactional price. Source: AnalySource® Monthly. October 5, 2026. Reprinted with permission by First Databank, Inc. All rights reserved. ©2026. www.fdbhealth.com/policies/drug-pricing-policy.

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