

# New nonsteroidal MRAs for Type 2 and Chronic Kidney Disease

## Nonsteroidal Selective Mineralocorticoid Antagonist

Indicated for people with chronic kidney disease (CKD) associated with Type 2 diabetes. Reduces the risk of kidney function decline, kidney failure, cardiovascular death, non-fatal heart attacks, and hospitalization for heart failure in adults with chronic kidney disease associated with type 2 diabetes. The mineralocorticoid receptor antagonist blocks the effects of aldosterone and reduces the risk of kidney function decline as well as heart failure.

Class / Action	Generic / Trade Name	Daily Dose	Frequency	Considerations
<b>Nonsteroidal, selective mineralocorticoid antagonist.</b> Blocks mineralocorticoid receptor mediated sodium reabsorption and mineralocorticoid overactivation in epithelial (for example kidneys) and nonepithelial (for example heart, blood vessels) tissues.	<b>Finerenone / Kerendia</b>	<b>10-20 mg</b>	<b>Once daily</b>	Monitor potassium 4 weeks after initiation or dose adjustment (although impact on potassium is much less than non-selective mineralocorticoid antagonists like spironolactone). Since medication is a CYP3A4 substrate, avoid taking with other strong cyp3A4 inhibitors. Avoid grapefruit or grapefruit juice. May take with or without food.

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