

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
Nonsteroidal, selective mineralocorticoid antagonist. Blocks mineralocorticoid receptor mediated sodium reabsorption and mineralocorticoid overactivation in epithelial (for example kidneys) and nonepithelial (for example heart, blood vessels) tissues.	Finerenone / Kerendia	10-20 mg	Once daily	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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