

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 the impact on potassium is much less than non-selective mineralocorticoid antagonists like spironolactone). Since medication is a CYP3A4 substrate, avoid taking it with other strong cype3A4 inhibitors. Avoid grapefruit or grapefruit juice. May take with or without food.

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