NHS
South West London

Finerenone for diabetic kidney disease pathway (Visual Summary)

Criteria for finerenone initiation
1. Type 2 diabetes
2. CKD with GFR ≥ 25 mL/min with A2 or A3 albuminuria

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Exclusion criteria
1. Non diabetic renal disease
2. Chronic heart failure with reduced ejection fraction (HFrEF) and persistent symptoms (New York Heart Association class II - IV) at initiation

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Serum potassium ≤5 mmol/L → NO → Consider interventions to reduce potassium ≤5 mmol/L then reconsider

↓ YES

Dose at initiation according to eGFR	
eGFR (mL/min/1.73m²)	**Starting dose (once daily)**
≥ 60	20 mg
≥ 25 to <60	10mg
<25	Not recommended

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Week 4: Serum potassium and eGFR check

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		Current Finerenone dose (once daily)	
		10 mg	20 mg
Current serum potassium (mmol/L)	≤ 4.8	Increase to 20 mg Finerenone once daily*	Maintain 20 mg once daily
	>4.8 to 5.5	Maintain 10 mg once daily	Maintain 20 mg once daily
	>5.5	Withhold Finerenone Consider re-starting at 10 mg once daily when serum potassium ≤ 5.0 mmol/L	Withold Finerenone Restart at 10 mg once daily when serum potassium <5.0 mmol/L

*Maintain 10mg once daily, if eGFR has decreased >30% compared to the previous measurement

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Repeat potassium and eGFR following any escalation in dose

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Ongoing serum potassium and eGFR check at least every 3 months