

Finerenone for treating chronic kidney disease in type 2 diabetes

Information for the public

Published: 23 March 2023

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Finerenone (Kerendia) is available on the NHS. It's a possible treatment for stage 3 and 4 chronic kidney disease (with albuminuria) in adults with type 2 diabetes.

You can only have it if you have it alongside standard care, which includes (unless they're unsuitable) angiotensin-converting enzyme (ACE) inhibitors or angiotensin-receptor blockers (ARBs), and sodium–glucose cotransporter-2 (SGLT2) inhibitors. You also need to have an estimated glomerular filtration rate (eGFR) of 25 ml/min/1.73 m² or more.

If you're not eligible for finerenone but are already having it, you should be able to continue until you and your doctor decide when best to stop.

Is this treatment right for me?

Your healthcare professionals should give you clear information, talk with you about your options and listen carefully to your views and concerns. Your family can be involved too, if you wish. See [our webpage on making decisions about your care](#).

Questions to think about

- How well does it work compared with other treatments?
- What are the risks or side effects? How likely are they?
- How will the treatment affect my day-to-day life?
- What happens if the treatment does not work?
- What happens if I do not want to have treatment? Are there other treatments available?

Information and support

The [NHS webpage on chronic kidney disease](#) may be a good place to find out more.

[Kidney Care UK](#) (01420 541 424) can give you advice and support.

You can also get support from your local [Healthwatch](#).

NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

ISBN: 978-1-4731-5097-3