



# Assessing the Safety and Efficacy of Finerenone in Patients with Chronic Kidney Disease (CKD) and Comorbid Type II Diabetes (T2D), a Systematic Review

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## INTRODUCTION

According to the Medical Expenditure Panel Survey of 2003, approximately 20% of adults 18 years and older had received some form of antihypertensive medication during the year. Among those individuals, 45.3% had received a diuretic and upwards of 25% of those had received a potassium-sparing diuretic.

Considering this, it may come as a surprise that we have been limited to only 4 common potassium-sparing diuretic options (amiloride, spironolactone, triamterene, and eplerenone).

Kerendia (finerenone), a novel potassium-sparing diuretic, is another option that has recently received FDA approval as of July 9, 2021. It is currently indicated for use in patients with CKD and comorbid T2D.

The purpose of this infographic is to provide the community with a brief systematic overview of the relevant safety and efficacy research available that surrounds the use of finerenone.

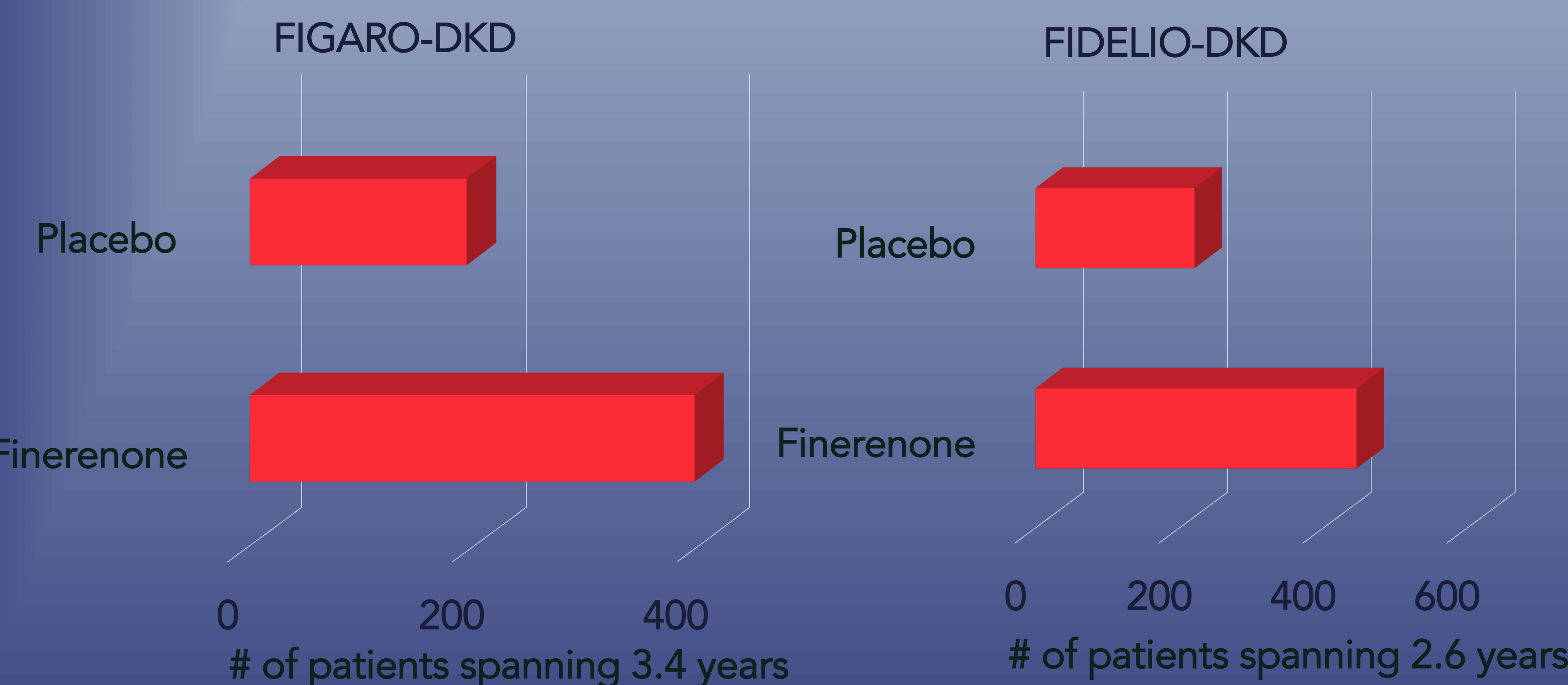
Two prominent Phase III trials have been conducted (FIDELIO-DKD and FIGARO-DKD) and those results will be presented here.

## METHOD

A systematic literature search of EMBASE, PubMed, and Cochrane was conducted. The key words searched included, "chronic kidney disease", "cardiovascular disease", "new therapy", "type 2 diabetes", "effect", and "renal function." FIDELIO-DKD and FIGARO-DKD phase III trials were selected, reviewed, and evaluated.

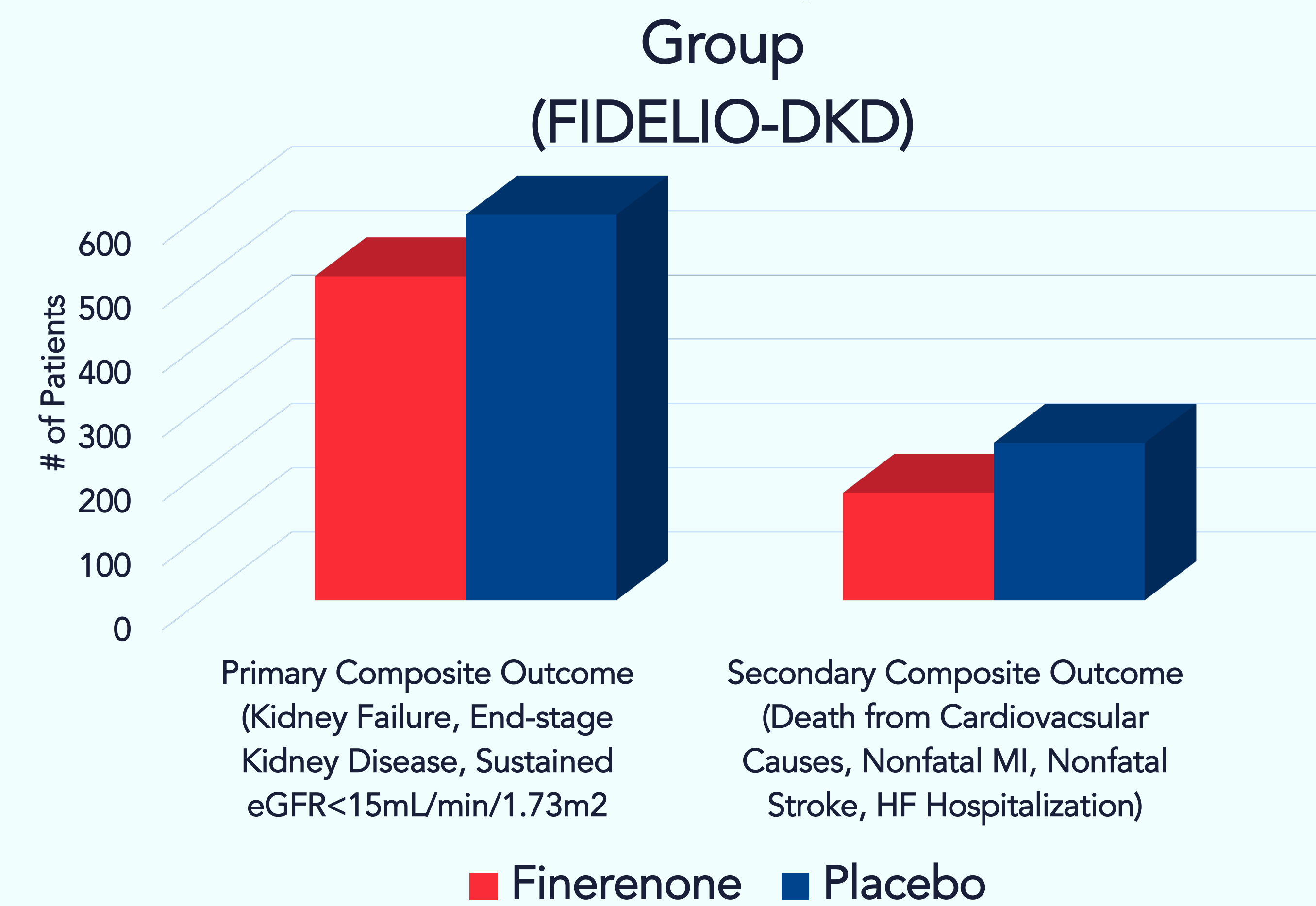
## RESULTS & DISCUSSION

### Incidence of Hyperkalemia



## RESULTS & DISCUSSION CONTINUED

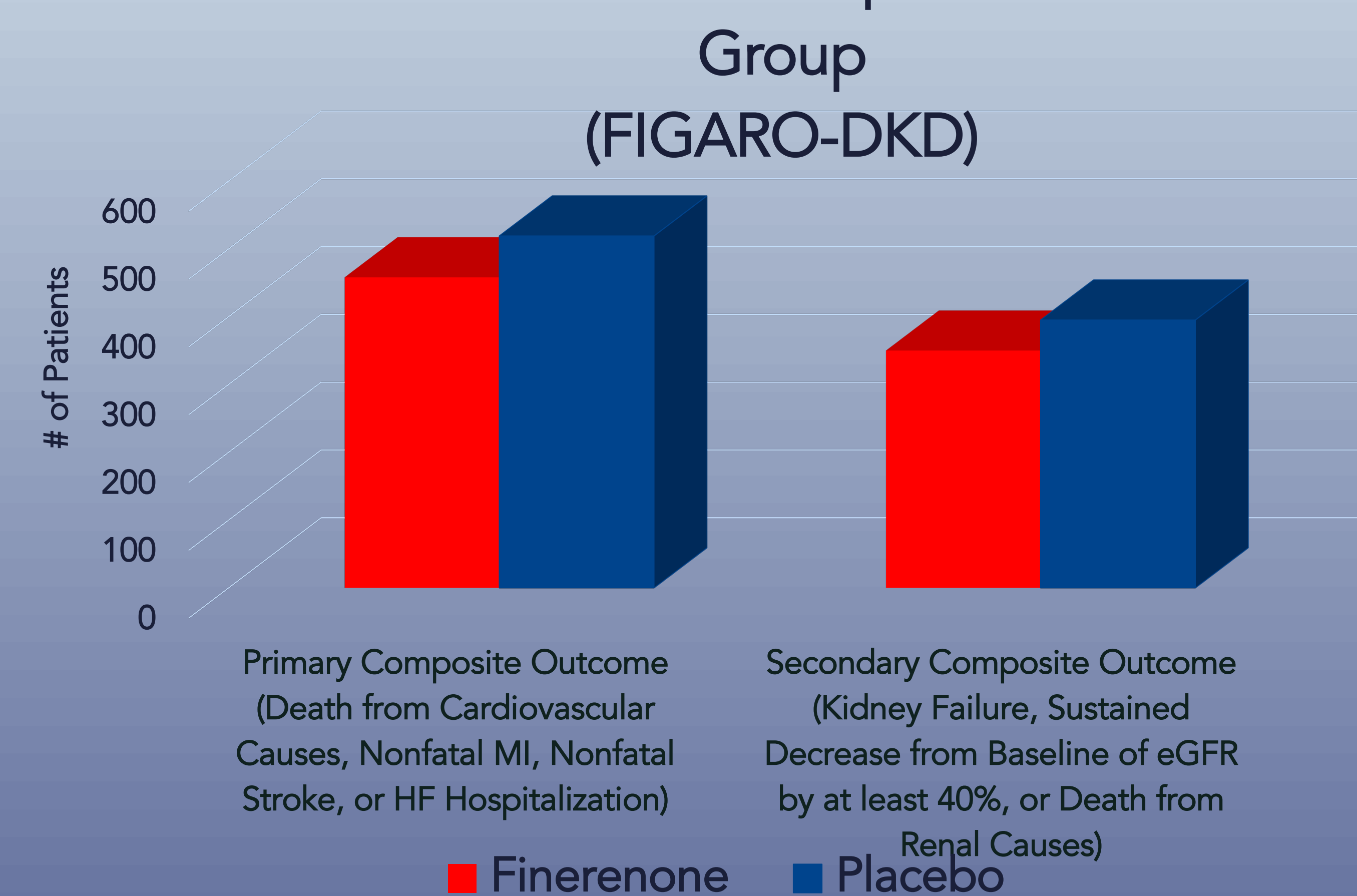
### Primary and Secondary Composite Outcomes in the Finerenone Group vs. the Placebo Group



At a medium follow-up of 2.6 years, a primary outcome occurred in 504/2,833 patients (17.8%) in the finerenone group and 600/2,841 patients (21.1%) in the placebo group (Hazard Ratio, 0.82; 95% CI, 0.73-0.93; P=0.001)

Secondary outcomes occurred in 367 (finerenone) and 420 (placebo) (Hazard ratio, 0.86; 95% CI, 0.75-0.99; P=0.03)

### Primary and Secondary Composite Outcomes in the Finerenone Group vs. the Placebo Group



At a median follow-up of 3.4 years, a primary outcome occurred in 458/3,686 patients (12.4%) in the finerenone group and 519/3,666 patients (14.2%) in the placebo group (Hazard Ratio, 0.87; 95% CI, 0.76-0.98; P=0.03)

Secondary outcomes occurred in 350 (finerenone) and 395 (placebo) (Hazard ratio, 0.87; 95% CI, 0.76-1.01)

## CONCLUSION

Primary outcomes in both the FIDELIO-DKD and FIGARO-DKD trials showed favor for the use of finerenone over placebo at a 2.6- and 3.4-year follow-up, respectively. Secondary outcomes measured in FIDELIO-DKD resulted in a statistically significant improvement in measures in the finerenone group compared to placebo. FIGARO-DKD results indicated no statistically significant improvement in secondary outcomes in the finerenone group as compared to placebo.

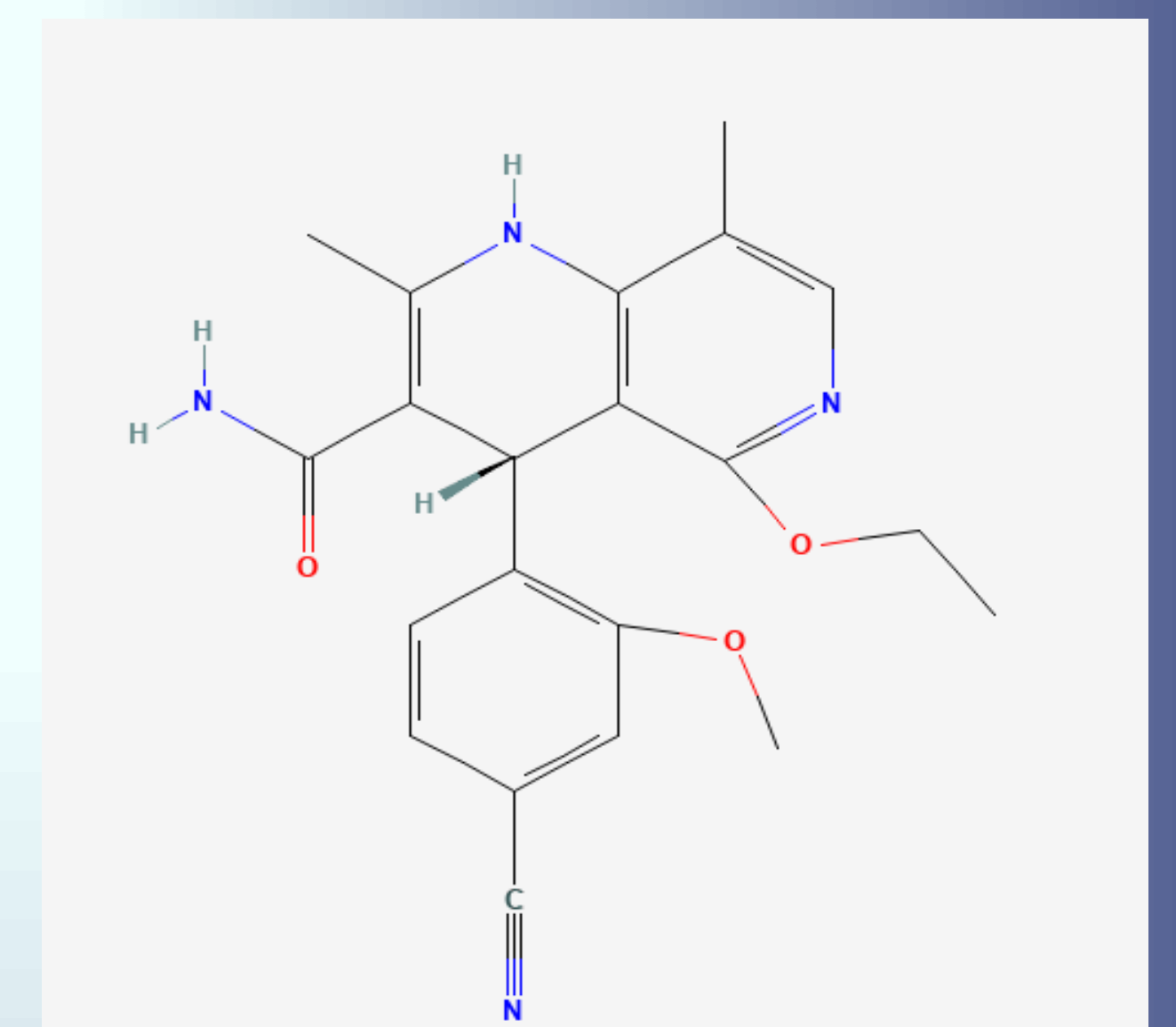
Kerendia (finerenone) is now being marketed for patient use by Bayer HealthCare Pharmaceuticals company. Per Lexicomp, the initial dose is 10-20mg by mouth daily, based on the patient's eGFR. After 4 weeks of therapy, the patient's eGFR is remeasured, along with serum potassium, and the maintenance dose is set.

### Closing Considerations

Higher rates of hyperkalemia with finerenone; FIDELIO-DKD, 18.3% with finerenone vs. 9% with placebo; FIGARO-DKD, 10.8% with finerenone vs. 5.3% with placebo

Disproportionate Caucasian representation (FIDELIO-DKD – 63.3% and FIGARO-DKD – 71.8%)

In patients with comorbid covid-19, there were decreased cases of covid-19-related adverse events in the FIGARO-DKD trial in the finerenone group vs. the placebo group (2.3% vs. 3.2%, respectively)



(Finerenone, 2022)

## REFERENCES

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