Finerenone▼

PRACTICAL USE GUIDE

for the management of **HF LVEF ≥40%**

EMA SmPC

FULL INDICATION

Finerenone is approved by the European Medicines Agency for the treatment of:

- Symptomatic chronic HF LVEF ≥40% in adults
- CKD (with albuminuria) associated with T2D in adults

GETTING STARTED

- ✓ **Adult patients**
- ✓ **Serum [K^+] ≤5.0 mmol/L**
- ✓ **eGFR ≥25 mL/min/1.73 m²**
- ✗ **Do not initiate treatment if:**
  serum [K^+] is >5.0 mmol/L or eGFR is <25 mL/min/1.73 m²

Starting dose is based on eGFR (mL/min/1.73 m²) at initiation

≥25–<60	≥60
10	20
10 mg qd	20 mg qd

CONTRAINDICATIONS In patients:

- ✗ with **hypersensitivity** to the drug components
- ✗ receiving concomitant treatment with **strong CYP3A4 inhibitors**
- ✗ with **Addison's disease**

KEY WARNINGS AND PRECAUTIONS

- ⚠ Can cause **hyperkalemia***
- ⚠ Can cause **worsening of renal function** *(only applicable for patients with HF*)*
- ✗ Should not be initiated in patients with:
  - **renal impairment** (eGFR <25 mL/min/1.73 m²)
  - **severe hepatic impairment**
  - **lactose metabolism disorders**
- ⚠ Regular monitoring is advised in **elderly patients**

*Monitor serum [K^+] and eGFR as advised. CKD, chronic kidney disease; CV, cardiovascular; CYP3A4, cytochrome P450 3A4; EF, ejection fraction eGFR, estimated glomerular filtration rate; EMA, European Medicines Agency; HF, heart failure; [K^+], potassium; LVEF, left ventricular ejection fraction; qd, once daily; SmPC, Summary of Product Characteristics; T2D, type 2 diabetes.
KERENDIA® (finerenone). Summary of product characteristics. 2026. https://www.ema.europa.eu/en/documents/product-information/kerendia-epar-product-information_en.pdf [accessed May 2026].
▼This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.

For healthcare professionals only. Date of preparation: May 2026 | Approval Code: MA-M_FIN-ALL-2207-1

Scan the QR code to view the Summary of Product Characteristics (SmPC). Refer to your local prescribing information for further details.

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4 WEEKS LATER >>>

Titrate to target dose
Measure serum [K+] and eGFR 4 weeks after initiation and adjust dose as needed

The maximum recommended dose of finerenone is 40 mg qd

Target dose is based on eGFR (mL/min/1.73 m²) at initiation

≥25–<60	≥60
20	40
20 mg qd	40 mg qd

DOSE ADJUSTMENT

Serum [K+] (mmol/L)

<5.0 — **Increase* to or maintain at target dose**
If eGFR has decreased by >30% from the previous measurement, reduce the dose from 40 mg qd to 20 mg qd. If eGFR is <60 mL/min/1.73 m² at initiation, maintain at 20 mg qd target dose

5.0–<5.5 — **Maintain current dose**
If eGFR has decreased by >30% from the previous measurement, reduce the dose from 40 mg qd to 20 mg qd

5.5–<6.0 — **Decrease to previous dose**
If at 10 mg qd, withhold treatment and restart at 10 mg qd when serum [K+] is <5.5 mmol/L

MONITORING

Monitor serum [K+] and eGFR periodically throughout treatment

More frequent monitoring may be necessary for patients at risk of hyperkalemia or worsening of renal function

Monitor serum [K+] and eGFR 4 weeks after:

- **treatment initiation**
- **dose adjustment**
- **restart of treatment**

*If eGFR has not decreased >30% from the previous measurement. CV, cardiovascular; eGFR, estimated glomerular filtration rate; EMA, European Medicines Agency; HF, heart failure; [K+], potassium; LVEF, left ventricular ejection fraction; qd, once daily. SmPC, Summary of Product Characteristics.

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