Kerendia access in the United Arab Emirates: the EDE named-patient pathway

How UAE adults with chronic kidney disease associated with type 2 diabetes pursue finerenone, the non-steroidal selective mineralocorticoid receptor antagonist that adds renal and cardiovascular protection on top of standard background therapy.

Last reviewed 2026-05-12 by the Reserve Meds clinical and regulatory team. This page combines the UAE country research module with the Kerendia drug module to describe the path families actually walk.

Quick orientation

Kerendia (finerenone) is an oral non-steroidal selective mineralocorticoid receptor antagonist developed by Bayer. The US Food and Drug Administration approved Kerendia in July 2021 to reduce the risk of sustained eGFR decline, end-stage kidney disease, cardiovascular death, non-fatal myocardial infarction, and hospitalisation for heart failure in adult patients with chronic kidney disease associated with type 2 diabetes. The drug is given as a once-daily 10 mg or 20 mg oral tablet, titrated to potassium tolerance and eGFR. Reserved for you.

Why UAE patients need Kerendia via a named-patient pathway

The UAE carries one of the higher regional prevalences of type 2 diabetes (approximately 12 to 15 percent of the adult population), and chronic kidney disease associated with type 2 diabetes is a major driver of cardiovascular and renal events in the local nephrology and endocrinology population. The standard regional regimen layers an ACE inhibitor or angiotensin receptor blocker (for renal-protective blood pressure control), an SGLT2 inhibitor (empagliflozin or dapagliflozin, which hold MoHAP registration and are widely stocked), and glycaemic control. Finerenone adds a non-steroidal mineralocorticoid receptor antagonist on top, with the renal and cardiovascular benefit demonstrated in the FIDELIO-DKD and FIGARO-DKD trials.

Spironolactone and eplerenone, the older steroidal mineralocorticoid receptor antagonists, are widely available regionally but carry higher rates of hyperkalaemia and gynaecomastia

(for spironolactone), which limit their use in CKD with type 2 diabetes. Finerenone is the non-steroidal alternative with the dedicated cardiorenal indication. Kerendia is not consistently held in UAE federal stock at the level of the SGLT2 inhibitors or the ACE inhibitors. When the treating nephrologist or endocrinologist documents the clinical case for finerenone specifically, the EDE named-patient pathway is the established route.

The EDE / MoHAP named-patient pathway applied to Kerendia

The federal pathway for a UAE-licensed physician to obtain a medicine that is not registered or not stocked locally is the unregistered-medicine import permit, administered through the Emirates Drug Establishment (EDE) at ede.gov.ae. The EDE took over 44 core services from MoHAP under Federal Decree-Law No. 38 of 2024. The framework allows hospitals and licensed pharmaceutical establishments to import a specific medicine for a specific patient when the medicine is approved by a recognised reference authority such as the US FDA and a locally registered alternative is not suitable.

For Kerendia, the clinical justification packet is structured around the cardiorenal disease state. The treating nephrologist or endocrinologist documents the diagnosis (chronic kidney disease associated with type 2 diabetes), the baseline eGFR (typically 25 to less than 75 mL/min/1.73 m^2 per the approved indication), the urine albumin-to-creatinine ratio (UACR, indicating proteinuria), the baseline serum potassium (typically less than or equal to 4.8 mEq/L at initiation), the background therapy (ACE inhibitor or ARB at maximum tolerated dose, SGLT2 inhibitor, statin and antiplatelet where indicated, glycaemic control regimen), and the rationale for adding finerenone for cardiorenal protection.

A complete EDE application for Kerendia typically includes the specialist's clinical justification letter, the treating physician's MoHAP, DHA, DoH, or Sharjah Health Authority licence verification, an anonymised patient identifier, full product details (Kerendia 10 mg or 20 mg oral tablets), the destination dispensing pharmacy name with licence number and pharmacy in charge, and the patient informed consent. Approval timelines for routine cases are 5 to 15 business days. Complex submissions extend to 4 to 6 weeks.

Where Kerendia gets dispensed in the UAE

Kerendia is an oral tablet with standard ambient storage at 20 to 25 degrees Celsius. The dispensing site is the outpatient pharmacy attached to the prescribing nephrology, endocrinology, or internal medicine clinic. The most natural dispensing sites are the nephrology and endocrinology services at Cleveland Clinic Abu Dhabi, Sheikh Khalifa Medical City, American Hospital Dubai, Mediclinic City Hospital, NMC Royal Hospital, and

the dialysis-adjacent CKD clinics across the SEHA network. Reserve Meds does not select the dispensing pharmacy on the patient's behalf.

Real cost picture for Kerendia in the UAE

The US wholesale acquisition cost for Kerendia is approximately USD 700 to 900 per month at typical maintenance doses (10 mg or 20 mg daily), translating to approximately AED 2,600 to 3,300 monthly at the 3.67 peg. The figure is the drug acquisition cost only.

All-in delivered cost stacks the drug acquisition, international logistics (USD 300 to 600 per shipment, ambient), EDE handling and customs (USD 300 to 600 per case), the dispensing pharmacy fee, and the Reserve Meds concierge coordination fee. For a chronic-supply medication like Kerendia, the logistics are typically scheduled at 3-month intervals to optimise the per-month delivered cost. Insurance in the UAE handles CKD-and-type-2-diabetes cardiorenal therapies case by case. Pre-authorisation is the norm. Thiqa, administered by Daman for UAE nationals in Abu Dhabi, has the broadest specialty coverage. We supply the documentation set; we do not promise coverage.

Typical timeline for Kerendia in the UAE

The EDE permit processes in 5 to 15 business days for a routine submission with a clear cardiorenal rationale and documented background therapy. International logistics for an ambient-shipped oral medication adds 3 to 7 business days. Customs clearance is typically 1 to 3 business days. A patient who completes the documentation in week one typically receives the first prescription in week three to week five. Titration follows the Bayer US label, with serum potassium and eGFR checked at week 4 of therapy and the dose adjusted from 10 mg to 20 mg as tolerated.

What your physician needs to provide

The clinical justification letter for a Kerendia EDE submission is short and tightly scoped. The treating nephrologist or endocrinologist's letter typically addresses the diagnosis (chronic kidney disease associated with type 2 diabetes), the baseline eGFR and trajectory, the UACR, the baseline serum potassium, the background therapy (ACE inhibitor or ARB at maximum tolerated dose, SGLT2 inhibitor, glycaemic regimen), the rationale for adding a non-steroidal mineralocorticoid receptor antagonist for cardiorenal protection, and the proposed starting dose (10 mg daily if eGFR is 25 to less than 60, 20 mg daily if eGFR is 60 or higher, with titration based on week-4 potassium). The letter references the Bayer US label and the FIDELITY pooled-trial evidence base.

The patient signs informed consent reflecting the hyperkalaemia monitoring schedule. The treating physician's licence must be in active standing in the emirate of the dispensing

facility (MoHAP for the Northern Emirates, DHA for Dubai, DoH for Abu Dhabi and Al Ain, Sharjah Health Authority for Sharjah).

Pharmacovigilance considerations

The dominant adverse-event consideration for finerenone is hyperkalaemia. The US label specifies the baseline potassium threshold (less than or equal to 4.8 mEq/L for initiation) and the monitoring schedule (potassium and eGFR at week 4 after initiation and after each dose adjustment, then every 4 months). Finerenone is metabolised primarily by CYP3A4, and the US label includes specific dose adjustment guidance for concurrent moderate or strong CYP3A4 inhibitors. Concomitant use with strong CYP3A4 inhibitors is contraindicated. Adverse events identified by the treating team route to Bayer's safety reporting channel and to the EDE post-market surveillance address.

Common questions about Kerendia in the UAE

Why finerenone rather than spironolactone or eplerenone? Spironolactone and eplerenone are steroidal mineralocorticoid receptor antagonists. Both are widely available regionally and carry well-characterised efficacy in heart failure with reduced ejection fraction. In CKD with type 2 diabetes, spironolactone in particular carries a higher rate of hyperkalaemia and gynaecomastia. Finerenone is the non-steroidal alternative with the dedicated FDA cardiorenal indication and the FIDELIO-DKD and FIGARO-DKD trial evidence base. The clinical choice rests with the treating specialist.

Will Daman, Thiqa, or my private insurer cover this? Each insurer assesses cardiorenal therapies case by case. Pre-authorisation is the norm. Thiqa has the broadest specialty coverage in Abu Dhabi. We do not promise coverage.

Is Kerendia a controlled substance? No. Kerendia is not a DEA scheduled substance.

Can finerenone be added to an SGLT2 inhibitor? Yes. The US label and the FIDELITY pooled analysis support concurrent finerenone and SGLT2 inhibitor therapy in CKD with type 2 diabetes. The mechanisms are complementary.

What patients ask when they first call

"How does the case actually start?" The patient or the treating nephrologist or endocrinologist contacts Reserve Meds through the waitlist form. Within 24 to 48 hours, a coordinator confirms eligibility (the eGFR, UACR, and baseline potassium are the screening questions), sends the documentation kit to the physician, and outlines the EDE submission sequence. No payment is taken at this stage.

"What is the day-to-day adverse-event profile?" Finerenone is generally well tolerated in clinical practice. Hyperkalaemia is the principal monitored event and is managed through the week-4 potassium check and dose adjustment per the US label. Hypotension is uncommon at the recommended doses. The vast majority of patients in the FIDELIO-DKD and FIGARO-DKD trials tolerated chronic dosing.

"What if my eGFR declines below 25 during therapy?" The US label specifies that finerenone should not be initiated in patients with eGFR less than 25 mL/min/1.73 m^2. For patients who initiate at a higher eGFR and decline during therapy, the treating nephrologist reassesses the risk-benefit profile and may continue or discontinue based on individual clinical judgement. The treating nephrologist makes this call.

"Does this replace my ACE inhibitor or SGLT2 inhibitor?" No. Finerenone is added on top of maximally tolerated ACE inhibitor or angiotensin receptor blocker therapy and is compatible with SGLT2 inhibitor therapy. The full cardiorenal regimen is layered, not substituted. The treating specialist defines the combination.

Where Reserve Meds fits in Kerendia cases

Reserve Meds is a US-based concierge coordinator. We do not replace your treating nephrologist or endocrinologist, the EDE, or the dispensing pharmacy. For a Kerendia case, our work is the regulatory documentation assembly, the US-side procurement coordination with the Bayer specialty distributor, the logistics, the customs handoff, and a single named coordinator for the patient through onboarding and the recurring 3-month supply. Reserved for you.

Documentation kit for the treating specialist

The documentation kit Reserve Meds sends the treating nephrologist or endocrinologist after a waitlist confirmation contains the EDE clinical-justification letter template tailored to the non-steroidal mineralocorticoid receptor antagonist class with the cardiorenal rationale, the baseline laboratory capture sheet (eGFR, UACR, serum potassium, creatinine, electrolytes), the background-therapy capture sheet (ACE inhibitor or ARB at maximum tolerated dose, SGLT2 inhibitor, glycaemic regimen, statin), the titration schedule template (10 mg or 20 mg starting based on eGFR, week-4 potassium check, dose adjustment guidance), the patient informed consent template covering the hyperkalaemia monitoring, the dispensing pharmacy intake checklist for the 3-month chronic supply cadence, and the routine 4-monthly potassium-and-eGFR monitoring template. The kit is built so the specialist clinic focuses on the cardiorenal conversation and the titration management.

Next step

If a treating nephrologist or endocrinologist in the UAE is weighing Kerendia for an adult patient with CKD associated with type 2 diabetes, the waitlist is the first step. We respond within 24 to 48 hours with an eligibility confirmation and a documentation kit for the physician.

Reserved for you.

Related

- Kerendia clinical resource
- Chronic kidney disease
- Type 2 diabetes
- United Arab Emirates country page

Sources

1. FDA approval, Kerendia (finerenone), Bayer, approval July 2021 for CKD associated with type 2 diabetes.
2. UAE Federal Decree-Law No. 38 of 2024 and the Emirates Drug Establishment portal at ede.gov.ae.
3. Bayer US prescribing information for Kerendia (finerenone), 10 mg and 20 mg oral tablets.