

AU InforMed

Volume 24 Number 2 (Issue 354) X

Friday, March 20, 2026

Guest Editors: Ariel Dulaney, Natalie Ellis, Destin Davis, Pharm.D. Candidates 2026, Wesley T. Lindsey, Pharm.D., Bernie R. Olin, Pharm.D.



Key Inforbits

- About National Kidney Month
- Kidney Fun Facts
- Ways to Improve Kidney Health
- Kidney Guidelines
- New Medications
- Role of Pharmacist for Kidney Health

National Kidney Month

About National Kidney Month^{1,2}

National kidney month is observed every March to raise awareness about kidney health, the risks of kidney disease, and the importance of early detection and prevention. Over 35 million people (~1 in 7 adults in the US) are affected by kidney disease and approximately 90% do not know they have it. Early detection encourages prevention, screening, and timely treatment.

Kidney health is commonly associated with type 2 diabetes, cardiovascular disease, and hypertension and early intervention slows progression.

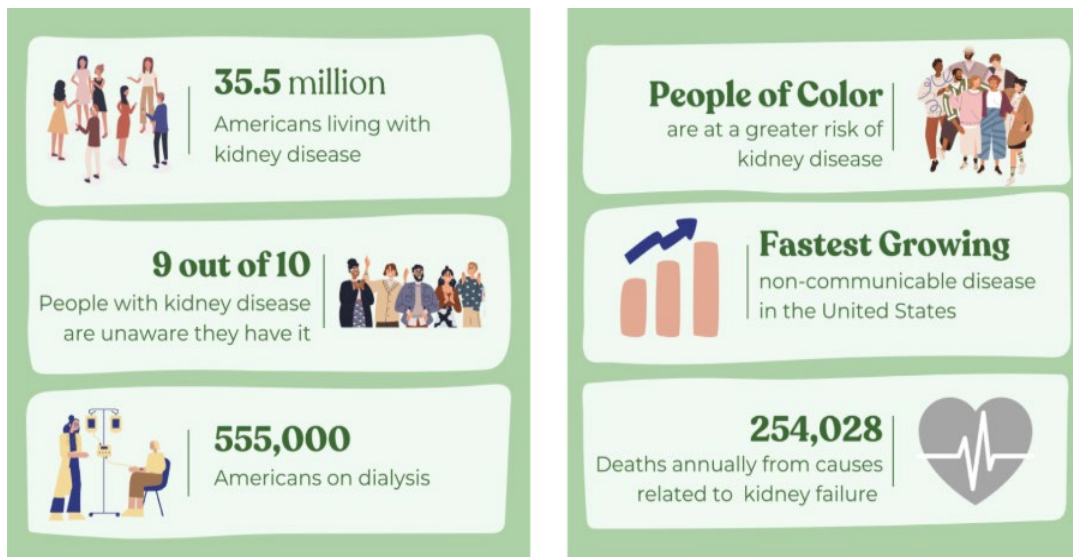


Figure 1 - National Kidney Month: Supporting Kidney Health. American Transplant Foundation. Published March 20, 2025. [cited 2026 Mar 2]. Available from: <https://www.americantransplantfoundation.org/2025/03/20/national-kidney-month-supporting-kidn>

Kidneys and History^{3,4}

- The first successful kidney transplant was performed on December 23, 1954, at Peter Brigham Hospital in Boston, MA. The transplant was between identical twin brothers, one suffering from chronic kidney disease. It was performed by Dr. Joseph Murray who later won the Nobel Prize in Physiology or Medicine in 1990 for his contributions to transplantation. Immunosuppressive drugs were not yet available, but because the twins were identical, the body did not reject the organ which allowed the patient to live another 8 years.
- The National Kidney Foundation launched International Kidney Month in 1987 to address the rising prevalence of kidney disease and its associated complications. After this, public campaigns grew and various organizations, healthcare professionals, and community groups have joined in the effort to advocate for awareness and early treatment through health fairs and prevention drives.
- World Kidney Day was established in 2006 and is observed on March 9. Today, International Kidney Month and World Kidney Day are globally observed and work to increase awareness of kidney disease as most do not know they have it.



Dr. Joseph Murray.
<https://www.nytimes.com/2012/11/28/health/dr-joseph-e-murray-transplant-doctor-and-nobel-winner-dies-at-93.html>

Kidney Fun Facts^{2,3,4}

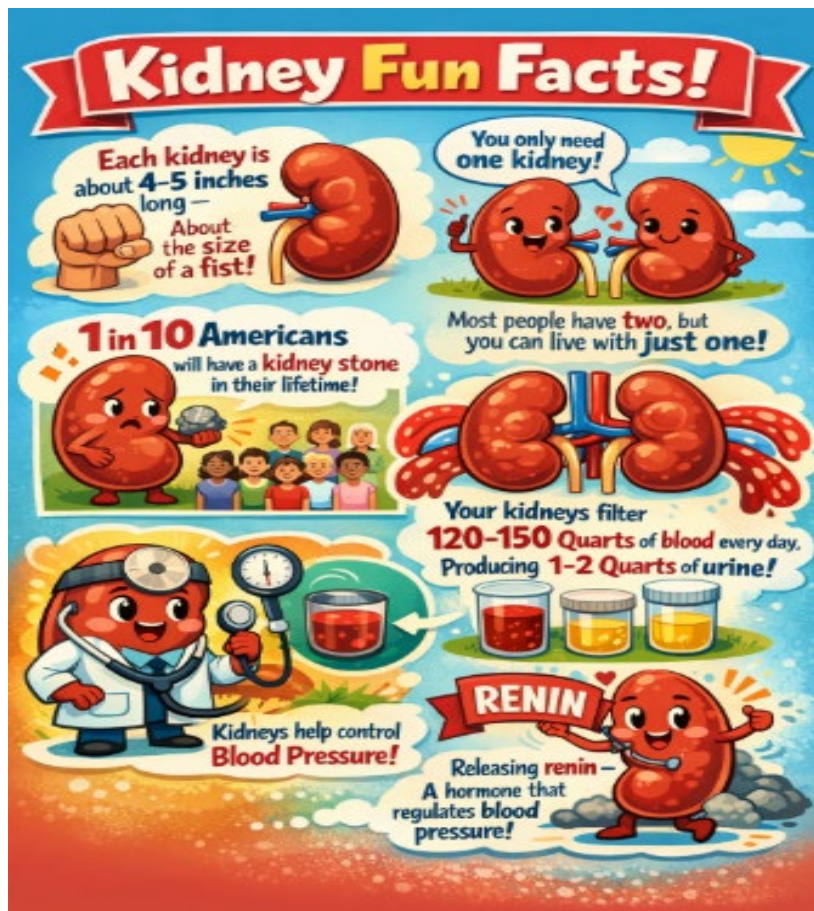


Figure 2 - Kidney Fun Facts. Generated with AI at: <https://chatGPT.com/>

Ways to Improve Kidney Health^{3,4}

There are numerous ways healthcare providers can encourage kidney health such as:

- Drink plenty of **fluids** (48 to 64 oz of water daily)



From: <https://www.creativehatti.com/downloads/kidney-is-drinking->

- Follow a **kidney-friendly diet** including: lean proteins, whole grains, healthy fats, limiting sodium.



<https://www.shutterstock.com/search/healthy-diet-kidney>

- **Stop smoking**



<https://www.mymichigan.org/about/news/healthdiseaseblog/getting-off-of-tobacco/>

- Maintain healthy weight and exercise: at least **150 minutes/week** of moderate intensity or **75 minutes/week** of high intensity activity recommended.



<https://www.shutterstock.com/image-vector/assorted-exercise-keep-fit-healthy-kidney-2468182421?trackingId=1c838c32-d5f3-4718-9f2d-137a9c776412&listId=searchResults>

- Avoid **nephrotoxins**: limit NSAIDs (ibuprofen, naproxen) as these can damage the kidneys over time.



<https://centenoschultz.com/wp-content/uploads/no-nsaids-200x200-1.jpg>

Kidney Guideline Highlights⁵

- CKD Classification (KDIGO 2024)
 - The Kidney Disease: Improving Global Outcomes (KDIGO) 2024 guidelines recommend classifying chronic kidney disease (CKD) based on estimated glomerular filtration rate (eGFR) and urine albumin-to-creatinine ratio (UACR). eGFR categorizes kidney function in stages while UACR categorizes albuminuria. Both markers are recommended to accurately assess CKD severity, progression, and need for therapy.
- ACE Inhibitors and ARBs: First Line Therapy
 - Angiotensin-converting enzyme inhibitors (ACEi) and angiotensin II receptor blockers (ARBs) are recommended as first line kidney protective therapies. These medications reduce intraglomerular pressure, lower proteinuria, and slow CKD progression while also managing blood pressure.
 - Examples – lisinopril, ramipril, benazepril (ACEi's) and losartan, valsartan, olmesartan (ARBs)
- SGLT2 Inhibitors
 - Sodium-glucose cotransporter-2 inhibitors (SGLT2 inhibitors) provide additional kidney support beyond glucose control. These medications slow decline of eGFR and decrease the risk of CKD progression and cardiovascular events.
 - Examples – empagliflozin (Jardiance), dapagliflozin (Farxiga), canagliflozin (Invokana)
- GLP-1 Receptor Agonists
 - Glucagon-like peptide-1 receptor agonists (GLP-1 RAs) are primarily used for type 2 diabetes and cardiovascular risk reduction but also provides secondary kidney benefits. They can reduce albuminuria and help improve metabolic factors such as weight and glycemia control which indirectly support kidney health.
 - Examples – semaglutide (Ozempic, Wegovy), liraglutide (Victoza, Saxenda), dulaglutide (Trulicity)
- Finerenone
 - Finerenone is a non-steroidal mineralocorticoid receptor antagonist that can be added on for patients with persistent albuminuria despite optimized ACEi/ARB therapy. It helps reduce inflammation in the kidneys and has been shown to slow CKD progression and reduce cardiovascular risk.
- Combination Approach
 - KDIGO emphasizes a layered treatment strategy with patients usually starting on an ACEi or ARB. SGLT2 inhibitors, GLP-1 receptor agonists, and finerenone can then be added based on individual patient factors to further reduce kidney disease progression and cardiovascular risk.

CKD is classified based on: • Cause (C) • GFR (G) • Albuminuria (A)				Albuminuria categories		
				Description and range		
				A1	A2	A3
				Normal to mildly increased	Moderately increased	Severely increased
				<30 mg/g <3 mg/mmol	30–299 mg/g 3–29 mg/mmol	≥300 mg/g ≥30 mg/mmol
GFR categories (ml/min/1.73 m ²) Description and range	G1	Normal or high	≥90	Screen 1	Treat 1	Treat 3
	G2	Mildly decreased	60–89	Screen 1	Treat 1	Treat 3
	G3a	Mildly to moderately decreased	45–59	Treat 1	Treat 2	Treat 3
	G3b	Moderately to severely decreased	30–44	Treat 2	Treat 3	Treat 3
	G4	Severely decreased	15–29	Treat* 3	Treat* 3	Treat 4+
	G5	Kidney failure	<15	Treat 4+	Treat 4+	Treat 4+

■ Low risk (if no other markers of kidney disease, no CKD) ■ High risk
■ Moderately increased risk ■ Very high risk

Figure 3 – 2024 KDIGO Guidelines Heat Map to Classify CKD.

Available from:

https://www.researchgate.net/publication/394102757_Chronic_kidney_disease_in_the_primary_care_setting_A_narrative_review

New Medications for Kidneys²

The FDA approved several new drugs in 2025 that may help slow progression in specific types of kidney disease. These advancements offer hope for many patients needing better kidney protection.

Table 1 – New FDA Drug Approvals for Kidney Disease 2025

Agent	Class	Clinical Use
Ozempic (semaglutide)	GLP-1 receptor agonist	<ul style="list-style-type: none"> Helps control blood sugar and reduce stress on kidneys and heart. Originally approved in 2017 for type 2 diabetes. Now also approved to help protect the kidneys in adults who have type 2 diabetes and chronic kidney disease.
Voyxact (sibeprenlimab-szsi)	A Proliferation-Inducing Ligand (APRIL) blocker, humanized monoclonal antibody	<ul style="list-style-type: none"> Approved in 2025 for IgA nephropathy (IgAN) which occurs when protein IgA builds up and damages kidney filters. Monthly injectable monoclonal antibody targeting APRIL, which tells the body to make abnormal IgA proteins that build up and cause kidney damage.
Vanrafia (atrasentan)	Selective endothelin receptor antagonist (ERA)	<ul style="list-style-type: none"> Approved in 2025 for patients with IgA nephropathy (IgAN) who are at risk of rapid disease progression. Endothelin receptor antagonist that blocks a hormone that can tighten blood vessels and increase pressure inside the kidneys. This results in reduced kidney stress, scarring, and swelling.
Fabhalta (iptacopan)	Complement factor B inhibitor	<ul style="list-style-type: none"> C3 glomerulopathy (C3G) - a rare disease caused by overactive immune system. Oral complement inhibitor that helps calm the part of the immune system harming the kidneys. Approved in 2024 to treat IgAN and in 2023 to treat paroxysmal nocturnal hemoglobinuria (PNH). PNH is a rare immune disorder that targets and destroys red blood cells.
Empaveli (pegcetacoplan)	Complement C3 inhibitor	<ul style="list-style-type: none"> C3 glomerulopathy (C3G) or primary immune complex membranoproliferative glomerulonephritis (IC-MPGN) Complement inhibitor made to calm the part of the immune system that damages the kidney. Approved for patients 12 years of age and older. Originally approved in 2021 for paroxysmal nocturnal hemoglobinuria (PNH).
Gazyva (obinutuzumab)	CD20-directed cytolytic antibody	<ul style="list-style-type: none"> Approved in 2025 for lupus nephritis Monoclonal antibody targeting immune cells that cause kidney inflammation. Expands options for lupus patients with severe kidney involvement.

Role of the Pharmacist

- Pharmacists are in a prime position to impact kidney health and awareness. They are able to flag nephrotoxic drugs, adjust renally cleared medications, review medication profiles, and encourage screening.
- Community pharmacists specifically can help prevent harm and increase kidney health awareness by counseling on NSAID overuse, blood pressure and diabetes counseling, medication adherence encouragement and lifestyle habits. Recommending influenza, pneumonia, and COVID vaccinations is a way pharmacists can ensure appropriate immunizations are up to date for CKD patients.
- Pharmacists are uniquely positioned to recognize kidney disease early and play a critical role in kidney health and awareness by teaching patients about lifestyle, eating habits, avoiding NSAIDs, and importance of regular monitoring.

References

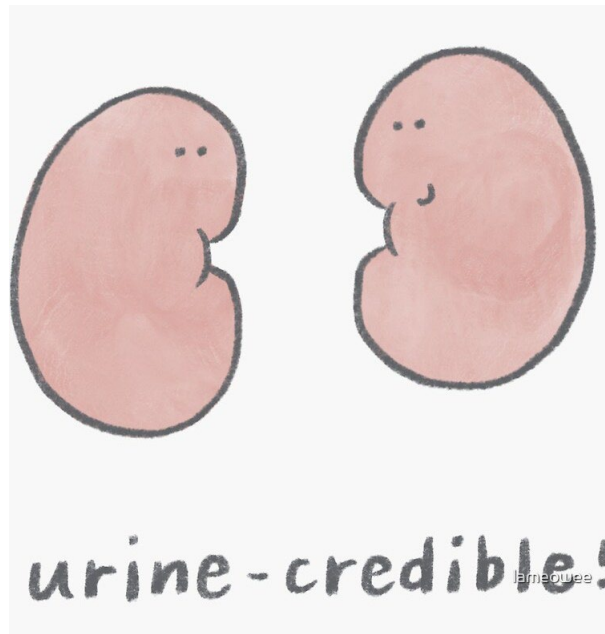
1. Staff A. National Kidney Month: Supporting Kidney Health. Denver, CO. American Transplant Foundation. Published March 20, 2025. [cited 2026 Mar 2]. Available from: <https://www.americantransplantfoundation.org/2025/03/20/national-kidney-month-supporting-kidney-health/>
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The last “dose” ...

“Learn upfront to budget (fluid for hemodialysis) and learn that if you mess up once, then that’s a lesson, not a failure. That’s with anything in life. If you learn from it, then it’s a lesson and you go on and move on.”

- Anthony Reed, former dialysis patient and kidney transplant recipient



Source: <https://www.redbubble.com/>

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