Kerendia® (finerenone) tablets 10 mg • 20 mg

KERENDIA provides dual cardiorenal risk reduction for adult patients with CKD associated with T2D[1]

Starting your patients on once-daily KERENDIA[1]

1 INITIATE

Measure serum potassium

Do not initiate KERENDIA if serum potassium >5.0 mEq/L.

If >4.8 to 5.0 mEq/L, initiation may be considered with additional potassium monitoring within the first 4 weeks based on clinical judgment and serum potassium levels.

Measure eGFR to determine recommended starting dose

20 mg	eGFR ≥60 mL/min/1.73 m^2
10 mg	eGFR ≥25 to <60 mL/min/1.73 m^2
Initiation is not recommended	eGFR <25 mL/min/1.73 m^2

2 CHECK LABS

Check serum potassium 4 weeks after:

- Initiation
- Restart

or

- Dose adjustment

3 ADJUST: Target daily dose of KERENDIA is 20 mg

Current serum potassium (mEq/L)	Current dose: 10 mg once daily	Current dose: 20 mg once daily
≤4.8	Increase the dose to 20 mg once daily*	Maintain 20 mg once daily
>4.8 to 5.5	Maintain 10 mg once daily	Maintain 20 mg once daily
>5.5	Withhold KERENDIA. Consider restarting at 10 mg once daily when serum potassium ≤5.0 mEq/L	Withhold KERENDIA. Restart at 10 mg once daily when serum potassium ≤5.0 mEq/L

*If eGFR has decreased by more than 30% compared to previous measurement, maintain 10-mg dose.

Monitor serum potassium 4 weeks after a dose adjustment and throughout treatment, and adjust the dose as needed.[1]

CKD=chronic kidney disease; CV=cardiovascular; eGFR=estimated glomerular filtration rate; T2D=type 2 diabetes.

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INDICATION:

- KERENDIA is indicated to reduce the risk of sustained eGFR decline, end-stage kidney disease, cardiovascular death, non-fatal myocardial infarction, and hospitalization for heart failure in adult patients with chronic kidney disease (CKD) associated with type 2 diabetes (T2D)

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS:

- Concomitant use with strong CYP3A4 inhibitors
- Patients with adrenal insufficiency

WARNINGS AND PRECAUTIONS:

- ***Hyperkalemia:*** KERENDIA can cause hyperkalemia. The risk for developing hyperkalemia increases with decreasing kidney function and is greater in patients with higher baseline potassium levels or other risk factors for hyperkalemia. Measure serum potassium and eGFR in all patients before initiation of treatment with KERENDIA and dose accordingly. Do not initiate KERENDIA if serum potassium is >5.0 mEq/L

  Measure serum potassium periodically during treatment with KERENDIA and adjust dose accordingly. More frequent monitoring may be necessary for patients at risk for hyperkalemia, including those on concomitant medications that impair potassium excretion or increase serum potassium

Please read additional Important Safety Information on the following page and the full Prescribing Information.

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Additional dosing information[1]

- For patients who are unable to swallow whole tablets, KERENDIA may be crushed and mixed with water or soft foods such as applesauce immediately prior to use and administered orally
- Avoid taking KERENDIA with grapefruit or grapefruit juice
- Missed doses:
  - Direct a patient to take a missed dose as soon as possible after it is noticed, but only on the same day
  - If this is not possible, the patient should skip the dose and continue with the next dose as prescribed

Not actual size.

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IMPORTANT SAFETY INFORMATION (cont'd)

MOST COMMON ADVERSE REACTIONS:

- From the pooled data of 2 placebo-controlled studies, the adverse reactions reported in ≥1% of patients on KERENDIA and more frequently than placebo were hyperkalemia (14% vs 6.9%), hypotension (4.6% vs 3.9%), and hyponatremia (1.3% vs 0.7%)

DRUG INTERACTIONS:

- ***Strong CYP3A4 Inhibitors:*** Concomitant use of KERENDIA with strong CYP3A4 inhibitors is contraindicated. Avoid concomitant intake of grapefruit or grapefruit juice
- ***Moderate and Weak CYP3A4 Inhibitors:*** Monitor serum potassium during drug initiation or dosage adjustment of either KERENDIA or the moderate or weak CYP3A4 inhibitor and adjust KERENDIA dosage as appropriate
- ***Strong and Moderate CYP3A4 Inducers:*** Avoid concomitant use of KERENDIA with strong or moderate CYP3A4 inducers

USE IN SPECIFIC POPULATIONS:

- ***Lactation:*** Avoid breastfeeding during treatment with KERENDIA and for 1 day after treatment
- ***Hepatic Impairment:*** Avoid use of KERENDIA in patients with severe hepatic impairment (Child Pugh C) and consider additional serum potassium monitoring with moderate hepatic impairment (Child Pugh B)

Please read additional Important Safety Information on previous page and the full Prescribing Information.

Reference: 1. KERENDIA (finerenone) [prescribing information]. Whippany, NJ: Bayer HealthCare Pharmaceuticals, Inc.; September 2022.

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