Stage 2

For adult patients with CKD associated with T2D

Earlier-stage patients like Karla need your help to reduce their cardiorenal risk[1,2]

- T2D for 8 years, which has led to CKD
- Taking multiple T2D standard-of-care medications*

eGFR declined from 71 to 67 mL/min/1.73 m² in the past year

Microalbuminuria: 150 mg/g†

Serum potassium: 3.8 mEq/L

Treated with a maximum tolerated dose of an ARB

*The FIDELIO-DKD and FIGARO-DKD trials were randomized, double-blind, placebo-controlled, multicenter trials of adult patients with CKD associated with T2D. In the FIDELIO-DKD trial, approximately 97% of patients were on an antidiabetic medication (insulin [64.1%], biguanides [44%], GLP-1 receptor agonists [7%], and/or SGLT2 inhibitors [5%]). Background therapies were similar in the FIGARO-DKD trial.[1]

†Microalbuminuria can be defined as "moderately increased" with a UACR of 30-300 mg/g.[2]

ARB=angiotensin receptor blocker; CKD=chronic kidney disease; eGFR=estimated glomerular filtration rate; GLP-1=glucagon-like peptide 1; SGLT2=sodium-glucose cotransporter 2; T2D=type 2 diabetes; UACR=urine albumin-to-creatinine ratio.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS:

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

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)

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

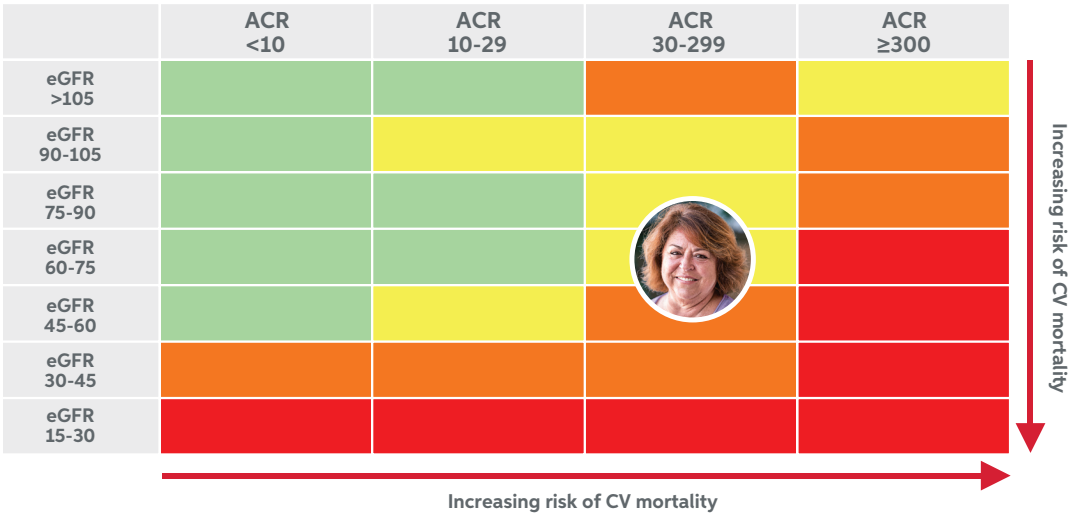
Please read additional Important Safety Information continued below and click here to see full Prescribing Information.

Kerendia® (finerenone) tablets
10 mg • 20 mg

In adult patients with CKD associated with T2D

Even with earlier-stage CKD, Karla faces an increased risk of CV mortality[1,2]

Together, eGFR and urinary protein (measured by UACR) show what could lie ahead for your patients



Colors reflect the ranking of adjusted relative risk from a categorical meta-analysis. Rank numbers 1 to 8=green; 9 to 14=yellow; 15 to 21=orange; 22 to 28=red.

Adapted with permission from KDIGO. Levey AS, de Jong PE, Coresh J, et al. Chapter 2: Definition, identification, and prediction of CKD progression. *Kidney Int Suppl*. 2013; 3(1):63-72. Accessed: https://www.kisupplements.org/article/S2157-1716(15)31102-3/fulltext

Take action to help your patients with increased risk of CV mortality and CKD progression

Learn how KERENDIA can help

ACR=albumin-to-creatinine ratio; CV=cardiovascular; KDIGO=Kidney Disease: Improving Global Outcomes.

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 click here for full Prescribing Information for KERENDIA.

References: 1. KERENDIA (finerenone) [prescribing information]. Whippany, NJ: Bayer HealthCare Pharmaceuticals, Inc.; September 2022. **2.** Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. *Kidney Intl Suppl*. 2013;3(1):1-150. doi:10.1038/kisup.2012.73.

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