Have your T2D patients reached the CKD *tipping point* with UACR before eGFR decline?

The CKD *tipping point* diagnosis occurs when UACR ≥30 mg/g for at least 3 months. This point indicates kidney damage and increasing cardiovascular risk[1-5]

Albuminuria is most accurately evaluated by UACR, the recommended method to detect elevated albumin levels in urine.[1-5]

CKD=chronic kidney disease; eGFR=estimated glomerular filtration rate; T2D=type 2 diabetes; UACR=urine albumin-to-creatinine ratio.

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

Please read additional Important Safety Information throughout and click here for the full Prescribing Information.

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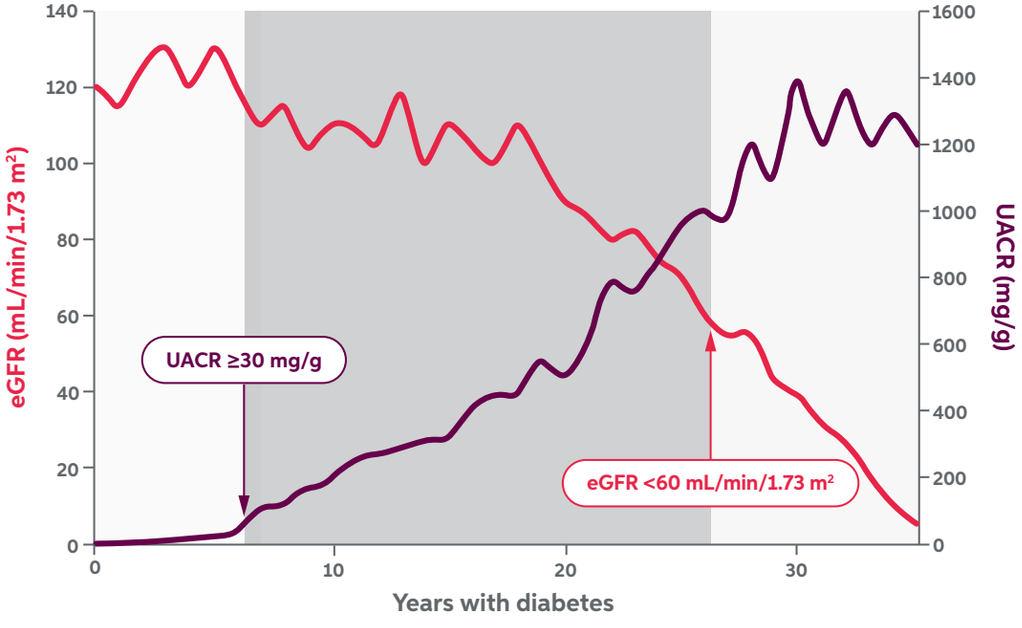
Albuminuria can help detect the earliest signs of CKD[1]

- UACR and eGFR are key markers used to diagnose CKD and predict renal decline[6]
  - Persistent albuminuria levels of UACR ≥30 mg/g over 3 months indicate kidney damage and are an early marker of CKD[1,5,6]
  - Persistent eGFR levels of <60 mL/min/1.73 m^2 over 3 months indicate impairment in kidney function[1,5,6]

In many patients with CKD and T2D, albuminuria may occur years in advance of eGFR declining below 60 mL/min/1.73m^2 [7,8*†]



Although albuminuria may occur earlier in disease progression, both UACR and eGFR tests are needed for accurate assessment and treatment of CKD[1,5]

*Figure adapted from Afkarian M. *Pediatr Nephrol*. 2015.[7]
†Based on conceptual model.[8]

CKD=chronic kidney disease; eGFR=estimated glomerular filtration rate; T2D=type 2 diabetes; UACR=urine albumin-to-creatinine ratio.

IMPORTANT SAFETY INFORMATION (cont'd)

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

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CKD not only affects the kidneys but increases CV risk as well[1]

CKD, which is associated with albuminuria and/or decline in eGFR, can lead to increased CV risk[1]

Older patients (≥65 years of age) with CKD are:

6x MORE LIKELY TO DIE FROM A CV CAUSE THAN TO DEVELOP ESKD[9‡]

In patients with T2D, albuminuria is associated with greater risk of:

5x HOSPITALIZATION DUE TO HEART FAILURE[10§]

4x CV DEATH[10§]

3x HEART ATTACK[10§]

The impact of CKD on cardiovascular risk highlights the importance of early detection and diagnosis at the first signs of kidney damage[1,5]

‡A prospective cohort study of community-dwelling people designed to examine the epidemiology of cardiovascular disease in older adults.[9]
§Data are based on 10-year cumulative morbidity incidence by diabetes and kidney disease status from the Third National Health and Nutrition Examination Survey (NHANES III) and compared to a subgroup without diabetes and kidney disease.[11]

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

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

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Regular measurement of UACR is necessary to diagnose and manage CKD[1,5,12]

The American Diabetes Association® (ADA), Kidney Disease: Improving Global Outcomes® (KDIGO), and the American Association of Clinical Endocrinology® (AACE) all recommend regular albuminuria and eGFR testing to inform treatment decision for patients with CKD and T2D

Joint ADA and KDIGO guidance based on eGFR and albuminuria levels[5]

CKD is classified based on:
- GFR (G)
- Albuminuria (A)

GFR categories (mL/min/1.73 m²) Description and range			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
G1	Normal or high	≥90	Screen 1	**Treat 1**	**Treat and refer 3**
G2	Mildly decreased	60-89	Screen 1	**Treat 1**	**Treat and refer 3**
G3a	Mildly to moderately decreased	45-59	Treat 1	Treat 2	Treat and refer 3
G3b	Moderately to severely decreased	30-44	Treat 2	Treat and refer 3	Treat and refer 3
G4	Severely decreased	15-29	Treat and refer 3	Treat and refer 3	Treat and refer 4+
G5	Kidney failure	<15	Treat and refer 4+	Treat and refer 4+	Treat and refer 4+

Increasing risk of CKD progression

Increasing risk of CKD progression

Values 1-4+ in the above chart indicate the number of times per year a patient should be tested based on their lab results.

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

As shown above, ADA and KDIGO recommend that patients with CKD and T2D who have a UACR ≥30 mg/g receive treatment[5]

CKD=chronic kidney disease; eGFR=estimated glomerular filtration rate; GFR=glomerular filtration rate; T2D=type 2 diabetes; UACR=urine albumin-to-creatinine ratio.

IMPORTANT SAFETY INFORMATION (cont'd)

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)

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Ensure regular testing to identify patients with early-stage CKD and evaluate cardiorenal risk[1,5,12]

Have confidence knowing the vast majority of insurance plans cover annual UACR and eGFR testing for T2D patients, while those with established CKD may qualify for retesting up to 4 tests per year

On test-ordering sites within an EMR, be sure to enter appropriate:

- Testing code
- *CPT* code
- *ICD-9* or *ICD-10* diagnosis code

Kidney profile test includes UACR (urine specimens) and eGFR (plasma/serum specimens)[13-15]

labcorp

KIDNEY PROFILE TEST CODE: 140301

CPT CODES: 82043, 82565, 82570

Scan QR code for more test-specific information

Quest Diagnostics™

KIDNEY PROFILE TEST CODE: 39165

CPT CODES: 82043, 82565, 82570

Scan QR code for more test-specific information

Independent lab

KIDNEY PROFILE TEST CODE: _____

CPT CODES: _____

Visit lab websites to get additional codes that can combine a kidney profile test with preferred standard tests, such as BMP and CMP

In all patients with T2D, test albuminuria to detect the earliest stages of CKD[1,5]

BMP=basic metabolic panel; CKD=chronic kidney disease; CMP=comprehensive metabolic panel; *CPT=Current Procedural Terminology*; eGFR=estimated glomerular filtration rate; EMR=electronic medical record; *ICD-9=International Classification of Diseases, Ninth Revision*; *ICD-10=International Statistical Classification of Diseases, Tenth Revision*; T2D=type 2 diabetes; UACR=urine albumin-to-creatinine ratio.

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For your patients with T2D

Don't miss diagnosing the CKD *tipping point*: 30 or more you can't ignore[1]

Consider KERENDIA as part of your treatment plan to reduce cardiovascular risk* in patients with CKD associated with T2D[16]

Listen to an expert explain the consequences of CKD associated with T2D and the crucial need to diagnose patients earlier in their disease progression

Scan to watch video

***INDICATION:**

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CKD=chronic kidney disease; T2D=type 2 diabetes.

References: 1. American Diabetes Association (Section 11: Chronic kidney disease and risk management: standards of care in diabetes). *Diabetes Care*. 2023;46(suppl 1):S191-S202. doi:10/2337/dc23-S011. **2.** Park JI, et al. *PLoS One*. 2017;12(2):e0171106. doi:10.1371/journal.pone.0171106. **3.** Urine albumin-creatine ratio (UACR). National Kidney Foundation. Accessed January 9, 2024. https://www.kidney.org/atoz/content/uacr. **4.** Morales J, et al. *Clin Diabetes*. 2023;41(4):553-566. doi:10.2337/cd22-0110. **5.** de Boer IH, et al. (Diabetes management in chronic kidney disease: a consensus report by the American Diabetes Association [ADA] and Kidney Disease: Improving Global Outcomes [KDIGO]). *Diabetes Care*. 2022;45(12):3075-3090. doi:10.2337/dci22-0027. **6.** McGill JB, et al. *BMJ Open Diabetes Res Care*. 2022;10(4):e002806. doi:10.1136/bmjdrc-2022-002806. **7.** Afkarian M. *Pediatr Nephrol*. 2015;30(1):65-74. doi:10.1007/s00467-014-2796-5. **8.** Alicic RZ, et al. *Clin J Am Soc Nephrol*. 2017;12:2032-2045. **9.** Dalrymple LS, et al. *J Gen Intern Med*. 2011;26(4):379-385. doi:10.1007/s11606-010-1511-x. **10.** Rossing, P, et al. *Am J Med*. 2022;135(5):576-580. doi:10.1016/j.amjmed.2021.11.019. **11.** Afkarian M, et al. *J Am Soc Nephrol*. 2013;24(2):302-308. doi:10.1681/ASN.2012070718. **12.** Blonde L, et al. American Association of Clinical Endocrinology Clinical Practice Guideline—2022 update. *Endocr Pract*. 2022;28(10):923-1049. doi:10.1016/j.eprac.2022.08.002. **13.** Greene DN, et al. *J Appl Lab Med*. 2022;7(5):1145-1150. doi:10.1093/jalm/jfac046. **14.** Maple-Brown LJ, et al. *Clin J Am Soc Nephrol*. 2016;11(6):993-1004. doi:10.2215/CJN.09770915. **15.** Inker LA, et al. *N Engl J Med*. 2012;367(1):20-29. doi:10.1056/NEJMoa1114248. **16.** KERENDIA (finerenone) [prescribing information]. Bayer HealthCare Pharmaceuticals Inc; September 2022.

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