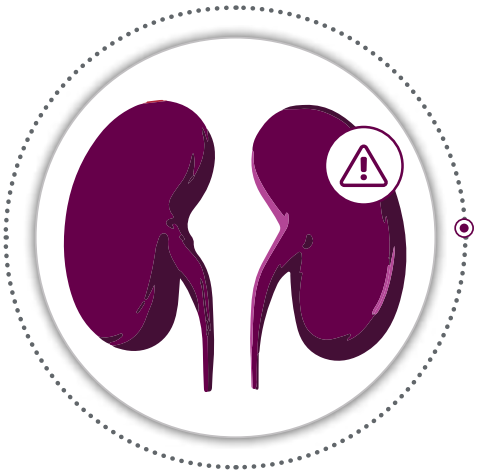
For adult patients with CKD associated with T2D

Take action now to preserve kidney function[1]

Patients who have CKD stage 3b with albuminuria face:



~5 to 7x higher risk of developing ESKD

than patients who have CKD stage 3a[2]*

*Based on an evaluation of adjusted relative risk of patients with CKD stage 3a with albuminuria of 30 to 299 mg/g and ≥300 mg/g. Data are compared with a reference value of primarily patients with CKD stages 1 and 2 without albuminuria (ACR <10 mg/g and ACR 10-29 mg/g).[2]

Click here to learn how KERENDIA can reduce renal risk† in your patients with CKD associated with T2D[1]

†KERENDIA is indicated to reduce the risk of sustained eGFR decline and ESKD in adult patients with CKD associated with T2D.[1]

ACR=albumin creatinine ratio; CKD=chronic kidney disease; eGFR=estimated glomerular filtration rate; ESKD=end-stage kidney disease; T2D=type 2 diabetes.

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 throughout and click here for the full Prescribing Information.

Kerendia® (finerenone) tablets 10 mg • 20 mg

For adults with CKD associated with T2D

Without intervention, your patients are at greater risk of dying from CV causes[1,3,4]

Patients with CKD stage 3b had approximately

~60% higher risk for CV death

vs patients with CKD stage 3a[5]*

*Reference group in the analysis were subjects with CKD and T2D with eGFR 90-104 mL/min/1.73m^2 and ACR <10 mg/g.[5]

Click here to learn how KERENDIA can reduce CV risks† in your patients with CKD associated with T2D[1]

†KERENDIA is indicated to reduce the risk of cardiovascular death, nonfatal myocardial infarction, and hospitalization for heart failure in adult patients with CKD associated with T2D.[1]
ACR=albumin creatinine ratio; CKD=chronic kidney disease; CV=cardiovascular; eGFR=estimated glomerular filtration rate; 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

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 throughout and click here for the full Prescribing Information.

References: 1. KERENDIA (finerenone) [prescribing information]. Bayer HealthCare Pharmaceuticals Inc; September 2022. **2.** Kidney Disease: Improving Global Outcomes (KDIGO), CKD Work Group. *Kidney Int Suppl*. 2013;3(1):1-150. doi:10.1038/kisup.2012.73. **3.** Rossing P, et al. *Am J Med*. 2022;135(5):576-580. doi:10.1016/j.amjmed.2021.11.019. **4.** Afkarian M, et al. *J Am Soc Nephrol*. 2013;24(2):302-308. doi:10.1681/ASN.2012070718. **5.** Fox CS, et al. [Published correction appears in *Lancet*. 2013 Feb 2;381 (9864):374]. *Lancet*. 2012;380(9854):1662-1673. doi:10.1016/S0140-6736(12)61350-6.

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