
Not a real patient.

For your patients with CKD associated with T2D

Are you leaving them exposed to CV risk and CKD progression?[1-3]

Recognizing the **3 main drivers** of increased CV and renal risk is crucial[1,4,5]:

Inflammation and fibrosis

can cause functional and structural end-organ damage in the heart and kidneys[1,5-7]

Elevated blood pressure

can damage and weaken blood vessels throughout the body[8,9]

Elevated glucose levels

can damage the body's organs, including microvascular and macrovascular complications[5,10,11]

Make sure your treatment approach addresses all 3 drivers of CKD progression[1,4,5]

CKD=chronic kidney disease; CV=cardiovascular; 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

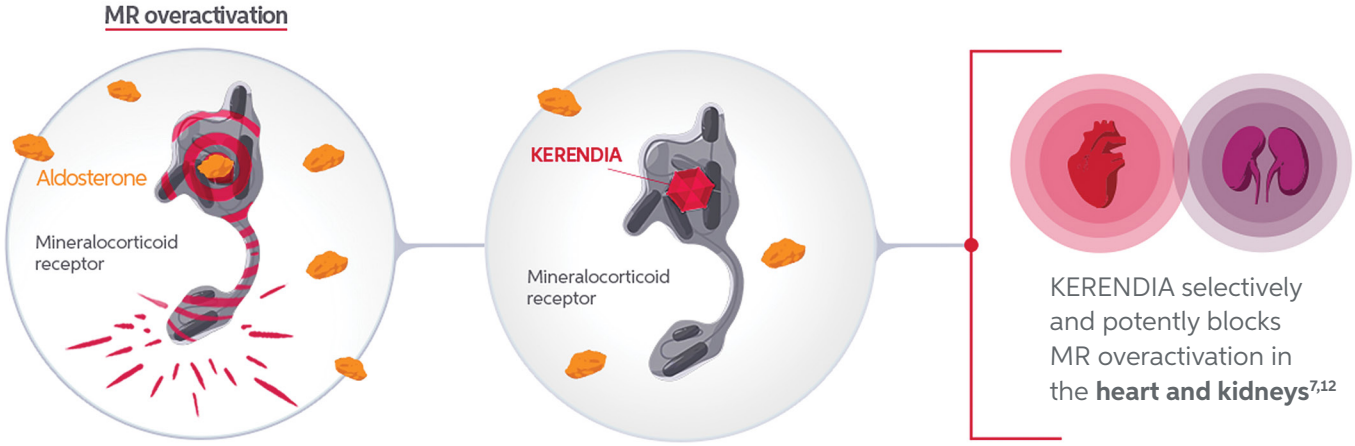
  Measure serum potassium periodically during treatment with KERENDIA and adjust dose accordingly. More frequent monitoring may be necessary for patients at risk for hyperkalemia, including those on concomitant medications that impair potassium excretion or increase serum potassium

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

Kerendia® (finerenone) tablets 10 mg • 20 mg

Inflammation and fibrosis are thought to be mediated by MR overactivation[7,12]

KERENDIA is a first-in-class nonsteroidal MR antagonist that selectively and potently blocks MR overactivation[7]



MR=mineralocorticoid receptor.

Choose KERENDIA to help reduce cardiorenal risk for your patients with CKD associated with T2D[7]

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)

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References: 1. Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. *Kidney Int Suppl*. 2013;3(1):1-150. **2.** Afkarian M, et al. *J Am Soc Nephrol*. 2013;24(2):302-308. doi:10.1681/ASN.2012070718. **3.** American Diabetes Association (Section 11: Chronic kidney disease and risk management: standards of care in diabetes). *Diabetes Care*. 2024;47(Suppl 1):S219-S230. doi:10.2337/dc24-S011. **4.** Kidney Disease: Improving Global Outcomes (KDIGO) Diabetes Work Group. KDIGO 2020 clinical practice guideline for diabetes management in chronic kidney disease. *Kidney Int*. 2020;98(4S):S1-S115. doi:10.1016/j.kint.2020.06.019. **5.** Alicic RZ, et al. *Clin J Am Soc Nephrol*. 2017;12(12):2032-2045. **6.** Alicic RZ, et al. *Adv Chronic Kidney Dis*. 2018;25(2):181-191. **7.** KERENDIA (finerenone) [prescribing information]. Whippany, NJ: Bayer HealthCare Pharmaceuticals, Inc.; September 2022. **8.** Ameer OZ. *Front Pharmacol*. 2022;13:949260. doi:10.3389/fphar.2022.949260. **9.** Burnier M. *Circ Res*. 2023;132(8):1050-1063. doi:10.1161/CIRCRESAHA.122.321762. **10.** An J, et al. *BMJ Open Diab Res Care*. 2021;9:e001847. doi:10.1136/bmjdrc-2020-001847. **11.** Cade WT. *Phys Ther*. 2008;88:1322-1335. **12.** Kolkhof P, et al. *Pharmacol Res*. 2021;172:1-13. doi:10.1016/j.phrs.2021.105859.

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