

# ADA® and KDIGO® jointly recommend KERENDIA for adults with CKD associated with T2D<sup>1,2</sup>



## ADA and KDIGO Consensus Statement

A nonsteroidal mineralocorticoid receptor antagonist (nsMRA) with proven kidney and cardiovascular benefit is recommended for patients with T2D, eGFR  $\geq 25$  mL/min/1.73 m<sup>2</sup>, normal serum potassium concentration, and albuminuria (albumin-to-creatinine ratio [ACR]  $\geq 30$  mg/g) despite [a] maximum-tolerated dose of renin-angiotensin system (RAS) inhibitor.<sup>1</sup>



## Make KERENDIA part of your treatment strategy to reduce CV risk and CKD progression<sup>2</sup>

ADA=American Diabetes Association; CKD=chronic kidney disease; CV=cardiovascular; eGFR=estimated glomerular filtration rate; KDIGO=Kidney Disease: Improving Global Outcomes; T2D=type 2 diabetes.

### INDICATION:

- KERENDIA (finerenone) 10mg, 20mg tablets is indicated to reduce the risk of sustained estimated glomerular filtration rate (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:

- Hypersensitivity to any component of this product
- 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  $>5$  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

#### MOST COMMON ADVERSE REACTIONS:

- From the pooled data of FIDELIO-DKD and FIGARO-DKD studies, the adverse reactions reported in  $\geq 1\%$  of patients on KERENDIA and more frequently than placebo were hyperkalemia (14% vs 6.9%), hypotension (4.6% vs 3%), and hyponatremia (1.3% vs 0.7%)

#### DRUG INTERACTIONS for KERENDIA 10mg, 20mg:

- **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 throughout and [full Prescribing Information](#).

References: 1. de Boer IH, et al. *Diabetes Care*. 2022;45(12):3075-3090. doi:10.2337/dci2022-0027. 2. KERENDIA (finerenone) [prescribing information]. Bayer HealthCare Pharmaceuticals Inc; July 2025.



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