KERENDIA is recommended by the European Society of Cardiology® for your patients with CKD associated with T2D[1]

ESC
European Society of Cardiology

2023 Grade 1A recommendations

CKD and type 2 diabetes: Finerenone is recommended in addition to an ACEi or ARB in patients with T2DM and eGFR >60 mL/min/1.73 m^2 with a UACR ≥30 mg/mmol (≥300 mg/g), or eGFR 25 to 60 mL/min/1.73 m^2 and UACR ≥3 mg/mmol (≥30 mg/g) to reduce [the risk of] CV events and kidney failure.[1]

In patients with T2DM and CKD, finerenone is recommended to reduce the risk of HF hospitalization.[2]

Make KERENDIA part of your treatment strategy to reduce CV risk and CKD progression[3]

ACEi=angiotensin-converting enzyme inhibitor; ARB=angiotensin receptor blocker; CKD=chronic kidney disease; CV=cardiovascular; eGFR=estimated glomerular filtration rate; HF=heart failure; T2D=type 2 diabetes; T2DM=type 2 diabetes mellitus; UACR=urine albumin-to-creatinine ratio.

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 ≥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. Marx N, et al. *Eur Heart J.* 2023;44(39):4043-4140. **2.** McDonagh TA, et al. *Eur Heart J.* 2023;44(37):3627-3639. doi:10.1093/eurheartj/ehad195. **3.** KERENDIA (finerenone) [prescribing information]. Bayer HealthCare Pharmaceuticals Inc; July 2025.

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Kerendia® (finerenone)