For your adult patients with CKD associated with T2D

KERENDIA once-daily dosing[1]

1 Initiate

Measure serum potassium*	Measure eGFR to determine recommended starting dose	
Do not initiate KERENDIA if serum potassium >5.0 mEq/L	**≥60 mL/min/1.73 m²** The recommended target daily dose is 20 mg	20 mg
	≥25 to <60 mL/min/1.73 m²	10 mg
	<25 mL/min/1.73 m²	Not recommended

Not actual size.

*If serum potassium levels are >4.8 to 5.0 mEq/L, initiation may be considered with additional potassium monitoring within the first 4 weeks based on clinical judgment and serum potassium levels.[1]

2 Check labs

Check serum potassium 4 weeks after:

- Initiation
- Restart

or

- Dose adjustment

3 Adjust: target daily dose of Kerendia is 20 mg

Current serum potassium (mEq/L)	Current dose 10 mg once daily	Current dose 20 mg once daily
≤4.8	Increase to 20 mg†	Maintain 20 mg
>4.8 to 5.5	Maintain 10 mg	Maintain 20 mg
>5.5	Withhold KERENDIA. Consider restarting at 10 mg when serum potassium ≤5.0 mEq/L	Withhold KERENDIA. Restart at 10 mg when serum potassium ≤5.0 mEq/L

†If eGFR has decreased by more than 30% compared to previous measurement, maintain 10-mg dose.

Monitor serum potassium 4 weeks after a dose adjustment and throughout treatment, and adjust the dose as needed.[1]

Initiation of KERENDIA may cause an initial small decrease in eGFR that occurs within the first 4 weeks of starting therapy, and then stabilizes. In a study that included patients with CKD associated with T2D, this decrease was reversible after treatment discontinuation.[1]

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.

Kerendia® (finerenone) tablets 10 mg • 20 mg

ADDITIONAL DOSING INFORMATION

- For patients who are unable to swallow whole tablets, KERENDIA may be crushed and mixed with water or soft foods, such as applesauce, immediately prior to use and administered orally
- Avoid taking KERENDIA with grapefruit or grapefruit juice
- Missed doses:
  - Direct a patient to take a missed dose as soon as possible after it is noticed, but only on the same day
  - If this is not possible, the patient should skip the dose and continue with the next dose as prescribed

For additional dosing information, go to KERENDIAhcp.com/about-kerendia/dosing

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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

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.

CKD=chronic kidney disease; eGFR=estimated glomerular filtration rate; T2D=type 2 diabetes.

Reference: 1. KERENDIA (finerenone) [prescribing information]. Whippany, NJ: Bayer HealthCare Pharmaceuticals, Inc; September 2022.

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