For your adult patients with heart failure with left ventricular ejection fraction (HF LVEF) ≥40%

Include once-daily KERENDIA for your patients' treatment plan[1]

1 Getting started

Measure serum K+ and eGFR before dose initialization
DO NOT INITIATE if serum K+ is >5.0 mEq/L or if eGFR is <25 mL/min/1.73 m²

	eGFR (mL/min/1.73 m²)	
	≥25 to <60	≥60
Starting dose	 10 mg	 20 mg
Target daily dose	 20 mg	 40 mg

Not actual size.

The recommended starting dose and target daily dose is based on initial eGFR and serum K+ thresholds.

2 Dose modifications

Measure serum K+ and eGFR levels 4 weeks after initiation, restart, or dose adjustment
WITHHOLD TREATMENT if serum K+ is ≥6.0 mEq/L and restart at 10 mg once serum K+ is <5.5 mEq/L*

Serum K+ level	Dose adjustment
<5.0 mEq/L	Increase to† or maintain at target dose
≥5.0 to <5.5 mEq/L	Maintain current dose
≥5.5 to <6.0 mEq/L	Decrease dose to previous strength‡

*If repeated serum potassium measurements are ≥5.5 mEq/L, restart KERENDIA at 10 mg once daily when serum potassium is <5.0 mEq/L.[1]
†If eGFR has decreased by >30% compared to previous measurement, maintain current dose.[1]
‡For patients taking the 10-mg dose, withhold KERENDIA if serum potassium is ≥5.5 to <6.0 mEq/L and restart at 10 mg if serum potassium is <5.5 mEq/L.[1]

eGFR=estimated glomerular filtration rate; HF LVEF=heart failure with left ventricular ejection fraction; K+=potassium.

INDICATION:

- KERENDIA (finerenone) 10mg, 20mg, 40mg tablets is indicated to reduce the risk of cardiovascular death, hospitalization for heart failure, and urgent heart failure visits in adult patients with heart failure with left ventricular ejection fraction (HF LVEF) ≥40%

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 estimated glomerular filtration rate (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

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

Kerendia® (finerenone)

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
- 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/heart-failure

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd):

- ***Worsening of Renal Function in Patients with Heart Failure:*** KERENDIA can cause worsening of renal function in patients with heart failure. Rarely, severe events associated with worsening renal function, including events requiring hospitalization, have been observed

  Measure eGFR in all patients before initiation of treatment or with dose titration of KERENDIA and dose accordingly. Initiation of KERENDIA in patients with heart failure and an eGFR <25 mL/min/1.73 m^2 is not recommended. Measure eGFR periodically during maintenance treatment with KERENDIA in patients with heart failure. Consider delaying up-titration or interrupting treatment with KERENDIA in patients who develop clinically significant worsening of renal function

MOST COMMON ADVERSE REACTIONS:

- From FINEARTS-HF, the adverse reactions reported in ≥1% of patients on KERENDIA and more frequently than placebo were hyperkalemia (9.7% vs 4.2%), hypotension (7.6% vs 4.7%), and hyponatremia (1.9% vs 0.9%). Events related to worsening renal function were reported more frequently in the KERENDIA group (18%) compared with placebo (12%)

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
- ***Sensitive CYP2C8 Substrates at KERENDIA 40mg:*** Monitor patients more frequently for adverse reactions caused by sensitive CYP2C8 substrates if KERENDIA 40mg is co-administered with such substrates, since minimal concentration changes may lead to serious adverse reactions

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.

Reference: 1. Kerendia (finerenone) [prescribing information]. Whippany, NJ: Bayer HealthCare Pharmaceuticals, Inc; July 2025.

Kerendia® (finerenone)