URGENT CARDIOLOGIST VISIT

Even with current treatments

Armand scheduled an urgent visit due to complications caused by his HFpEF diagnosis[1,2]

An increase in loop diuretic dosage is being considered[2,3]

Age: 73

Medical history[2]:

HFpEF

- Diagnosed 2 years ago and initiated on SGLT2i and a loop diuretic

Comorbidities[2]:

- Hypertension

Current treatments[2]:

- ARB, loop diuretic, SGLT2i

Current labs/imaging[2]:

- eGFR: 65 mL/min/1.73 m^2
- Serum K+: 4.4 mEq/L
- Echo: LVEF 50%

21% of patients with heart failure with left ventricular ejection fraction (HF LVEF) ≥40% with symptomatic outpatient HF events escalate to HF hospitalization or CV death[4]*

Start KERENDIA for patients like Armand with HF LVEF ≥40% to help lower the risk of HF hospitalization, urgent HF visits, and CV death[5]

*Based on patients with HF LVEF >40% receiving dapagliflozin or placebo and whose first presentation manifested as an outpatient oral diuretic intensification over a median of 2.3 years (n=789).[4,6]

ARB=angiotensin receptor blocker; CV=cardiovascular; eGFR=estimated glomerular filtration rate; HF=heart failure; HF LVEF=heart failure with left ventricular ejection fraction; HFpEF=heart failure with preserved ejection fraction; K+=potassium; SGLT2i=sodium-glucose cotransporter 2 inhibitor.

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%

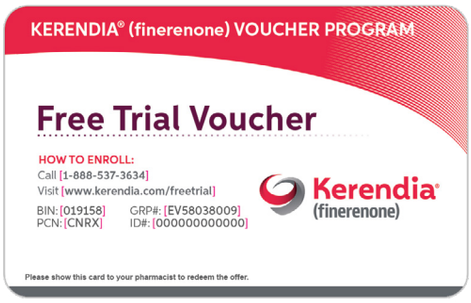
IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS:

- Hypersensitivity to any component of this product
- Concomitant use with strong CYP3A4 inhibitors
- Patients with adrenal insufficiency

Please read Important Safety Information on next page and the full Prescribing Information for KERENDIA.

Kerendia® (finerenone)



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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 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

- ***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 full Prescribing Information.

References: 1. Cheng RK, et al. *Am Heart J*. 2014;168(5):721-730.e3. doi:10.1016/j.ahj.2014.07.008. **2.** Solomon SD, et al. *N Engl J Med*. 2024;391(16):1475-1485. doi:10.1056/NEJMoa2407107. **3.** Cunningham JW, et al. *JAMA Cardiol*. 2025;10(4):370-378. doi:10.1001/jamacardio.2025.0016. **4.** Chatur S, et al. *Circulation*. 2023;148(22):1735-1745. doi:10.1161/CIRCULATIONAHA.123.066506. **5.** Kerendia (finerenone) [prescribing information]. Whippany, NJ: Bayer HealthCare Pharmaceuticals, Inc; [July 2025]. **6.** Solomon SD, et al. *N Engl J Med*. 2022;387(12):1089-1098. doi:10.1056/NEJMoa2206286.

Kerendia® (finerenone)

RECENTLY HOSPITALIZED

Even with current treatments

Lily recently experienced her first HF hospitalization following her HFmrEF diagnosis[1,2]

She is following up today to discuss her options to reduce the risk of another HF hospitalization

Not a real patient.

Age: 68

Medical history[3]:

HFmrEF

- Diagnosed 3 months ago and initiated on an SGLT2i
- HF hospitalization last week due to dyspnea, rapid weight gain, and edema

Comorbidities[3]:

Hypertension, T2D

Current treatments[3]:

ARB, beta-blocker, loop diuretic, SGLT2i

Current labs/imaging[3]:

- eGFR: 58 mL/min/1.73 m^2
- Serum K+: 4.8 mEq/L
- Echo: LVEF 45%

1 in 4 patients like Lily will be rehospitalized due to HF within 1 year of discharge[1]*

Start KERENDIA for patients like Lily with HF LVEF ≥40% to help lower their risk of hospitalization for HF, urgent HF visits, and CV death[4]

*Data based on the GWTG-HF registry linked to Centers for Medicare and Medicaid Services data from 2005 to 2011 with 1 year of follow-up for patients with HF LVEF ≥40%.[1]

ARB=angiotensin receptor blocker; CV=cardiovascular; eGFR=estimated glomerular filtration rate; GWTG-HF=Get With The Guidelines®-Heart Failure; HF=heart failure; HF LVEF=heart failure with left ventricular ejection fraction; HFmrEF=heart failure with mildly reduced ejection fraction; K+=potassium; SGLT2i=sodium-glucose cotransporter 2 inhibitor; T2D=type 2 diabetes.

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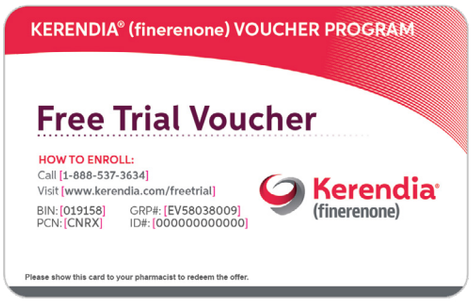

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