Your patients with CKD/T2D face increased CV risk early in disease progression. Act now[1-4]

Adult patients with CKD and T2D are:

~3x more likely to die from CV-related causes vs those with T2D alone[5]

~6x more likely to die from CV-related causes vs those with neither T2D nor CKD[5]

Data are based on 10-year cumulative morbidity incidence by diabetes and kidney disease status from the Third National Health and Nutrition Examination Survey (NHANES III) and compared to a subgroup without diabetes and kidney disease.[2]

Click here to learn how KERENDIA can reduce the risk of CV events* for your patients with CKD associated with T2D[3]

*Defined as CV death, nonfatal myocardial infarction, and hospitalization for heart failure.[3]
CKD=chronic kidney disease; CV=cardiovascular; T2D=type 2 diabetes.

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

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

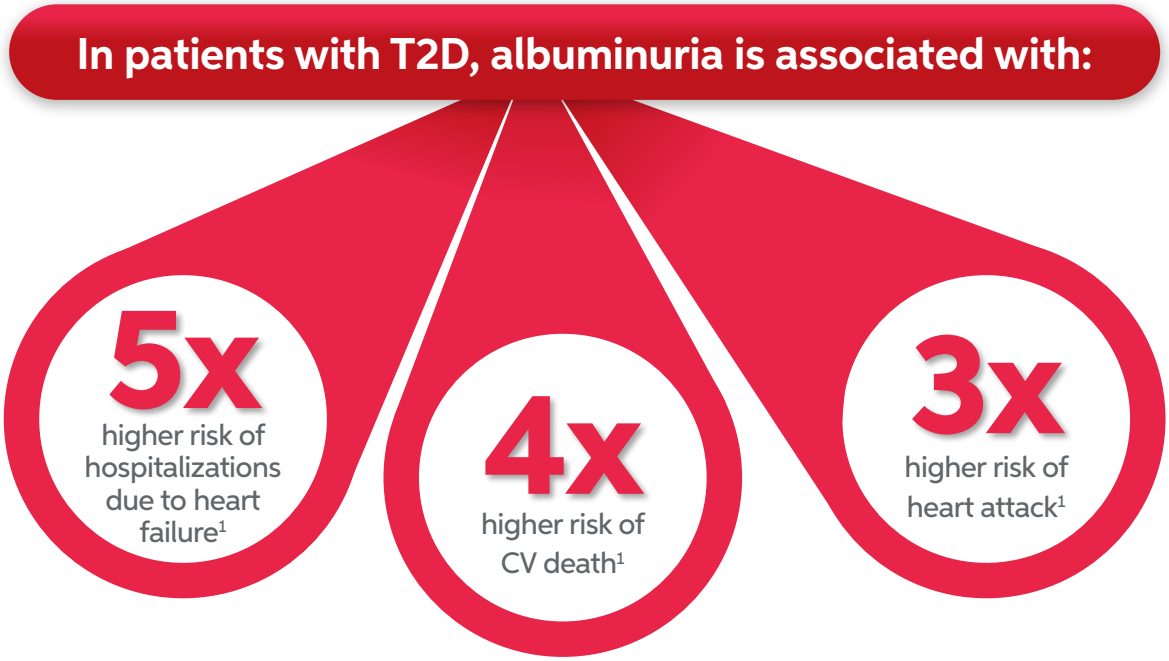
MOST COMMON ADVERSE REACTIONS:

- 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%)

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

Kerendia® (finerenone) tablets
10 mg • 20 mg

The impact of CKD on CV risk highlights the importance of early detection and diagnosis at the first signs of kidney damage[4,6]



Prescribe KERENDIA for your newly diagnosed adult patients with CKD associated with T2D[3]

Click here to learn more about the consequences of CKD associated with T2D

IMPORTANT SAFETY INFORMATION (cont'd)

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.

References: 1. Rossing, P, et al. *Am J Med*. 2022;135(5):576-580. doi:10.1016/j.amjmed.2021.11.019. **2.** Afkarian M, et al. *J Am Soc Nephrol*. 2013;24(2):302-308. doi:10.1681/ASN.2012070718. **3.** KERENDIA (finerenone) [prescribing information]. Bayer HealthCare Pharmaceuticals Inc; September 2022. **4.** American Diabetes Association (Section 11: Chronic kidney disease and risk management: standards of care in diabetes). *Diabetes Care*. 2023;46(suppl 1):S191-S202. doi:10/2337/dc23-S011. **5.** McGill JB, et al. *BMJ Open Diabetes Res Care*. 2022;10(4):e002806. doi:10.1136/bmjdrc-2022-002806. **6.** de Boer IH, et al. (Diabetes management in chronic kidney disease: a consensus report by the American Diabetes Association [ADA] and Kidney Disease: Improving Global Outcomes [KDIGO]). *Diabetes Care*. 2022;45(12):3075-3090. doi:10.2337/dci22-0027.

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