Kerendia® (finerenone) tablets 10 mg • 20 mg

For adult patients with CKD associated with T2D

CV mortality in patients with T2D is amplified by persistent albuminuria.[1,2] Test their UACR now

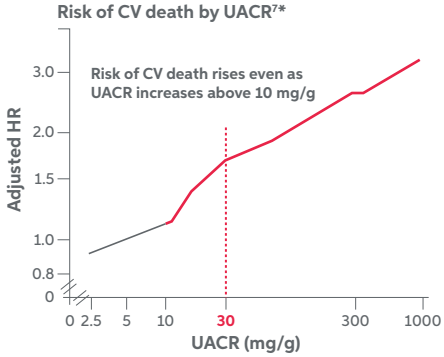
Patients with T2D have

~3x greater risk of CV mortality vs patients without T2D[3-5]

T2D patients with albuminuria have

~4x greater risk of CV mortality vs T2D patients without albuminuria[2,6]

Elevated UACR significantly increases CV risk[2,7]



5x In patients with T2D, albuminuria raises the **risk of hospitalization for HF 5x** vs T2D patients without albuminuria[2,6]

Detection of persistent UACR ≥30 is crucial to identify CKD, which puts your patients with T2D at significant CV risk[8,9]

*This collaborative, individual-level meta-analysis included 637,315 adult patients without a history of coronary heart disease, stroke, or heart failure at baseline. Baseline data were collected between 1972 and 2008. Of the 24 cohorts included in the meta-analysis, 19 were general-population cohorts (n=600,338), 3 were high-risk cohorts of patients with diabetes (n=35,075), and 2 were CKD cohorts (n=1902). The meta-analysis observed events relating to CV mortality, coronary heart disease, stroke, and heart failure to understand and predict risk. Risk was adjusted for age, sex, race or ethnic origin, smoking, SBP, antihypertensive drugs, diabetes, total and high-density lipoprotein cholesterol concentrations, and albuminuria (UACR or dipstick) or eGFR, as appropriate.[7]

CKD=chronic kidney disease; CV=cardiovascular; eGFR=estimated glomerular filtration rate; HF=heart failure; HR=hazard ratio; SBP=systolic blood pressure; T2D=type 2 diabetes; UACR=urine albumin-to-creatinine ratio.

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 on the next page and the provided full Prescribing Information.

Identify the increased CV risk in your patients with CKD in T2D according to UACR and eGFR[10,11]

The American Diabetes Association® (**ADA**), the Kidney Disease: Improving Global Outcomes® (**KDIGO**) organization, the American Association of Clinical Endocrinology® (**AACE**), and the European Society of Cardiology® (**ESC**) **guidelines recommend both UACR and eGFR be assessed at least annually**[9,12-14]

eGFR (mL/min/1.73 m²)	UACR (mg/g)				
	<10	10-29	30-299	300-999	≥1000
≥90	reference	1.3	1.9	2.7	3.6
60-89	1.0	1.4	1.7	2.4	3.2
45-59	1.4	1.7	2.2	2.8	3.8
30-44	2.0	2.3	2.8	3.7	4.6
15-29	3.2	3.1	3.5	5.0	6.5
<15	6.1	6.4	6.4	7.3	8.2

Increasing risk of CV mortality

Increasing risk of CV mortality

Risk of CV mortality

Lowest risk — Highest risk

Adapted from: Writing Group for the CKD Prognosis Consortium. *JAMA*. 2023;330(13):1266-1277.

KERENDIA can reduce the risk of CV death, hospitalization for HF, and non-fatal MI in adults with CKD associated with T2D[15]

Learn more about KERENDIA CV outcomes

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 click here for full Prescribing Information for KERENDIA.

*The reference group was assigned an eGFR of 90-104 mL/min/1.73 m² and a UACR of <10 mg/g. The numbers in each cell reflect the adjusted hazard ratio vs the reference group. Shades of green correspond to low risk, while shades of red correspond to high risk.[10,11]

CKD=chronic kidney disease; CV=cardiovascular; eGFR=estimated glomerular filtration rate; HF=heart failure; MI=myocardial infarction; T2D=type 2 diabetes; UACR=urine albumin-to-creatinine ratio.

References: 1. Afkarian M, et al. *J Am Soc Nephrol*. 2013;24(2):302-308. **2.** Rossing P, Epstein M. *Am J Med*. 2022;135(5):576-580. **3.** Raghavan S, et al. *J Am Heart Assoc*. 2019;8(4):e011295. **4.** Stamler J, et al. *Diabetes Care*. 1993;16(2):434-444. **5.** An Y, et al. *Diabetes Care*. 2015;38(7):1365-1371. **6.** Scirica BM, et al. *JAMA Cardiol*. 2018;3(2):155-163. **7.** Matsushita K, et al. *Lancet Diabetes Endocrinol*. 2015;3(7):514-525. **8.** McGill JB, et al. *BMJ Open Diabetes Res Care*. 2022;10(4):e002806. **9.** American Diabetes Association Professional Practice Committee. *Diabetes Care*. 2024:47(suppl 1):S1-S321. **10.** Writing Group for the CKD Prognosis Consortium. *JAMA*. 2023;330(13):1266-1277. **11.** Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. *Kidney Int*. 2024;105(4S): S117-S314. **12.** de Boer IH, et al. *Diabetes Care*. 2022;45(12):3075-3090. **13.** Marx N, et al. *Eur Heart J*. 2023;44(39):4043-4140. **14.** Blonde L, et al. *Endocr Pract*. 2022;28(10):923-1049. **15.** KERENDIA (finerenone) [prescribing information]. Whippany, NJ: Bayer HealthCare Pharmaceuticals, Inc.; September 2022.

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