





For your adult patients with CKD associated with T2D

Include once-daily KERENDIA for your patients' treatment plan¹

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 m ²		
	eGFR (mL/min/1.73 m ²)	
	≥25 to <60	≥60
Starting dose	 10 mg	 20 mg
Target daily dose	 20 mg	 20 mg

Not actual size.

The recommended starting dose and target daily dose is based on initial eGFR and serum K⁺ thresholds.¹

2 Dose modifications	
Measure serum K ⁺ levels 4 weeks after initiation, restart, or dose adjustment WITHHOLD TREATMENT if serum K ⁺ is >5.5 mEq/L and consider restarting at 10 mg once serum K ⁺ is ≤5.0 mEq/L	
Serum K ⁺ level	Dose adjustment
≤4.8 mEq/L	Increase to [†] or maintain at target dose
>4.8 to 5.5 mEq/L	Maintain current dose

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

[†]If eGFR has decreased by >30% compared with previous measurement, maintain current dose.¹

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

INDICATION:

- KERENDIA (finerenone) 10mg, 20mg tablets is indicated to reduce the risk of sustained estimated glomerular filtration rate (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:

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

Please read additional Important Safety Information throughout and full [Prescribing Information](#).



Additional dosing information¹

- 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/about-kerendia/dosing](https://kerendiahcp.com/about-kerendia/dosing)

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 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 FIDELIO-DKD and FIGARO-DKD studies, the adverse reactions reported in $\geq 1\%$ of patients on KERENDIA and more frequently than placebo were hyperkalemia (14% vs 6.9%), hypotension (4.6% vs 3%), and hyponatremia (1.3% vs 0.7%)

DRUG INTERACTIONS for KERENDIA 10mg, 20mg:

- **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 full [Prescribing Information](#).

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



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