Kerendia® (finerenone) tablets 10 mg • 20 mg

CV mortality in patients with T2D is amplified by CKD.[1] Test their albuminuria now to detect the earliest signs of CKD

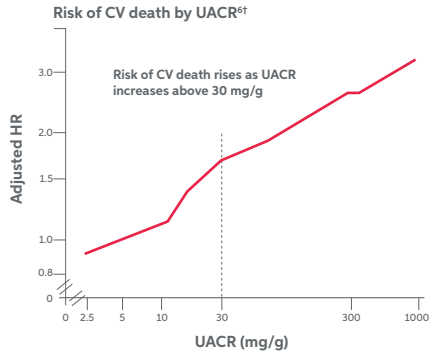
Patients with T2D have

~3x **higher rates** of CV-related death vs patients without T2D[2-4]

Patients with T2D and kidney disease have

~6x **higher rates** of CV-related death vs patients without T2D and kidney disease[1,*]

CV risk increases at early signs of albuminuria[5,6]



5x In patients with T2D, albuminuria raises the **risk of hospitalization for HF 5x** compared with those without albuminuria[7,8]

*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 with a subgroup without diabetes and kidney disease.[1] †Based on data from the CKD Prognosis Consortium that included 24 cohorts, all with data about fatal and nonfatal CV outcomes and median follow-up longer than 4 years. Transfer of individual participant data or standardized analysis of outputs for random-effects meta-analysis took place between July 2012 and April 2014, with baseline measurements during 1972-2008.[6]

CKD=chronic kidney disease; CV=cardiovascular; HF=heart failure; HR=hazard ratio; T2D=type 2 diabetes; UACR=urinary 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:

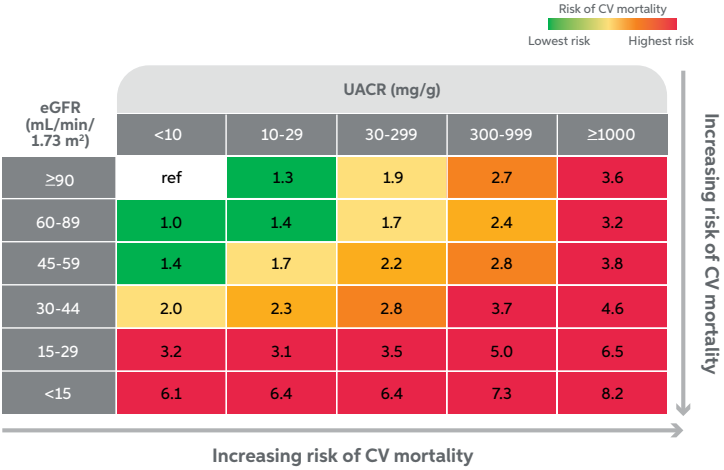
- From the pooled data of 2 placebo-controlled studies, the adverse reactions reported in ≥1% of patients on KERENDIA and more frequently than placebo were hyperkalemia (14% vs 6.9%), hypotension (4.6% vs 3.9%), and hyponatremia (1.3% vs 0.7%)

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 associated with T2D[1]

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) all recommend regular albuminuria and eGFR testing to inform treatment decisions for patients with CKD and T2D [5,9-11]

KDIGO 2024: Association of CV Mortality Risk by eGFR and UACR Values[12,13]*



Adapted from Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. *Kidney Int.* 2024;105(4S):S117-S314.

KERENDIA can reduce the risk of CV death, hospitalization for HF, and non-fatal MI in adults with CKD associated with T2D[14]

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.

*vs the reference group in a study evaluating associations of albuminuria, eGFR, and the combination of albuminuria and eGFR with ten adverse health outcomes. The reference group was assigned an eGFR of 90-104 mL/min/1.73 m² and a UACR of <10 mg/g. The darkest shade of green corresponds to the proportion of the table without CKD, while the darkest shade of red corresponds to the portion of the table expected to be at the highest risk for adverse outcomes.[9,12,13]

CKD=chronic kidney disease; CV=cardiovascular; eGFR=estimated glomerular filtration rate; T2D=type 2 diabetes; UACR=urinary albumin-to-creatinine ratio.

References: 1. Afkarian M, et al. *J Am Soc Nephrol.* 2013;24(2):302-308. **2.** Raghavan S, et al. *J Am Heart Assoc.* 2019;8(4):e011295. **3.** Stamler J, et al. *Diabetes Care.* 1993;16(2):434-444. **4.** An Y, et al. *Diabetes Care.* 2015;38(7):1365-1371. **5.** American Diabetes Association. *Diabetes Care.* 2024;47(suppl 1):S219-S230. **6.** Matsushita K, et al. *Lancet Diabetes Endocrinol.* 2015;3(7):514-525. **7.** Rossing P, et al. *Am J Med.* 2022;135(5):576-580. **8.** Scirica BM, et al. *JAMA Cardiol.* 2018;3(2):155-163. **9.** de Boer IH, et al. *Diabetes Care.* 2022;45(12):3075-3090. **10.** Marx N, et al. *Eur Heart J.* 2023;44(39):4043-4140. **11.** Blonde L, et al. *Endocr Pract.* 2022;28(10):923-1049. **12.** Writing Group for the CKD Prognosis Consortium. *JAMA.* 2023;330(13):1266-1277. **13.** Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. *Kidney Int.* 2024;105(4S):S117-S314. **14.** KERENDIA (finerenone) [prescribing information]. Whippany, NJ: Bayer HealthCare Pharmaceuticals, Inc.; September 2022.

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