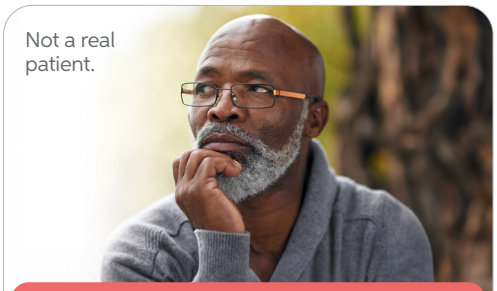
In adult patients with CKD associated with T2D

Persistent albuminuria* may put them at risk for serious CV events, even with current standard of care[1,2]

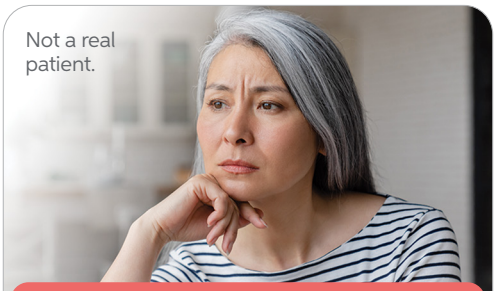
Do you see patients like Eric, Kate, and Max in your practice?



Current therapies[3]
- Maximum-tolerated dose of ARB
- CCB
- Thiazide diuretic
- Metformin

Labs
- eGFR: 73 mL/min/1.73 m²
- UACR: 97 mg/g

ERIC has **1.7x** the risk of dying from CV causes[4]



Current therapies[3]
- Maximum-tolerated dose of ARB
- SGLT2i
- CCB
- Thiazide diuretic
- Metformin

Labs
- eGFR: 73 mL/min/1.73 m²
- UACR: 388 mg/g

KATE has **2.4x** the risk of dying from CV causes[4]

Current therapies[3]
- Maximum-tolerated dose of ARB
- GLP-1 RA
- CCB
- Thiazide diuretic
- Metformin

Labs
- eGFR: 91 mL/min/1.73 m²
- UACR: 134 mg/g

MAX has **1.9x** the risk of dying from CV causes[4]

Compared to patients with preserved eGFR and UACR <10 mg/g[5]

Are you doing enough to help patients who remain at risk for life-threatening CV events?

*Defined as UACR levels ≥30 mg/g over 3 months.[6,7]

ARB=angiotensin receptor blocker; CCB=calcium channel blocker; CKD=chronic kidney disease; CV=cardiovascular; eGFR=estimated glomerular filtration rate; GLP-1 RA=glucagon-like peptide-1 receptor agonist; SGLT2i=sodium-glucose cotransporter 2 inhibitor; T2D=type 2 diabetes; UACR=urine albumin-to-creatinine ratio.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS:
- Concomitant use with strong CYP3A4 inhibitors
- Patients with adrenal insufficiency

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)

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

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

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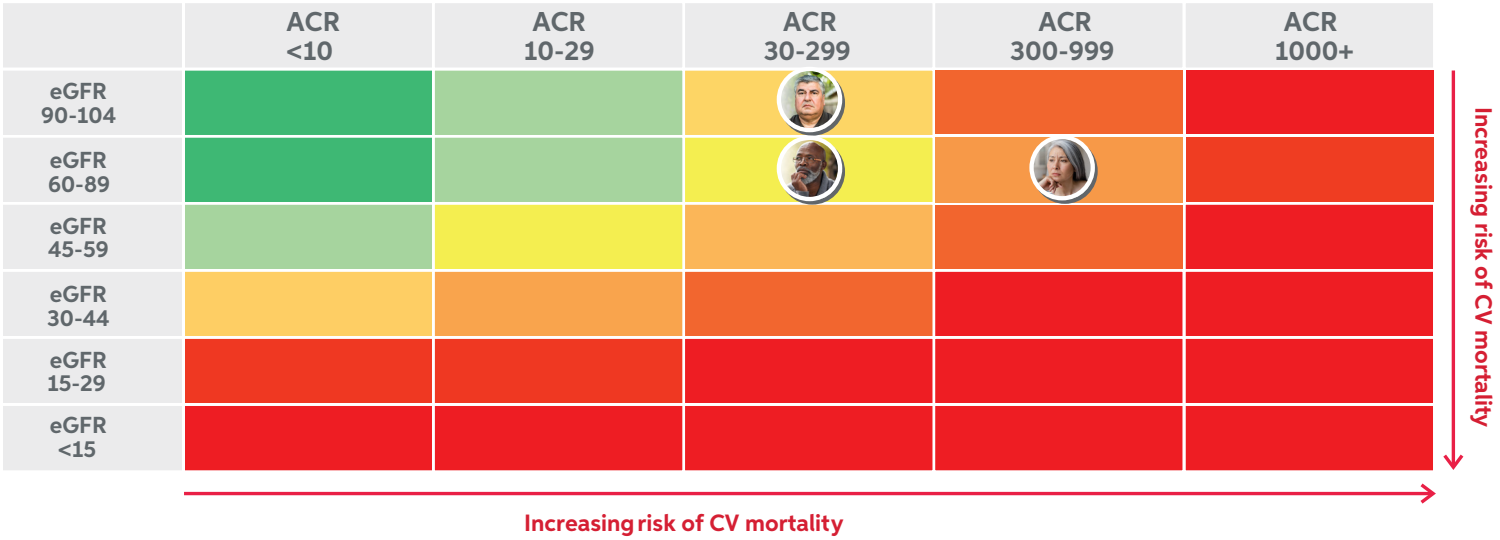
Eric, Kate, and Max face an increased risk of CV mortality[4,6,8]



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The percentile shaded the darkest green color corresponds to the proportion of cells in the grid without CKD (eg, 6 of 35 cells with eGFR ≥60 mL/min/1.73 m² and UACR <30 mg/g), and the percentile shaded the darkest red color corresponds to the proportion expected to be at the highest risk for adverse outcomes (eg, 11 of 35 cells with eGFR <15 mL/min/1.73 m² and UACR ≥1000 mg/g).[5]

KERENDIA can reduce CV risk* in your patients with CKD associated with T2D[9]

Learn more about KERENDIA CV outcomes

*Defined as CV death, nonfatal myocardial infarction, and hospitalization for heart failure.[9]

ACR=albumin-to-creatinine ratio; *JAMA=Journal of the American Medical Association*.

IMPORTANT SAFETY INFORMATION (CONT'D)

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%)

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 full Prescribing Information.

References: 1. Morales J, et al. *Clin Diabetes.* 2023;41(4):553-566. doi:10.2337/cd22-0110. **2.** Chaudhuri A, et al. *Diabetes Obes Metab.* 2022;24(3):365-376. **3.** Agarwal R, et al. *Eur Heart J.* 2022;43(6):474-484. doi:10.1093/eurheartj/ehab777. **4.** Kidney Disease: Improving Global Outcomes® (KDIGO), CKD Work Group. *Kidney Int.* 2024;105(4S):S117-S314. doi:10.1016/j.kint.2023.10.018. **5.** Writing Group for the CKD Prognosis Consortium, et al. *JAMA.* 2023;330(13):1266-1277. doi:10.1001/jama.2023.17002. **6.** de Boer IH, et al. *Diabetes Care.* 2022;45(12):3075-3090. **7.** McGill JB, et al. *BMJ Open Diabetes Res Care.* 2022;10(4):e002806. doi:10.1136/bmjdrc-2022-002806. **8.** American Diabetes Association (Section 11: Chronic kidney disease and risk management: standards of care in diabetes). *Diabetes Care.* 2024;47(suppl 1):S219-S230. doi:10.2337/dc24-S011. **9.** KERENDIA (finerenone) [prescribing information]. Bayer HealthCare Pharmaceuticals Inc; September 2022.

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