Guidelines recommend KERENDIA for the management of CKD associated with T2D[1-4]

A — AMERICAN DIABETES ASSOCIATION® — 2024

"In people with type 2 diabetes and CKD with albuminuria treated with maximum tolerated doses of ACE inhibitor or ARB, addition of finerenone should be considered to improve cardiovascular outcomes and reduce the risk of CKD progression."[4]

2A — KIDNEY DISEASE: IMPROVING GLOBAL OUTCOMES® — 2024

"We suggest a nonsteroidal mineralocorticoid receptor antagonist with proven kidney or cardiovascular benefit for adults with T2D, an eGFR ≥25 mL/min/1.73 m^2, normal serum potassium concentration, and albuminuria...despite maximum tolerated dose of RAS inhibitor (RASi)."[1]

Consensus Report — AMERICAN DIABETES ASSOCIATION® AND KIDNEY DISEASE: IMPROVING GLOBAL OUTCOMES® — 2022

"A nonsteroidal MRA (ns-MRA) with proven kidney and CV benefit is recommended for patients with T2D, eGFR ≥25 mL/min/1.73 m^2, normal serum potassium concentration, and albuminuria (albumin-to-creatinine ratio [ACR] ≥30 mg/g) despite maximum tolerated dose of renin-angiotensin system (RAS) inhibitor."[2]

1A — AMERICAN ASSOCIATION OF ENDOCRINOLOGY® — 2022

"A nonsteroidal mineralocorticoid receptor antagonist (finerenone) is recommended for persons with T2D, an eGFR ≥25 mL/min/1.73 m^2, normal serum potassium concentration, and albuminuria (UACR ≥30mg/g) despite a maximum tolerated dose of a renin-angiotensin system inhibitor."[3]

ACE=angiotensin-converting enzyme; ARB=angiotensin receptor blocker; CKD=chronic kidney disease; CV=cardiovascular; CVD=cardiovascular disease; eGFR=estimated glomerular filtration rate; MRA=mineralocorticoid receptor antagonist; 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

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

In adult patients with CKD associated with T2D

KERENDIA is recommended to reduce cardiovascular risk[4-6]

American Diabetes Association. Connected for Life.

A AMERICAN DIABETES ASSOCIATION® 2024

"In individuals with T2D and diabetic kidney disease, finerenone is recommended to reduce the risk of hospitalization for heart failure."[4]

ESC European Society of Cardiology

1A EUROPEAN SOCIETY OF CARDIOLOGY® 2023

"Finerenone is recommended in addition to an ACEi or ARB in patients with T2DM and eGFR >60 mL/min/1.73 m^2 with a UACR ≥30 mg/mmol (≥300 mg/g), or eGFR 25-60 mL/min/1.73 m^2 and UACR ≥3 mg/mmol (≥30 mg/g) to reduce [the risk of] CV events and kidney failure."[6]

Watch a video to learn how to use guideline recommendations in your practice

ACEi=angiotensin-converting enzyme inhibitor; T2DM=type 2 diabetes mellitus.

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 the full Prescribing Information.

References: 1. Kidney Disease: Improving Global Outcomes (KDIGO) Diabetes Work Group. KDIGO 2024 clinical practice guideline for diabetes management in chronic kidney disease. *Kidney Int*. 2024;102(5S):S1-S127. doi:10.1016/j.kint.2022.06.008. **2.** 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. **3.** Blonde L, et al. American Association of Clinical Endocrinology Clinical Practice Guideline: developing a diabetes mellitus comprehensive care plan—2022 update. *Endocr Pract*. 2022;(10):923-1049. doi:10.4158/CS-2019-0472. **4.** American Diabetes Association (Section 10: Cardiovascular disease and risk management: standards of care in diabetes—2024.) *Diabetes Care*. 2024;47(Suppl. 1):S179–S218. doi:10.2337/dc24-S010. **5.** KERENDIA (finerenone) [prescribing information]. Whippany, NJ: Bayer HealthCare Pharmaceuticals, Inc.; September 2022. **6.** Marx N, et al. ESC Guidelines for the management of cardiovascular disease in patients with diabetes. *Eur Heart J*. 2023;44(39):4043-4140. doi:10.1093/eurheartj/ehad192.

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