Kerendia®
(finerenone) tablets
10 mg • 20 mg

KERENDIA provides dual cardiorenal risk reduction for adult patients with CKD associated with T2D[1]

CKD=chronic kidney disease; T2D=type 2 diabetes.

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

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

Starting your patients on once-daily KERENDIA[1]

This section describes how to add once-daily KERENDIA to your patients' current treatment regimen and the importance of regular monitoring of eGFR and potassium to manage and adjust their doses.

1 Measure serum potassium to determine if KERENDIA is appropriate[1]

If serum potassium ≤4.8 mEq/L	KERENDIA can be initiated
If serum potassium >4.8 to 5.0 mEq/L*	Initiation of KERENDIA can be considered
If serum potassium >5.0 mEq/L	Do not initiate KERENDIA

*KERENDIA may be considered with additional serum potassium monitoring within the first 4 weeks based on clinical judgment and serum potassium levels.

2 Measure eGFR to determine the appropriate starting dose of KERENDIA[1]

≥60 mL/min/1.73 m^2 The recommended target daily dose of KERENDIA is 20 mg	 Initiate 20-mg starting dose
≥25 to <60 mL/min/1.73 m^2	 Initiate 10-mg starting dose
<25 mL/min/1.73 m^2	 Initiation not recommended

If eGFR has decreased by more than 30% compared with previous measurement, maintain 10-mg dose.
In the FIDELIO-DKD and FIGARO-DKD trials, patients received concomitant standards of care, including a maximum tolerated labeled dose of an ACEI or ARB and 1 or more antidiabetic treatments, including insulin.

Not actual size.

ACEi=angiotensin-converting enzyme inhibitor; ARB=angiotensin receptor blocker; eGFR=estimated glomerular filtration rate.

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 >5.0 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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3 Regularly monitor serum potassium to adjust doses appropriately[1]

Serum potassium must be remeasured 4 weeks after:

- Initiation of treatment
- Restarting treatment
- Dose adjustment

Dosing adjustment[1]

Current serum potassium (mEq/L)	Current KERENDIA dose
≤4.8	 Increase to or maintain **20 mg once daily**
>4.8-5.5	**Maintain current dose** Either 10 mg or 20 mg once daily
>5.5	**Withhold treatment** Restart at 10 mg once daily when [K+] is ≤5.0 mEq/L

Not actual size.

Missed doses

- A missed dose should be taken as soon as the patient notices, but only on the same day
- The patient should not take 2 doses to make up for a missed dose

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)

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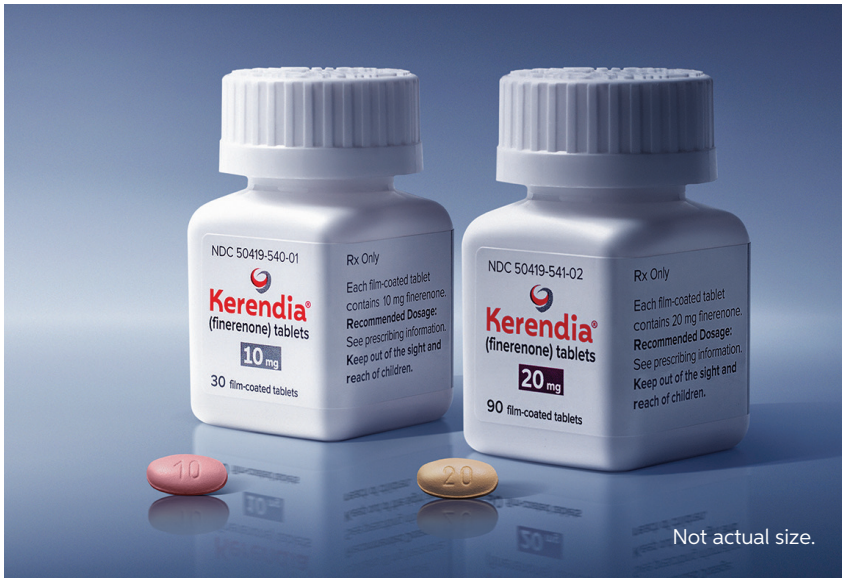
Additional dosing information[1]

- 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
- Missed doses:
  - 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 resources that may help your patients, go to KerendiaHCP.com/savings-and-support

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Reference: 1. KERENDIA (finerenone) [prescribing information]. Whippany, NJ: Bayer HealthCare Pharmaceuticals, Inc.; September 2022.

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