Kerendia® (finerenone) tablets 10 mg • 20 mg

This is a non-CME event.

**Kidney Week 2023 Exhibitor Spotlight**
**The Dual Dilemma:** Navigating Cardiorenal Risk in CKD Associated With T2D

**Patients with CKD associated with T2D need our help. Nephrologists can provide cardiorenal care today and encourage other peers to reduce cardiorenal risk before these patients are referred to them. Make your move and join us to learn more about KERENDIA and how it may change the outcome for your patients.**

**Thursday, November 2, 2023** • 10:00 AM - 10:45 AM ET • Theater 1

**Location:** Pennsylvania Convention Center, Philadelphia, PA
Exhibit Hall B (Enter at Exhibit Hall C) • **Supported by:** Bayer


## Gates Colbert, MD FASN

**Co-Program Director, Nephrology Fellowship, Baylor University Medical Center**
Clinical Assistant Professor, Texas A&M College of Medicine, Dallas, Texas


### 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 see additional Important Safety Information on other side and Prescribing Information available at this booth.**

## 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

### 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)

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

This program is not part of the American Society of Nephrology 2023 Annual Meeting Sessions as planned by the American Society of Nephrology. This event is neither sponsored nor endorsed by the American Society of Nephrology. This event does not qualify for continuing medical education (CME) credit.

**Please read the accompanying KERENDIA full Prescribing Information available at this booth.**

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



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