

JOIN BAYER FOR A NON-CME EVENT

The heart of the matter: a new treatment for slowing CKD progression and reducing CV risk in patients with CKD associated with T2D



Saturday, November 13, 2021

11:00-11:45 AM EST Presentation and Q&A session

Click Here to learn more about the AHA Scientific Sessions!

This event is not part of the official Scientific Sessions as planned by the AHA Committee on Scientific Sessions Programming.



Michelle Weisfelner Bloom, MD

Co-Director, Stony Brook Cardio-Oncology Program
Director, Outpatient Services, Heart Failure and Cardiomyopathy Center
Cardiologist, Women's Heart Center
Stony Brook, NY

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 mEg/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:

 Adverse reactions reported in ≥1% of patients on KERENDIA and more frequently than placebo: hyperkalemia (18.3% vs. 9%), hypotension (4.8% vs. 3.4%), and hyponatremia (1.4% 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 the KERENDIA Full Prescribing Information.

CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate; T2D, type 2 diabetes. KERENDIA (finerenone) [prescribing information]. Whippany, NJ: Bayer HealthCare Pharmaceuticals, Inc.; July 2021

