For your adult patients with T2D and CKD

Intervene with Kerendia® (finerenone) as adjunct therapy.[1]

Kerendia® is indicated as an adjunct to standard of care in adults with chronic kidney disease (CKD) and type 2 diabetes (T2D) to reduce the risk of:



End-stage kidney disease and a sustained decrease in estimated glomerular filtration rate,



Cardiovascular death, non-fatal myocardial infarction and hospitalization for heart failure.

Pr Kerendia®
(finerenone)
10 mg • 20 mg Tablets

Starting patients on once-daily Kerendia®[1]

The recommended target dose of Kerendia® (finerenone) is 20 mg once daily.

The starting dose is based on your patient's **eGFR**:

≥60 mL/min/1.73 m²	20 mg 
≥25 to <60 mL/min/1.73 m²	10 mg 
<25 mL/min/1.73 m²	Not recommended

Tablets not actual size.



Know your patient's serum potassium

Do not initiate if serum potassium >5.0 mmol/L. If serum potassium >4.8 to 5.0 mmol/L, initiation may be considered with additional monitoring in the first 4 weeks based on patient characteristics and serum potassium levels.

Measure serum potassium and eGFR to determine whether to initiate Kerendia® and the starting dose. Prior to initiating, patients should be adequately treated with standard of care therapy, pregnancy should be ruled out, and breastfeeding discontinued.

eGFR=estimated glomerular filtration rate.

Adjusting your patient's dose of Kerendia®[1]

Dose adjustments are based on your patient's **serum potassium** and eGFR:

	 Current dose of 10 mg	 Current dose of 20 mg
≤4.8 mmol/L	Increase to 20 mg if eGFR has not decreased >30% vs. prior measurement	Maintain 20 mg
>4.8 to 5.5 mmol/L	Maintain 10 mg	Maintain 20 mg
>5.5 mmol/L	Withhold Restart at 10 mg if serum potassium ≤5.0 mmol/L	Withhold Restart at 10 mg if serum potassium ≤5.0 mmol/L

Tablets not actual size.

Know your patient's serum potassium
Check serum potassium 4 weeks after initiation, restart or dose adjustment, and periodically thereafter.

In clinical trials, serum potassium was monitored at baseline, week 4, week 16, and every 4 months thereafter.[2,3]

Patients with renal impairment: measure eGFR 4 weeks after initiation to determine up titration. Patients with end-stage renal disease (eGFR<15 mL/min/1.73 m2): discontinue treatment. In patients who develop clinically significant worsening of renal function, consider delaying up-titration or interrupting treatment with Kerendia®. Measure eGFR and serum potassium levels prior to dose adjustment or restarting the treatment with Kerendia®.

Patients with moderate hepaticimpairment (Child Pugh B) or taking concomitant medications: consider additional or adapted serum potassium monitoring according to patient characteristics. Patients with severe hepatic impairment (Child Pugh C): avoid treatment.

See Product Monograph for complete dosing and administration information.

Consult the Product Monograph at:
https://www.bayer.com/sites/default/files/kerendia-pm-en.pdf
for contraindications, warnings, precautions, adverse reactions, drug interactions, dosing and conditions of clinical use. The Product Monograph is also available by calling 1-800-265-7382 or emailing canada.medinfo@bayer.com.

References: 1. Kerendia® (finerenone) Product Monograph. Bayer Inc. January 19, 2026. **2.** Supplement to: Pitt B, et al. Cardiovascular events with finerenone in kidney disease and type 2 diabetes. N Engl J Med. 2021;385:2252-2263. **3.** Supplement to: Bakris GL, et al. Effect of finerenone on chronic kidney disease outcomes in type 2 diabetes. N Engl J Med. 2020;383:2219-2229.

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