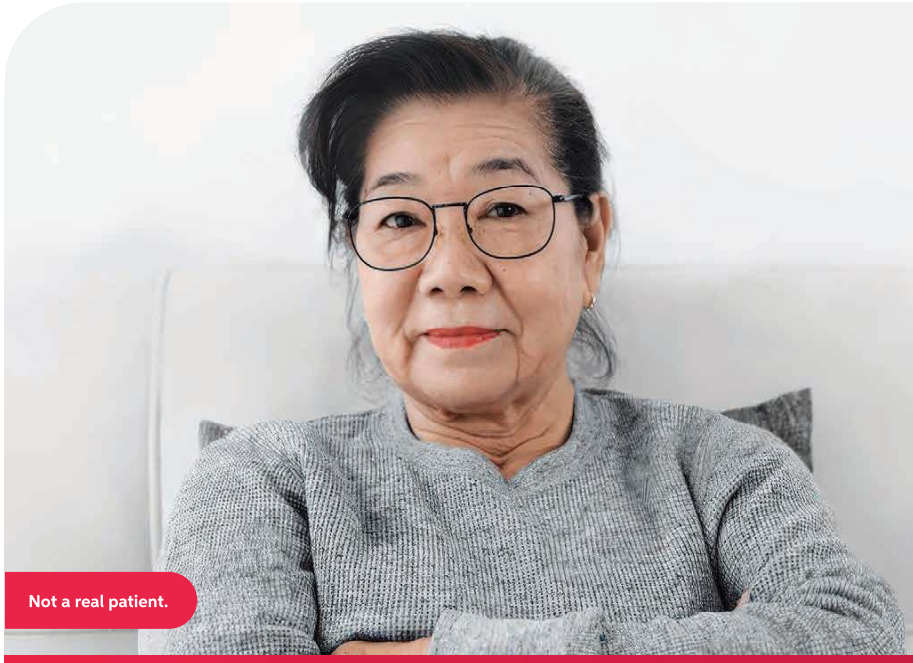
Even with current treatments

Lily recently experienced her first HF hospitalization following her HFmrEF diagnosis[1,2]

She is following up today to discuss her options to reduce the risk of another HF hospitalization



Age: 68

Medical history[3]:

HFmrEF

- Diagnosed 3 months ago and initiated on an SGLT2i
- HF hospitalization last week due to dyspnea, rapid weight gain, and edema

Comorbidities[3]:

Hypertension, T2D

Current treatments[3]:

ARB, beta-blocker, loop diuretic, SGLT2i

Current labs/imaging[3]:

- eGFR: 58 mL/min/1.73 m^2
- Serum K+: 4.8 mEq/L
- Echo: LVEF 45%

1 in 4 patients like Lily will be rehospitalized due to HF within 1 year of discharge[1]*

Start KERENDIA for patients like Lily with HF LVEF ≥40% to help lower their risk of hospitalization for HF, urgent HF visits, and CV death[4]

*Data based on the GWTG-HF registry linked to Centers for Medicare and Medicaid Services data from 2005 to 2011 with 1 year of follow-up for patients with HF LVEF ≥40%.[1]

ARB=angiotensin receptor blocker; CV=cardiovascular; eGFR=estimated glomerular filtration rate; GWTG-HF=Get With The Guidelines®-Heart Failure; HF=heart failure; HF LVEF=heart failure with left ventricular ejection fraction; HFmrEF=heart failure with mildly reduced ejection fraction; K+=potassium; SGLT2i=sodium-glucose cotransporter 2 inhibitor; T2D=type 2 diabetes.

INDICATION:

- KERENDIA (finerenone) 10mg, 20mg, 40mg tablets is indicated to reduce the risk of cardiovascular death, hospitalization for heart failure, and urgent heart failure visits in adult patients with heart failure with left ventricular ejection fraction (HF LVEF) ≥40%

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS:

- Hypersensitivity to any component of this product
- Concomitant use with strong CYP3A4 inhibitors
- Patients with adrenal insufficiency

Please read additional Important Safety Information throughout and the provided full Prescribing Information.

Kerendia® (finerenone)

30-day Free Trial Voucher

New patients can start on KERENDIA at **no cost** by using the KERENDIA Free Trial Voucher.*

New patients are eligible for the (30-day) Free Trial Voucher* regardless of insurance. To get or activate a KERENDIA Free Trial Voucher*:

Call **1-888-537-3634** or
Text VOUCHER to **53736**† or
Visit **www.KERENDIAsavings.com**

Simply bring the KERENDIA Free Trial Voucher to the pharmacy—we'll do the rest.

Scan or visit KERENDIAhcp.com/access/access-resources to view access resources for your patients

*Terms and Conditions apply. Call 888-KERENDIA or visit www.KERENDIAsavings.com for more information.

†By texting VOUCHER to 53736 to enroll or activate the card, you agree to receive recurring automated KERENDIA Savings Program messages, which may include savings alerts, refill reminders, and other messages related to your participation in the program. Consent to receiving SMS messages is not a condition of purchase of goods or services. Message and data rates may apply. Message frequency varies. Text STOP to opt out. Text HELP for help. Terms & Conditions and Privacy Policy apply.

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 estimated glomerular filtration rate (eGFR) in all patients before initiation of treatment with KERENDIA and dose accordingly. Do not initiate KERENDIA if serum potassium is >5 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
- ***Worsening of Renal Function in Patients with Heart Failure:*** KERENDIA can cause worsening of renal function in patients with heart failure. Rarely, severe events associated with worsening renal function, including events requiring hospitalization, have been observed

  Measure eGFR in all patients before initiation of treatment or with dose titration of KERENDIA and dose accordingly. Initiation of KERENDIA in patients with heart failure and an eGFR <25 mL/min/1.73 m^2 is not recommended. Measure eGFR periodically during maintenance treatment with KERENDIA in patients with heart failure. Consider delaying up-titration or interrupting treatment with KERENDIA in patients who develop clinically significant worsening of renal function

MOST COMMON ADVERSE REACTIONS:

- From FINEARTS-HF, the adverse reactions reported in ≥1% of patients on KERENDIA and more frequently than placebo were hyperkalemia (9.7% vs 4.2%), hypotension (7.6% vs 4.7%), and hyponatremia (1.9% vs 0.9%). Events related to worsening renal function were reported more frequently in the KERENDIA group (18%) compared with placebo (12%)

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
- ***Sensitive CYP2C8 Substrates at KERENDIA 40mg:*** Monitor patients more frequently for adverse reactions caused by sensitive CYP2C8 substrates if KERENDIA 40mg is co-administered with such substrates, since minimal concentration changes may lead to serious adverse reactions

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 the provided full Prescribing Information.

References: 1. Cheng RK, et al. *Am Heart J*. 2014;168(5):721-730.e3. doi:10.1016/j.ahj.2014.07.008. **2.** Huusko J, et al. *ESC Heart Fail*. 2020;7(5):2406-2417. doi:10.1002/ehf2.12792. **3.** Solomon SD, et al. *N Engl J Med*. 2024;391(16):1475-1485. doi:10.1056/NEJMoa2407107. **4.** Kerendia (finerenone) [prescribing information]. Whippany, NJ: Bayer HealthCare Pharmaceuticals, Inc; July 2025.

Kerendia® (finerenone)