This promotional material has been developed and funded by Bayer plc and is intended for UK healthcare professionals only. Kerendia is indicated for the treatment of chronic kidney disease (stage 3 and 4 with albuminuria) associated with type 2 diabetes in adults.

Prescribing information for Kerendia can be accessed via a QR code located on page 2 of this document.

Kerendia® finerenone

BAYER

Protect the kidneys, support the heart

Making the connection between CKD and CVD

CKD fast facts

Prevalence
- ~3.25 million people have stage 3–5 CKD in the UK[1]

Symptoms
- As CKD progresses individuals may experience fatigue, fluid retention and shortness of breath[2]

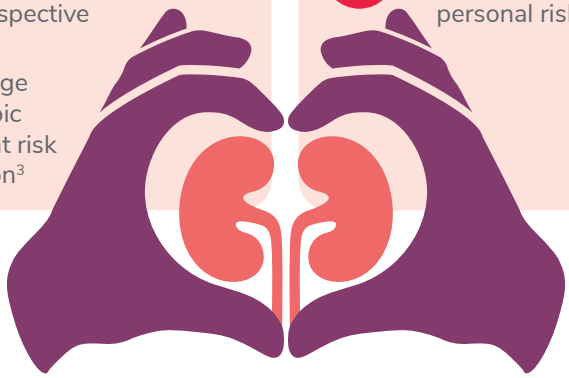
Progression Risk
- ~50% of patients with stage 3 CKD progress to stage 4 or 5 over a 10 year period as shown in a retrospective cohort study (n=347)[3]
- Degree of albuminuria, stage 3 subgroup and microscopic haematuria were important risk factors for CKD progression[3]

CVD fast facts

Prevalence
- Annually, 175,000 people die from CVD in the UK – which amounts to one death every three minutes[4]

Economic impact
- The total annual cost of CVD in the UK is ~£12 billion[4]

Awareness and Education
- Many people in the UK are unaware of their personal risk factors for CVD[5]



In your patients with CKD associated with T2D: Protect the kidneys to support the heart ...why?

High Prevalence
- >60% of patients with CKD have a history of CVD, with CVD being the main cause of mortality in this group.[6]
- Nearly all patients with CKD have a much greater risk for CVD than for developing kidney failure.[6]
- The elevated CVD risk increases as CKD progresses, independent of other risk factors.[6]
- Albuminuria is a strong independent risk predictor for CVD and death[7]

Shared Risk Factors
- Both CKD and CVD share common risk factors, including hypertension, diabetes, and dyslipidemia.[8]

Increased Mortality
- 40–45% of patients with CKD stage 3b–4 die from CVD instead of developing kidney failure, making CVD a leading cause of death in patients with CKD.[9]

eGFR and albuminuria are predictors of CKD progression, CV & all-cause mortality

Timely assessment of eGFR and uACR can help to determine kidney function and provide an early indication of kidney damage respectively.[10,11]

Prognosis of CKD by GFR and albuminuria category

Prognosis of CKD by GFR and Albuminuria Categories: KDIGO 2012			Persistent albuminuria categories Description and range		
			A1	A2	A3
			Normal to mildly increased	Moderately increased	Severely increased
			<30 mg/g <3 mg/mmol	30–300 mg/g 3–30 mg/mmol	>300 mg/g >30 mg/mmol
GFR categories (ml/min/1.73 m²) Description and range					
G1	Normal or high	≥90			
G2	Mildly decreased	60–89			
G3a	Mildly to moderately decreased	45–59			
G3b	Moderately to severely decreased	30–44			
G4	Severely decreased	15–29			
G5	Kidney failure	<15			

Green: low risk (if no other markers of kidney disease, no CKD); Yellow: moderately increased risk; Orange: high risk; Red: very high risk

Manage CKD with Kerendia in patients with T2D using a combination treatment approach

UACR ≥3 mg/mmol

ACEi or ARB

Titrate to highest tolerable dose[12]

+

UACR ≥3 mg/mmol

SGLT2i

If criteria met and within licence, unless unsuitable[12*]

+

Kerendia® finerenone

If patient is contraindicated, unsuitable for, or intolerant to SGLT2i[13†]

Offer Kerendia if eGFR ≥25–<60 ml/min/1.73m^2

+

UACR ≥3 mg/mmol

Non-steroidal MRA

Kerendia® finerenone

Offer Kerendia if eGFR ≥25–<60 ml/min/1.73m^2[2†13,14]

FIDELIO-DKD Phase III trial: Kerendia, on top of optimised ACEi / ARB doses significantly slowed the primary endpoint of CKD progression[#] in adults with CKD associated with T2D vs. placebo. In addition, Kerendia reduced the secondary CV endpoint[§] vs. placebo. Overall frequency of adverse events was similar in the two groups. The most frequent adverse reaction with Kerendia was hyperkalaemia (14.0%).[14]

Add Kerendia to your standard of care for your CKD-associated T2D patients

NICE recommends Kerendia® (finerenone), the first and only UK licensed non-steroidal MRA, as an add-on to standard of care for stage 3 and 4 CKD (with albuminuria) associated with T2D[13‡]

Kerendia® (finerenone) slows CKD progression in T2D and can significantly delay progression of renal disease (vs. placebo)[14]

Diabetic kidney disease is progressive and irreversible; act now with Kerendia® (finerenone) to significantly reduce the risk of renal & CV events for your patients (vs. placebo)[14]

‡Kerendia is indicated for the treatment of chronic kidney disease (stage 3 and 4 with albuminuria) associated with type 2 diabetes in adults.[15]

*Refer to relevant SGLT2i SmPC before prescribing due to variability in licenses.
†If in line with NICE recommendation and within licence.[13]
#Defined as end stage kidney disease (initiation of dialysis for ≥90 days or kidney transplantation), or an eGFR <15mL/min/1.73m^2 over ≥4 weeks.[14]
§Defined as death from any cause or non-fatal MI or non-fatal stroke or hospitalization for heart failure.[14]

ACEi, angiotensin converting enzyme inhibitor; ARB, angiotensin receptor blocker; CKD, chronic kidney disease; CV, cardiovascular; CVD, cardiovascular disease; eGFR, estimated glomerular filtration rate; GFR, glomerular filtration rate; KDIGO, Kidney Disease: Improving Global Outcomes; MI, myocardial infarction; MRA, mineralocorticoid receptor antagonist; NICE, National Institute for Health and Care Excellence; SGLT2i, sodium-glucose cotransporter-2 inhibitor; T2D, type 2 diabetes; uACR, urinary albumin:creatinine ratio; UK, United Kingdom.

1. Kidney disease: A UK public health emergency – The health economics of kidney disease to 2033. June 2023. Available at: https://www.kidneyresearchuk.org/wp-content/uploads/2023/06/Economics-of-Kidney-Disease-full-report_accessible.pdf. Accessed November 2024; 2. NHS. Symptoms: Chronic kidney disease. Available at: https://www.nhs.uk/conditions/kidney-disease/symptoms/. Accessed November 2024; 3. Baek SD, et al. Scand J Urol Nephrol 2012;46:232–238; 4. BHF. UK Factsheet. September 2024. Available at: https://www.bhf.org.uk/-/media/files/for-professionals/research/heart-statistics/bhf-cvd-statistics-uk-factsheet.pdf. Accessed November 2024; 5. Patel RS, et al. BMJ Open 2016;6:e011511; 6. Colombijn JMT, et al. JAMA Network Open 2024;7(3):e240427; 7. Levey AS, et al. Kidney Int 2011;80:17–28; 8. Said S and Hernandez GT. J Nephropathol 2014;3:99–104; 9. Vondenhoff S, et al. Herz 2024;49:95–104; 10. KDIGO. KDIGO 2022 Clinical Practice Guideline for Diabetes Management in Chronic Kidney Disease. Kidney International 2022;102(Suppl 5S):S1–S127; 11. Winocour P, et al. Diabetes & Primary Care 2020;22:99–109; 12. NICE. Type 2 diabetes in adults: management [NG28]. Available at: https://www.nice.org.uk/guidance/ng28. Accessed November 2024; 13. NICE. Finerenone for treating chronic kidney disease in type 2 diabetes [TA877]. Available at: https://www.nice.org.uk/guidance/ta877. Accessed November 2024; 14. Bakris GL, et al. N Engl J Med 2020;383:2219–2229;15. Kerendia SmPC.

Prescribing information for Kerendia®▼ (finerenone) is available via the QR code above.

Either click here or scan the QR code for prescribing information and adverse event reporting information.

For direct access to this prescribing information, please ensure that your device's browser settings have automatic PDF download enabled.

RP-KER-GB-1044 | December 2024