

Bayer cordially invites you to attend a
non-CME educational program

Diagnosis and Treatment of Chronic Kidney Disease Associated With Type 2 Diabetes

An Interactive Case Discussion



When

4/6/2023
6:30 PM Central Time



Where

Silo Modern Farmhouse
17501 W 87th Street
Lenexa, KS 66219



Featured Speaker

Gary Graf, NP
Cotton-O'Neil Diabetes and Endocrinology Center



Registration

If you'd like to attend, please contact Bayer Healthcare Representative Sarah Somasegaran
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or contact the Bayer Speaker Bureau Registration Team at 866-914-9071 or
vde_RSVPBayerSB@veeva.com

This is a non-CME promotional program.

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 the next page.

Please see accompanying KERENDIA Prescribing Information.

IMPORTANT SAFETY INFORMATION (CONTINUED)

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 $\geq 1\%$ 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)

Please read the Prescribing Information for KERENDIA.

