

# ACT NOW TO **PRESERVE TOMORROW**

FOR YOUR T2D PATIENTS WITH ELEVATED  
ALBUMINURIA, INTERVENE NOW TO DELIVER  
DUAL CARDIORENAL REDUCTION

Treatment guidelines:  
the **4 pillars** of drug  
therapy can help reduce  
CV risk and slow CKD  
progression



In T2D with abuminuria adult patients, **4 pillars of drug therapy** should be considered to help reduce CV risk and slow CKD progression<sup>1-6</sup>



These distinct drug classes have level A guideline recommendations

Treatment strategy is based upon individual patient needs and physician discretion.

international guidelines recommend **Kerendia<sup>®</sup>** to improve CV and renal outcomes<sup>2-6</sup>



Consider **Kerendia<sup>®</sup>** for T2D patients with elevated UACR.

RASi: Renin-Angiotensin System Inhibitors; nsMRA: Non-steroidal mineralocorticoid receptor antagonists; GLP-1RAs: Glucagon-like peptide-1 receptor agonists; CKD: Chronic kidney disease; CV: Cardiovascular; MRA: Mineralocorticoid receptor antagonist; SGLT2i: Sodium-glucose cotransporter-2 inhibitor; T2D: Type 2 diabetes; UACR: urine albumin-to-creatinine ratio.

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3. El Sayed NA, et al. *Diabetes Care*. 2023;46(suppl.1):S191-S202.
4. American Diabetes Association Professional Practice Committee. *Diabetes Care*. 2022;45(suppl 1):S144-S174.

5. Blonde L, et al. *Endocrine Pract*. 2022;(10):923-1049.
6. Kidney Disease: Improving Global Outcomes (KDIGO) Diabetes Work Group. *Kidney Int*. 2022;102(5S):S1-S127.



For further details, Please contact:  
 Bayer Middle East FZE  
 Dubai Science Park – North Tower  
 (13th. Floor)  
 P.O. Box 500829  
 Dubai, United Arab Emirates  
 Phone: +971 4 4452700  
 Web: <https://middleeast.bayer.com>

\* For Medical Inquiries: [med-info.me@bayer.com](mailto:med-info.me@bayer.com)  
 \*\* For Safety Reporting: [www.safetrack-public.bayer.com](http://www.safetrack-public.bayer.com) or [pv.me@bayer.com](mailto:pv.me@bayer.com)  
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