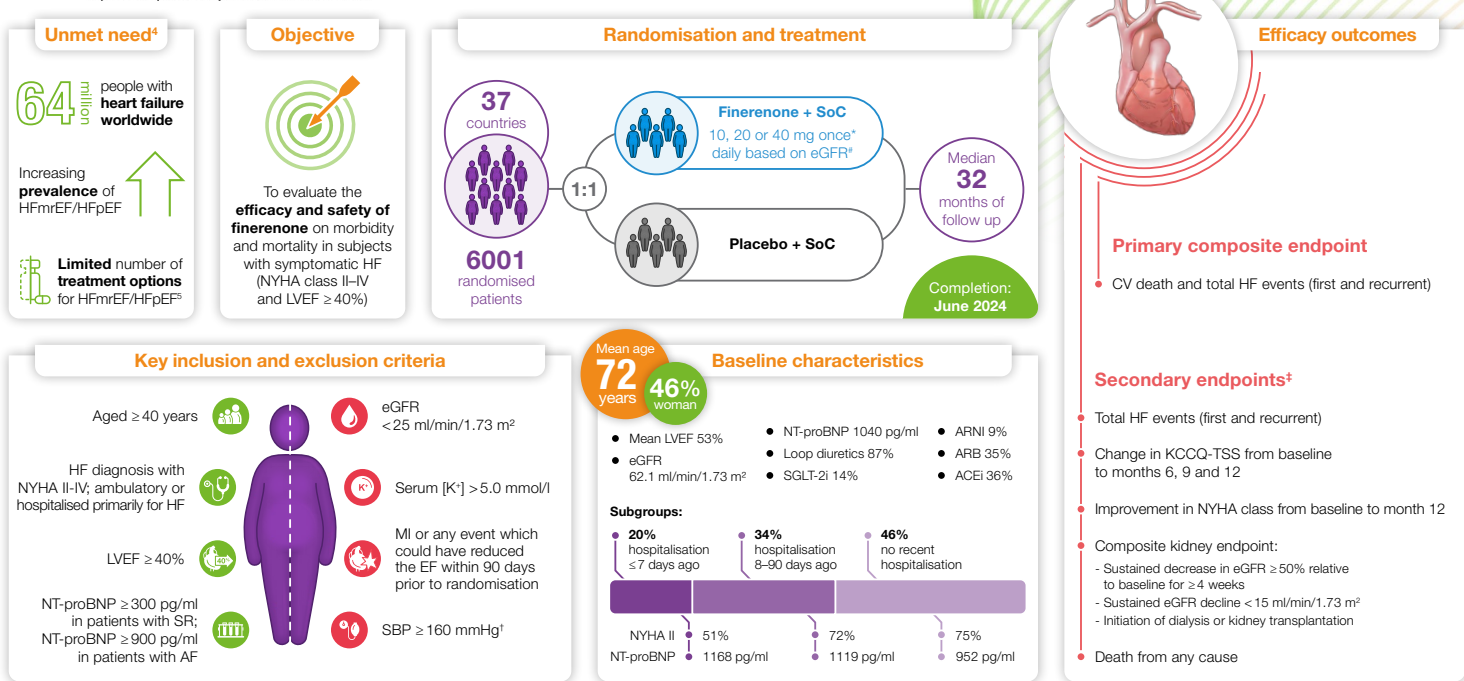
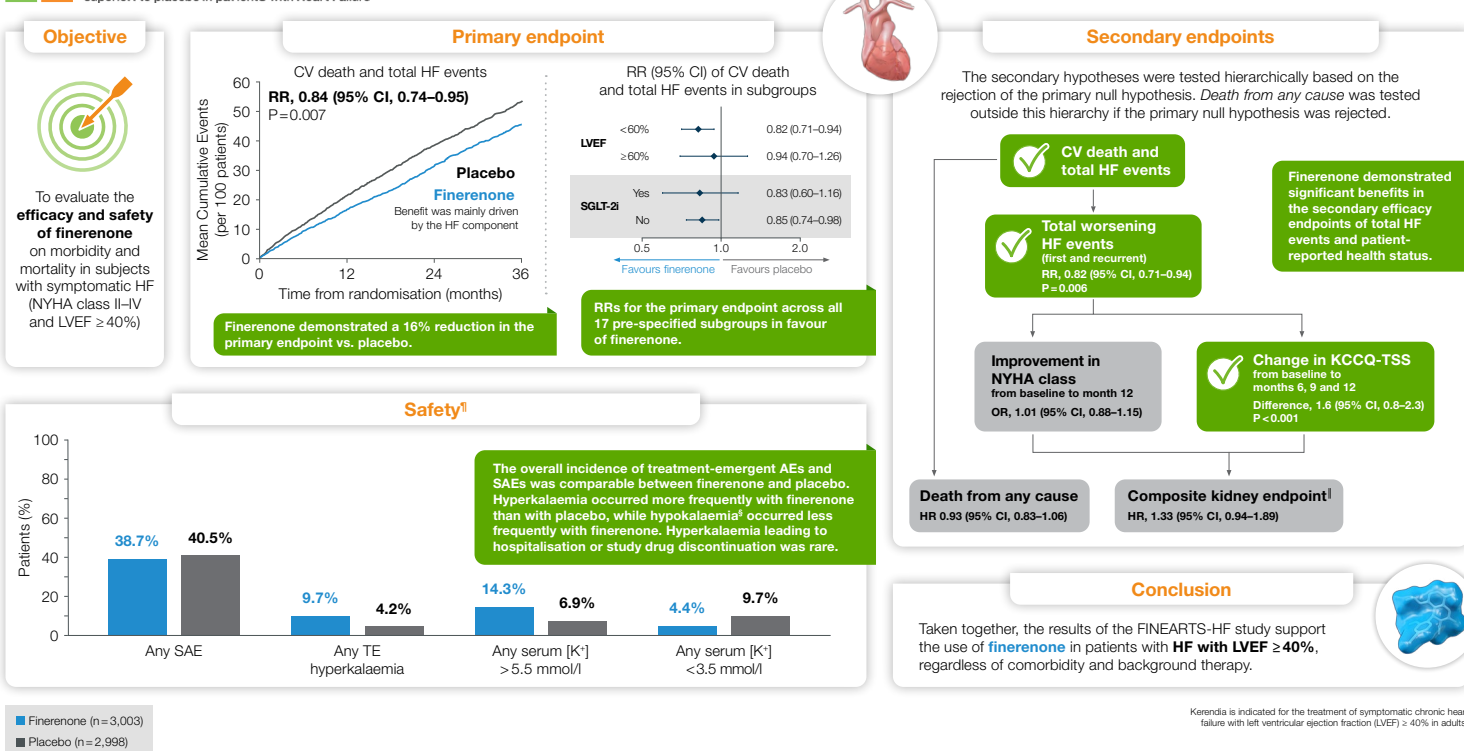


FINEARTS-HF | Study Design and Baseline Data^{1-3,6}



FINEARTS-HF | Study Results²



*40 mg once daily is not a licensed dosage of finerenone; [†]maximal dose 20 mg for eGFR ≤ 60 ml/min/1.73 m² and maximal dose 40 mg for eGFR > 60 ml/min/1.73 m²; [‡]if not on treatment with ≥ 3 blood pressure-lowering medications, or ≥ 180 mmHg irrespective of treatments; [§]The secondary hypotheses were tested hierarchically as follows based on the rejection of the primary null hypothesis: total HF events; KCCQ total symptom score improvement and NYHA class improvement, and the composite kidney endpoint. All-cause death was tested outside this hierarchy, if the primary null hypothesis was rejected, at a nominal two-sided significance level of 5%; [¶]Finerenone (n = 2,993) and placebo (n = 2,993); [‡]defined as any serum [K⁺] < 3.5 mmol/l; [§]defined as sustained decrease in eGFR ≥ 50% relative to baseline for ≥ 4 weeks, sustained eGFR decline < 15 ml/min/1.73 m², and initiation of dialysis or kidney transplantation.

AE, adverse event; AF, atrial fibrillation; ARNI, angiotensin receptor/neprilysin inhibitor; BNP, brain natriuretic peptide; CI, confidence interval; CKD, chronic kidney disease; CV, cardiovascular; eGFR, estimated glomerular filtration rate; EF, ejection fraction; HF, heart failure; HFmEF, heart failure with mildly reduced ejection fraction; HFpEF, heart failure with preserved ejection fraction; KCCQ(TSS), Kansas City Cardiomyopathy Questionnaire (Total Symptom Score); LVEF, left ventricular ejection fraction; MI, myocardial infarction; MRA, mineralocorticoid receptor antagonist; NT-proBNP, N-terminal pro-hormone of BNP; NYHA, New York Heart Association; RR, rate ratio; SAE, severe adverse event; SBP, systolic blood pressure; SGLT-2i, sodium-glucose co-transporter-2 inhibitor; SR, sinus rhythm; T2D, type 2 diabetes; TE, treatment-emergent; TSS, Total Symptom Score; wHF, worsening heart failure event.

1. Vaduganathan M, et al. Eur J Heart Fail 2024; doi: 10.1002/ehf.3253; 2. Solomon SD, et al. Eur J Heart Fail 2024; doi: 10.1002/ehf.3268; 3. Bayer. <https://www.clinicaltrials.gov/study/NCT04435626> [accessed April 2026]; 4. Savarese G, et al. Cardiovasc Res 2023;118:3272-3287; 5. McDonagh TA, et al. Eur Heart J 2023;44:3627-3639; 6. Solomon SD, et al. N Engl J Med 2024; doi: 10.1056/NEJMoa2407107

Reporting adverse events and quality complaints

Adverse events should be reported. Reporting forms and information can be found at <https://yellowcard.mhra.gov.uk/>. Adverse events should also be reported to Bayer plc. If you want to report an adverse event or quality complaint, reports can be directed to: Tel: 01182063500 or email: pvuk@bayer.com

Further information is available on the "contact" tab at www.bayer.co.uk. Prescribing Information and adverse event reporting are available by clicking on this link.