Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/clinical-practice/cardiology/redefining-hf-care-the-role-of-finerenone-in-patients-with-lvef-40/36521/

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Redefining HF Care: The Role of Finerenone in Patients With LVEF ≥40%

Announcer:
You're listening to ReachMD. This activity, titled “Redefining Heart Failure Care: The Role of Finerenone in Patients With Left Ventricular Ejection Fraction greater than or equal to 40 percent” is provided by Medcon International.

Dr. Butler:
There has been a very exciting development in the treatment of heart failure with left ventricular ejection fraction of 40% or more, and that is the approval of finerenone. Let's take a deep dive into how this will benefit your patients.

This is ReachMD, and I'm Dr. Javed Butler.

Finerenone is a nonsteroidal mineralocorticoid receptor antagonist, or MRA, and is the only MRA approved by the US FDA for adults with heart failure and left ventricular ejection fraction, or LVEF, of 40% or greater.

By demonstrating a significant reduction in the risk of cardiovascular death, hospitalizations for heart failure, and urgent heart failure visits, finerenone is now a core pillar of treatment for these patients.

FDA approval marks a significant milestone in the treatment of approximately 3.7 million adults in the US with heart failure and mildly reduced or preserved ejection fraction, a population that is at high risk for adverse effects, adverse outcomes, including heart failure hospitalization and cardiovascular death, despite guideline-directed medical therapy, otherwise, at baseline.

Approval was based on the results of phase 3 FINEARTS-Heart Failure trial, which showed that on top of the standard of care, finerenone achieved a 16% relative risk reduction for the composite primary endpoint of cardiovascular death and total heart failure events, which were defined as hospitalizations for heart failure or an urgent heart failure visit, compared to placebo on top of standard of care.

This 16% relative risk reduction was highly statistically significant. And moreover, the treatment effect was consistent across all prespecified subgroups, including those with and without the use of an SGLT2 inhibitor at baseline.

From FINEARTS-Heart Failure, the adverse reactions reported in 1% or more of the participants on finerenone and more frequently than placebo included hyperkalemia 9.7% versus 4.2%, hypotension 7.6% versus 4.7%, hyponatremia 1.9% versus 0.9%, and events related to worsening renal function 18% versus 12%. The overall safety profile of finerenone was consistent across all studied indications.

So if you now look at where we are in patients with heart failure with mildly reduced and preserved ejection fraction, we first broke through with the use of SGLT2 inhibitors showing improved outcomes reducing the risk of cardiovascular death and heart failure hospitalization in this patient population.However, considering the high risk that these patients have, there was a substantial residual risk despite the use of SGLT2 inhibitors.

And now, the good news is that we have a second therapy, nonsteroidal MRA finerenone, that has been approved by the FDA that we can consider a foundational therapy, along with SGLT2 inhibitors, for the management of these patients.

And now it is up to the clinical community to provide our patients with appropriate therapy—and not only provide them with appropriate therapy but provide them appropriate therapy as soon as possible.

So that's all the time we have today. I want to thank our listeners and the audience members for listening in and for keeping up with the new indication of finerenone in patients with heart failure.

Thank you.

Announcer:
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