Drug assessment at a glance: A26-42[1]

Finerenone (heart failure with LVEF ≥40%)

8 October 2026

[1] This is a courtesy translation of the summary provided as a service by IQWiG. For further information on the subject matter and the result of the assessment, please refer to the dossier assessment for Project A26-42. The GBA decides on the added benefit.

Research question for the benefit assessment

Population	Adults with symptomatic chronic heart failure with LVEF ≥40%
Intervention	finerenone
Comparator	An optimised standard treatment for symptomatic, chronic heart failure with preserved ejection fraction or mildly reduced ejection fraction, as well as for the underlying conditions, such as, for example, hypertension, cardiac arrhythmias, coronary heart disease, diabetes mellitus, chronic kidney disease, dyslipoproteinaemias and concomitant symptoms
Outcomes	At least one patient-relevant outcome

Overview of positive and negative effects

	Size of the effects		Informative value of the effects	
Mortality	∅		–	
Morbidity	∅		–	
Symptoms	∅		–	
Health-related quality of life	∅		–	
Side effects	∅		–	
	∅	No (suitable) data	–	Not applicable
	↔	No advantage or disadvantage	★	Low
	↑ / ↓	Small advantage/disadvantage	★★	Moderate
	↑↑ / ↓↓	Moderate advantage/disadvantage	★★★	High
	↑↑↑ / ↓↓↓	Large advantage/disadvantage		

Overall: no advantage or disadvantage (no suitable data)

Evidence base and noteworthy aspects

- No suitable data were available.

- The dossier presented results on the total population from the FINEARTS-HF double-blind, randomised controlled trial for the therapeutic indication of heart failure, as well as on subpopulations from the FIDELIO-DKD and FIGARO-DKD studies for the therapeutic indication of chronic kidney disease in conjunction with type 2 diabetes mellitus.
- In accordance with the guidelines on the treatment of heart failure, an SGLT-2 inhibitor should be recommended for adults with symptomatic chronic heart failure with LVEF ≥40%. As in each case only a small proportion of patients were being treated with an SGLT-2 inhibitor at baseline, neither the total population of the FINEARTS-HF study nor the subpopulations presented from the FIDELIO-DKD and FIGARO-DKD studies were suitable for answering the research question.

References

Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen. Finerenon (Herzinsuffizienz mit LVEF ≥ 40 %); Nutzenbewertung gemäß § 35a SGB V; Dossierbewertung [online]. 2026 [Accessed: 17.08.2026]. URL: https://doi.org/10.60584/A26-42.

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Gemeinsamer Bundesausschuss. Nutzenbewertungsverfahren zum Wirkstoff Finerenon (Neues Anwendungsgebiet: Chronische Herzinsuffizienz mit linksventrikulärer Ejektionsfraktion LVEF ≥ 40 %) [online]. 2026 [Accessed: 17.08.2026]. URL: https://www.g-ba.de/bewertungsverfahren/nutzenbewertung/1339/.

English translations for this project are published at https://www.iqwig.de/en/projects/a26-42.html.

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