



Effectiveness of Finerenone in Reducing UACR in Patients With Chronic Kidney Disease and Type 2 Diabetes in the United States: A FOUNTAIN Platform Analysis

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¹RTI Health Solutions, ²University of Tennessee Health Science Center, ³McMaster University, ⁴Bayer

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Study Overview

Background and Aim

- Finerenone is a selective, nonsteroidal mineralocorticoid receptor antagonist for treating chronic kidney disease (CKD) in patients with type 2 diabetes (T2D).
- Pivotal trials demonstrated prevention of renal disease progression, but real-world evidence regarding renal effectiveness is lacking.
- The indicated population and treatment guidelines are broader than the populations included in clinical trials.
 - CKD severity, comedications, normal albuminuria

AIM:

This study in patients with CKD and T2D evaluated changes in urine albumin-creatinine ratio (UACR) among finerenone initiators compared with nonusers.

Methods

Population	US patients with CKD and T2D
Exposure groups	Exposure group: new users of finerenone, identified at initiation Comparator group: propensity score–matched (1:4) nonusers, identified at recorded CKD diagnosis
Data source	HealthVerity CKD Masterset • Linked closed administrative claims, electronic health record data, and laboratory test results
Outcomes and analyses	Time-to-event analysis of reaching UACR decline thresholds (30%, 50%, 70%) • Hazard ratios and 95% CIs Change in UACR values by exposure group over 15 months of follow-up • Among patients with ≥ 1 recorded follow-up UACR measurement • Estimated monthly geometric mean ratios to baseline in the log UACR • Estimated with repeated linear mixed model

Results: Select Characteristics of the Included Sample

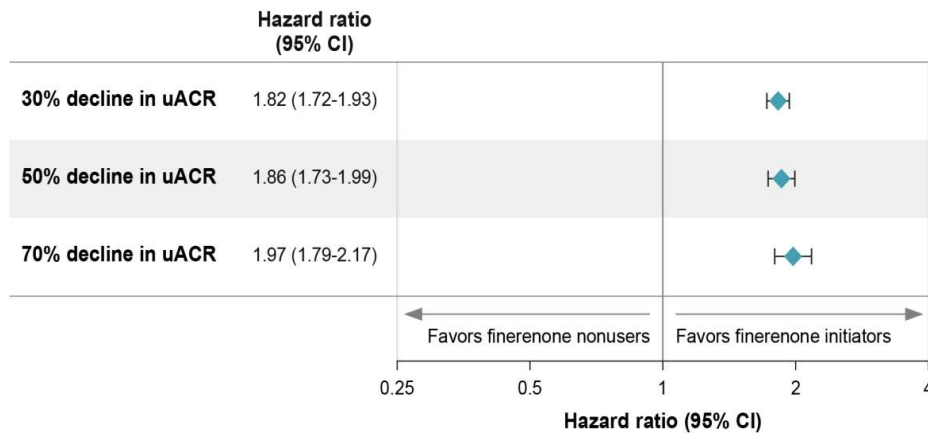
Characteristic	Finerenone initiators	Matched nonusers
N	6,206	24,824
Age in years, mean (SD)	66 (12.2)	66 (12.4)
Female sex, %	46%	46%
Baseline UACR, median (Q1, Q3)	215 (38, 909)	177 (37, 781)
Albuminuria stage, %		
A1: < 30	21%	21%
A2: 30-300	35%	36%
A3: > 300	44%	43%
Baseline eGFR, median (Q1, Q3)	53 (41, 69)	53 (41, 70)
Baseline CKD stage (based on eGFR or CKD Dx), %		
Stage 1	7%	7%
Stage 2	21%	21%
Stage 3	59%	59%
Stage 4	7%	7%
Unknown	6%	6%
ACEi/ARB use, %	86%	87%
SGLT2i use, %	63%	63%
GLP-1 RA use, %	36%	36%

All other characteristics (demographics, comedications, comorbidities) were well balanced in the matched cohort.

ACEi = angiotensin-converting enzyme inhibitors; ARB = angiotensin receptor blockers; CI = confidence interval; Dx = diagnosis; GLP-1 RA = glucagon-like peptide 1 receptor agonists; HR = hazard ratio; Q1, Q3 = first and third quartiles; SGLT2i = sodium-glucose cotransporter 2 inhibitors.

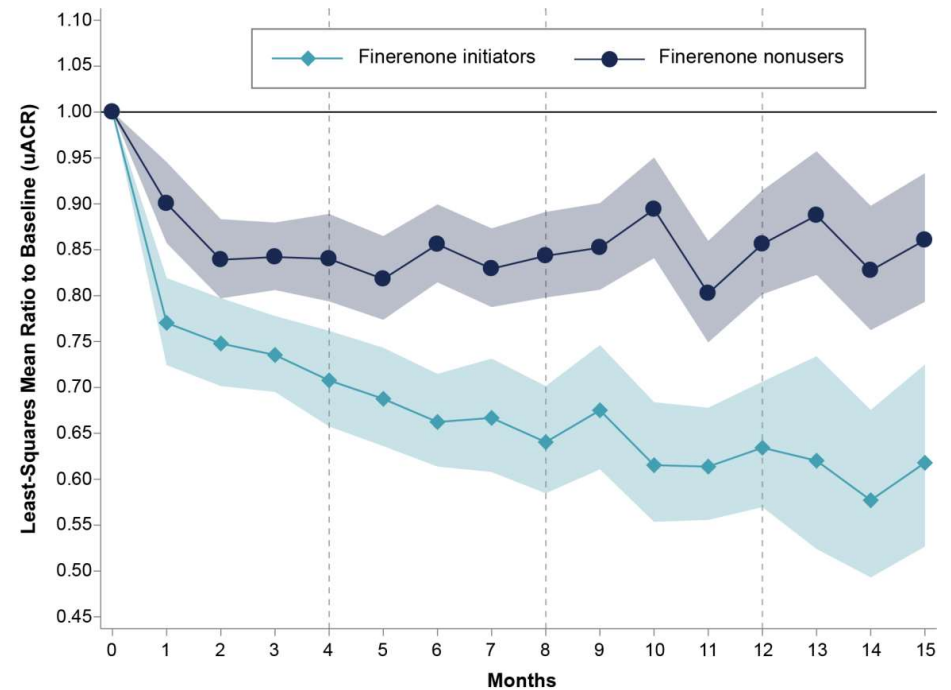
Results

Association of Finerenone Use With UACR Declines



Higher HRs indicate that finerenone users were more likely than nonusers to experience declines in UACR.

Change in uACR From Baseline



Discussion and Conclusions

Strengths

- Large sample sizes
- Broad representation from the US
- Rich claims and electronic health record (EHR) data
- Real-world users differ from those included in original trials (CKD severity, medication use)

Limitations

- Limited follow-up time for many finerenone users
- Reliance on recorded existing data
 - Potential for missing or misclassified data
 - Among those with ≥ 1 UACR measurement during follow-up, measurements were slightly more frequent among finerenone users than nonusers

Conclusions

- Finerenone initiators with CKD and T2D were more likely to have reductions in UACR than nonusers in real-world use.
- This effect was sustained through at least the first 15 months of follow-up.
- The effect is similar to those seen in clinical trials, despite the difference in real-world users compared with selected trial samples.

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JBL, SR, RZ, and KW are employees of RTI Health Solutions, which received research funding from Bayer for this study. AEF, FL, and NGO are employees of Bayer, which funded this study. CPK and MW received consulting fees from Bayer which funded this study.



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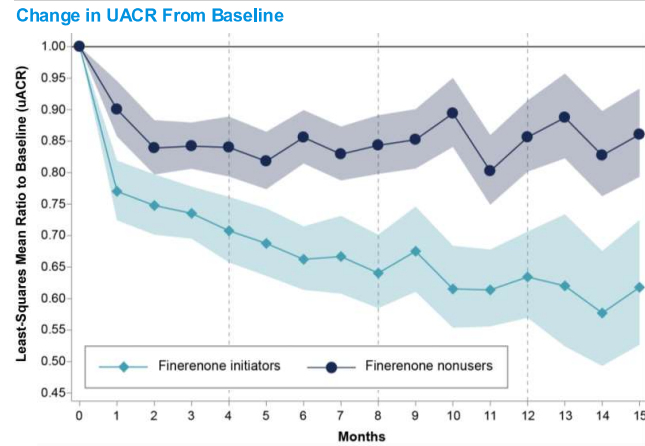
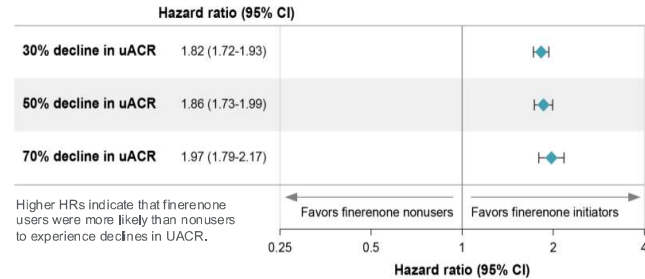
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