Plain English Summary

Finerenone for treating chronic kidney disease and protein in the urine associated with type 2 diabetes

What does the guidance say?

Finerenone is recommended for listing on the Medication Assistance Fund (MAF) for government subsidy for patients with chronic kidney disease and protein in the urine associated with type 2 diabetes who meet certain clinical criteria.

What is chronic kidney disease?

Chronic kidney disease is a long-term condition that occurs when the kidneys become damaged and are unable to efficiently filter waste and remove excess water from the body. Over time, this causes waste and fluid to build up to high levels in the blood, and other complications can also occur such as high blood pressure, anaemia (low level of red blood cells), heart failure, weak bones and nerve damage.

When your kidneys are not working as well as they should, protein can leak out of them into your urine, which is known as proteinuria or albuminuria. This can be an early sign of kidney disease.

Diabetes is a common cause of chronic kidney disease because high blood sugar levels can damage the fine blood vessels and filtration units in the kidneys. People who have both kidney disease and type 2 diabetes have a higher risk of developing kidney failure and heart disease.

What is finerenone?

Finerenone belongs to a group of drugs called non-steroidal mineralocorticoid receptor antagonists, which block the activity of certain hormones (mineralocorticoids) made in the body that can damage the heart and kidneys. It is taken orally, usually with other treatments for chronic kidney disease and diabetes.

Why was finerenone recommended for subsidy?

ACE evaluates how well a treatment works in relation to how much it costs compared to other treatments. Finerenone was recommended for government subsidy because it was considered to be an acceptable use of healthcare resources for treating patients with chronic kidney disease and protein in the urine associated with type 2 diabetes.

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Who can have finerenone?

People with chronic kidney disease who have protein in their urine associated with type 2 diabetes can have finerenone as an add-on therapy to their current medications. They must be taking an ACE (angiotensin-converting enzyme) inhibitor or ARB (angiotensin II receptor blocker) at the maximum tolerated dose in combination with an SGLT2 (sodium-glucose co-transporter 2) inhibitor, unless these treatments are unsuitable.

Your doctor will also test your kidney function and how much protein is in your urine to determine if finerenone is suitable for you and if you meet the clinical criteria for treatment.

What does listing on the MAF mean for me?

The MAF helps people pay for treatments that are clinically effective and cost effective. If your doctor prescribes finerenone for you, and you meet the MAF criteria, your treatment cost will be subsidised by 40% to 75%.

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