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News Release

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Late breaking data presented at ESC Congress 2026:

Finerenone slowed kidney function decline and reduced kidney-cardiovascular risk versus placebo in patients with hypertensive nephropathy

- A pre-specified subgroup analysis of the Phase III FIND-CKD study found that finerenone slowed kidney function decline compared with placebo in addition to standard of care in patients with hypertensive nephropathy, a population for whom there are only few guideline-directed treatment options
- Finerenone also reduced the risk of the key secondary endpoint, a composite of kidney-cardiovascular outcomes, versus placebo in addition standard of care in this subgroup
- Hypertension is a common cause of chronic kidney disease (CKD), and overactivation of the mineralocorticoid receptor is a key contributor to the underlying pathophysiology of both hypertension and CKD
- The new data were presented within a Late-Breaking Clinical Science session at the European Society of Cardiology (ESC) Congress 2026 in Munich, Germany

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Berlin, August 30, 2026 – Positive results from a pre-specified subgroup analysis of the Phase III FIND-CKD trial were presented today during a Late-Breaking Clinical Science session at ESC Congress 2026 in Munich, Germany. The analysis showed that finerenone (Kerendia™/Firialta™) slowed kidney function decline and reduced kidney-cardiovascular risk compared with placebo, in addition to standard of care, in patients with hypertensive nephropathy.

“Hypertension is one of the most common causes of chronic kidney disease, yet there are still very few treatments that have been shown to address the high risk of kidney function decline and cardiovascular events in adults with chronic kidney disease attributed to hypertension,” said Hiddo Lambers Heerspink, Professor of Clinical Trials and

Personalized Medicine at the University Medical Center Groningen, Netherlands, and Co-Chair of the FIND-CKD study's Executive Committee. “For clinicians, the findings offer new insights into the benefits of finerenone in cardio-kidney health protection in patients with hypertensive nephropathy.”

Key findings from the pre-specified FIND-CKD subgroup analysis

For the subgroup analysis, 459 patients with hypertensive nephropathy out of the 1,584 participants randomized in FIND-CKD (29.0%) were included, with 234 patients randomized to receive finerenone and 225 randomized to placebo. The primary outcome of the FIND-CKD study was estimated glomerular filtration rate (eGFR) change over time from baseline to 32 months (= total eGFR slope). The eGFR slope is a validated surrogate endpoint for clinical kidney outcomes. In the subgroup, eGFR slope decline was slower with finerenone compared to placebo (−3.17 vs. −3.82 mL/min/1.73 m² per year; a between-arm difference of 0.65 mL/min/1.73 m² per year [95% CI, 0.02–1.29; p=0.044]). Finerenone also reduced the risk of the key secondary kidney-cardiovascular endpoint, a composite of kidney failure, sustained ≥57% decline in eGFR, hospitalization for heart failure, or cardiovascular death, which occurred in 12.0% of patients receiving finerenone compared with 18.7% receiving placebo (hazard ratio [HR], 0.61; 95% CI, 0.38–0.99; p=0.045) in this subgroup.

At month 6, urine albumin-to-creatinine ratio (UACR) was reduced in patients receiving finerenone by 33% (95% CI, 23–41). Finerenone reduced systolic blood pressure at month 6 compared with placebo with a between-group difference of −3.5 mmHg (95% CI: −6.0 to –1.0). Finerenone was well-tolerated in this subgroup, which is consistent with the safety profile observed in the overall FIND-CKD trial population and consistent with the well-established safety profile of finerenone.

High unmet need in patients with hypertension-related CKD

Worldwide, approximately 850 million people are living with CKD, with hypertension-related kidney disease being the second most common cause of kidney failure globally. Patients with advanced non-diabetic CKD across diverse etiologies face a significantly increased risk of fatal cardiovascular events, about 2.6 times higher than that of the general population without CKD, with the risk increasing further as kidney function declines. Despite current standard of care, many of these patients continue to experience

disease progression, highlighting the need for new treatment approaches. Overactivation of the mineralocorticoid receptor (MR) is a key contributor to the underlying pathophysiology of both hypertension and CKD.

“This prespecified subgroup analysis adds to the breadth and depth of the robust evidence supporting the clinical utility of finerenone seen so far across its clinical development program in heart failure and chronic kidney disease, while deepening our understanding of its potential benefits in patients with diverse causes of chronic kidney disease,” said Dr. Christian Rommel, Global Head of Research and Development at Bayer’s Pharmaceuticals Division. “The consistency of the data generated to date reinforces our confidence in finerenone and our commitment to advancing research that may help improve outcomes for patients living with cardio-kidney conditions.”

Finerenone is marketed as Kerendia™ or, in some countries as Firialta™, and approved for the treatment of adult patients with CKD associated with type 2 diabetes (T2D) in more than 100 countries worldwide, including in China, Europe, Japan and the U.S. Finerenone is also approved for the treatment of heart failure with LVEF ≥40% in the U.S., Europe, Japan, China, and several other markets. Finerenone is currently not approved for the treatment of non-diabetic CKD.

About Kerendia™ / Firialta™ (finerenone)

Kerendia™ and Firialta™ are globally protected trademarks for finerenone. Finerenone is a non-steroidal, selective mineralocorticoid receptor antagonist (nsMRA) that has been shown to block harmful effects of MR overactivation. MR overactivation contributes to chronic kidney disease (CKD) progression and cardiovascular damage which can be driven by metabolic, hemodynamic, or inflammatory and fibrotic factors.

About FIND-CKD

FIND-CKD (**FI**nerenone, in addition to standard of care, on the progression of kidney disease in patients with **N**on-**D**iabetic **C**hronic **K**idney **D**isease; NCT05047263) is the largest Phase III study to date focused on diverse etiologies of non-diabetic CKD, and the fifth completed Phase III study to report positive results with finerenone, a selective, non-steroidal mineralocorticoid receptor antagonist (nsMRA), which so far was studied in more than 20,000 patients across multiple patient populations with chronic kidney disease and/or heart failure. FIND-CKD was a multicenter, randomized, double-blind, Phase III, placebo-controlled trial that enrolled 1,584 participants with CKD without diabetes across

283 sites, including kidney disease linked to hypertension and glomerular diseases. Participants had an eGFR of 25 to <90 mL/min/1.73 m² and albuminuria (UACR 200 to ≤3500 mg/g) and were on the maximum tolerated dose of a renin-angiotensin system (RAS) inhibitor. Participants were randomized 1:1 to receive finerenone (10 or 20 mg once daily) or matching placebo on top of maximum tolerated labeled doses of a renin-angiotensin system (RAS)-blocking therapy such as an angiotensin-converting enzyme (ACE) inhibitor or an angiotensin II receptor blocker (ARB).

The primary endpoint of FIND-CKD was the mean annual rate of change in eGFR (total eGFR slope) from baseline to Month 32. Secondary endpoints included a composite of kidney failure, sustained ≥57% eGFR decline, hospitalization for heart failure, or cardiovascular death; a kidney-specific composite of kidney failure or sustained ≥57% eGFR decline; and a cardiovascular-specific composite of hospitalization for heart failure or cardiovascular death.

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de (2026-0138e)

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