

MRAs for HFpEF / mildly reduced EF

Finerenone · spironolactone · eplerenone: different evidence and roles

MRAs reduce salt retention and heart damage. Finerenone (Kerendia) is the preferred MRA in the 2026 ACC HFpEF pathway; its trial and US approval cover ejection fraction ≥40%, including mildly reduced EF. [4] [6]

What benefit was seen?

Trials added medicine or placebo to usual care. Finerenone reduced worsening-HF events; heart-related death alone was not clearly reduced. [2]

People with at least one outcome; medicine versus placebo

Trial / outcome	Medicine	Placebo
FINEARTS-HF: worsening HF or heart-related death; median 32 months	624/3,003 (20.8%)	719/2,998 (24%) [2] [6]
TOPCAT: heart-related death, resuscitated arrest or HF admission; mean 3.3 years	320/1,722 (18.6%)	351/1,723 (20.4%) [1]

FINEARTS counted repeat events: 1,083 versus 1,283 (16% relative reduction). TOPCAT’s main result was inconclusive; spironolactone reduced HF admissions (12% versus 14.2%). It is a cost/tolerance fallback. Eplerenone lacks demonstrated HFpEF outcome benefit. [2] [1] [4]

One medicine, a blood-test plan

One MRA, one monitoring plan. Do not combine or swap finerenone, spironolactone or eplerenone yourself. Their kidney limits and doses differ. Check potassium and kidney function before treatment. Finerenone needs rechecks four weeks after starting or changing dose. Spironolactone needs a potassium recheck within one week. Continue regular checks even if you feel well. [6] [5]

Review interactions, potassium supplements/salt substitutes and ibuprofen/naproxen. Avoid grapefruit with finerenone. Call for weakness, palpitations, dehydration or pregnancy. Fainting needs urgent assessment. Avoid breastfeeding with finerenone and for one day afterward. [6] [5]

Commonly reported side effects

Trial-period events; finerenone safety groups: 2,993 each

Event / drug	Medicine	Placebo
High potassium / finerenone	9.7%	4.2% [2]
Low pressure / finerenone	7.6%	4.7% [7]
High potassium / spironolactone	18.7%	9.1% [1]

Both can worsen kidney function. Spironolactone can cause breast enlargement/pain. These studies used different definitions and populations; do not rank drugs by these percentages. [6] [5] [1]

How often did people stop?

Permanent stops; trial follow-up above

Drug / reason	Medicine	Placebo
Finerenone: non-death reasons	611/2,993 (20.4%)	616/2,993 (20.6%) [2]
Finerenone: adverse event	3.2%	2.8% [7]
Spironolactone: all reasons	590/1,722 (34.3%)	541/1,723 (31.4%) [1]

Finerenone’s potassium-related permanent stopping: 0.4% versus 0.2% (2,993 per arm). Do not add these subsets. Comparable HFpEF practice stopping rates were not verified. [7]

What might I pay out of pocket?

US examples checked September 5, 2026; 30 days at one tablet daily

Drug / fill	GoodRx coupon	Blueberry cash
Spironolactone 25 mg x30	\$9.73; Walgreens, ZIP 85001	\$11.87; \$15.86 shipped [8] [11] [12]
Eplerenone 25 mg x30	Quote not verified	\$15.69; \$19.68 shipped [9] [11] [12]
Finerenone (Kerendia)	Quote not verified	Quote not verified [10] [11]

Blueberry estimates include nonmember fees; shipping adds \$3.99. GoodRx is a cash coupon, not insurance; tax may apply. Prices and availability vary. [11] [12] [8]

Kerendia copay offer: as little as \$0/month (up to \$3,000/year savings); eligible commercial insurance and approved indication only. Government insurance excluded. [17]

Typical employer-plan tier 1/2/3 copays average \$12/\$40/\$71 (KFF 2025, plans with 3+ tiers), not these drugs’ specific copays. [13]

Medicare 2026: plan-specific cost; deductible at most \$615; \$2,100 annual cap across covered Part D drugs, excluding premiums. Extra Help: generally up to \$5.10 generic/\$12.65 brand if eligible. Cash outside Part D does not count toward its deductible/cap. [14] [15] [16]