

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/clinical-practice/cardiology/dont-miss-the-opportunity-to-address-persistent-cv-risk-optimizing-outcomes-for-ambulatory-patients-with-hfref-and-lvef-45/57261/>

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Don't Miss the Opportunity to Address Persistent CV Risk: Optimizing Outcomes for Ambulatory Patients With HFrEF and LVEF <45%

Announcer:

You're listening to GLC on ReachMD. This activity, titled 'Don't Miss the Opportunity to Address Persistent CV Risk: Optimizing Outcomes for Ambulatory Patients With HFrEF and LVEF <45%,' is provided by Global Learning Collaborative.

Dr. Mentz:

Ambulatory patients with heart failure often experience symptoms that adversely affect quality of life while remaining at increased cardiovascular risk. Join me as I review the evidence supporting vericiguat and its potential benefits for patients with HFrEF and LVEF below 45%, including those receiving optimized foundational therapy.

Welcome. I'm Dr. Robert Mentz. So let's jump right in. We have recent guideline updates from the ESC here in 2026, but let's look back. So the ESC, the last major update was in 2021, and with respect to vericiguat use, they gave a IIb recommendation, said that vericiguat may be considered in patients with HFrEF and worsening heart failure, despite guideline-directed medical therapy. So that recommendation was based on one clinical trial, the VICTORIA trial. Now, here in 2026, with our most recent guideline update, the key take-home message is that that focus only on those patients with worsening heart failure has been removed. The ESC guidelines give a Class IIb recommendation for vericiguat, which may be considered in patients with symptomatic HFrEF, despite optimal foundational medical therapy to reduce clinical events. So the key take-home message, now the ESC guidelines focus on vericiguat consideration in symptomatic HFrEF on FMT, or foundational medical therapy.

But let's look at how these guideline recommendations are in the context of global society guidelines. The Chinese guidelines from 2024, they included both one statement on worsening heart failure that, in addition to standard therapy, the early inclusion of vericiguat is recommended. So actually a IIa recommendation in the context of worsening heart failure. And then, in addition, they talk about HFrEF more broadly. So it is recommended to consider adding vericiguat to standard therapy, a IIb, even if patients did not have worsening heart failure.

Subsequent to that, the Japanese heart failure guidelines came out in JCF in 2025. They gave a IIa recommendation in the context of HFrEF with worsening heart failure, despite guideline-directed medical therapy. And then most recently, the iCARDIO guidelines just came out earlier this year, 2026, and they looked at the totality of evidence. They included the more recent VICTOR trial, as well, that looked at those patients without a recent worsening event, and then they included discussion of the pooled VICTORIA and vericiguat study of now more than 11,000 patients. The paper nicely describes that although the VICTOR trial did not reduce the primary endpoint, there is a clinically relevant 17% reduction in cardiovascular death and that the pooled analysis demonstrates a modest reduction in cardiovascular deaths and heart failure hospitalization that supports benefits across a broader range of NT-proBNP values. So the iCARDIO guidelines now give a recommendation for vericiguat in high risk with worsening heart failure with an NT-pro less than 6000.

So let's bring this all together now, as we think of the different guidelines, when and why to consider vericiguat. We know that as we think quad therapy or the foundational 4 in HFrEF, we have an additional tool in our toolkit with vericiguat. Some of the key advantages here: we go down to a GFR of 15, only modest blood pressure changes, and really robust evidence of a clinically significant benefit for our patients on top of foundational medical therapy.

So really a call to action to incorporate our guidelines, translate them into practice, and understand the global recommendations around vericiguat, in addition to foundational medical therapy.

So that's my time. Thanks so much for joining me.

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