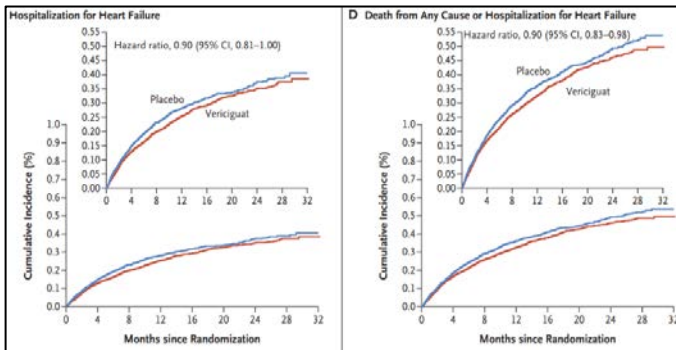


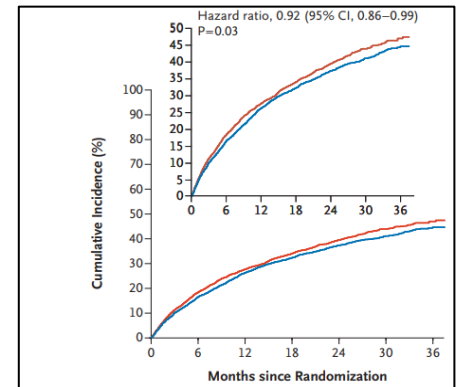
## Vericiguat for Systolic HF



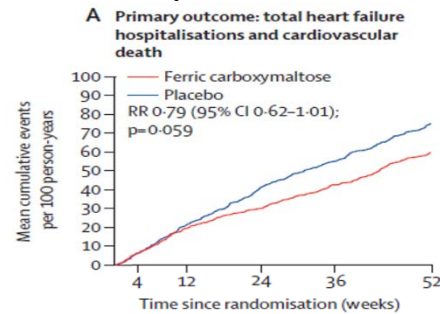
**Context:** Heart failure (HF) patients have reduced sensitivity to endogenous nitric oxide (NO).  
**Current:** Vericiguat, a guanylate cyclase stimulator, increases guanosine mono-phosphate (GMP) pathway activity and increases sensitivity to endogenous NO.  
**Cutting edge:** The VICTORIA Trial shows that vericiguat in patients with severe systolic HF led to fewer HF admission and may help reduce mortality.<sup>1</sup>

## Omecamtiv Mecarbil for systolic HF

**Context:** Positive inotropes may help patients with systolic HF.  
**Current:** Omecamtiv mecarbil selectively activates cardiac myosin to directly augment sarcomere function and increase inotropy.  
**Cutting Edge:** The GALACTIC-HF Trial shows that omecamtiv mecarbil may reduce a composite of HF events or cardiovascular death but not cardiovascular death as a solo outcome.<sup>2</sup>



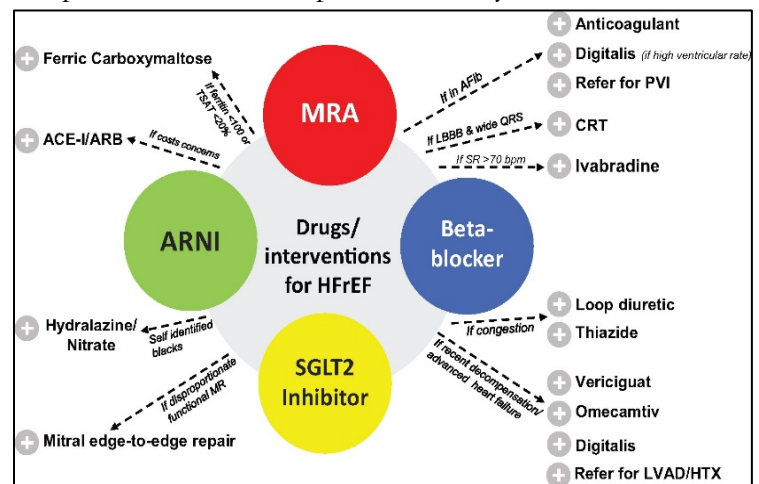
## IV Iron for systolic HF



**Context:** Ferric carboxymaltose (FCM), an IV iron preparation, improves subjective and objective measures of quality of life for patients with systolic HF and iron deficiency.<sup>3</sup>  
**Current:** Recent evidence suggests initiating IV iron during admission also improves outcomes for these patients.<sup>4</sup>  
**Cutting Edge:** IV iron repletion during hospitalization is likely a safe, effective way to improve outcomes for patients with systolic HF.

## Guideline Directed Medical Therapy (GDMT)

**Context:** GDMT remains the cornerstone of optimal HF treatment.  
**Current:** GDMT includes 4 main treatment strategies: RAAS inhibition, beta-blockade, mineralocorticoid receptor antagonist, and SGLT2 inhibitors.<sup>5</sup>  
**Cutting Edge:** Robust evidence shows GDMT to be safe and effective.<sup>6</sup> Novel agents remain adjunct considerations only after initiation and maximization of GDMT.



### References:

1. PW Armstrong, et al. Vericiguat in Patients with Heart Failure and Reduced Ejection Fraction. NEJM. 2020;382(20):1883-1893.
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3. SD Anker, et al. Ferric carboxymaltose in patients with heart failure and iron deficiency. NEJM. 2009;361(25):2436-2448.
4. P Ponikowski et al. Ferric carboxymaltose for iron deficiency at discharge after acute heart failure. Lancet. 2020;396(10266):1895-1904.
5. Image from: Johann Bauersachs, Heart failure drug treatment: the fantastic four, *European Heart Journal*, Volume 42, Issue 6, 7 February 2021, Pages 681–683, <https://doi.org/10.1093/eurheartj/ehaa1012>
6. ACC/AHA Guideline for the Management of Heart Failure: Executive Summary. Circulation. 2013;128(16):1810-1852.