



CardioMEMS™ HF System

# PATIENT CANDIDATE CONSIDERATIONS

## The CardioMEMS HF System is indicated for more patients.

New York Heart Association (NYHA) Class II and III heart failure patients with:

- One HF hospitalization in the past 12 months and/or
- Elevated brain natriuretic peptide (BNP) or NT-proBNP level

## The CardioMEMS HF System can:

- Help optimize GDMT<sup>1</sup>
- Slow HF progression by treating patients sooner<sup>2</sup>
- Prevent HF hospitalizations<sup>2</sup>
- Prevent HF hospital readmissions<sup>3</sup>
- Benefit patients with preserved ejection fraction (HFpEF) and with reduced ejection fraction (HFrEF)<sup>2</sup>
- Monitor your patients if they live far from the clinic or who may be traveling



## The CardioMEMS HF System is contraindicated for:

- Patients with an inability to take dual antiplatelet or anticoagulants for one month post implant

Learn more about the CardioMEMS HF System by visiting [cardiovascular.abbott/cardiomems](https://cardiovascular.abbott/cardiomems)

### References

1. Bruggts JJ, Radhoe SP, Clephas PRD, et al; MONITOR-HF Investigators. Remote haemodynamic monitoring of pulmonary artery pressures in patients with chronic heart failure (MONITOR-HF): a randomised clinical trial. *Lancet*. 2023;401(10394):2113-2123. doi:10.1016/S0140-6736(23)00923-6
2. Lindenfeld J, Zile MR, Desai AS, et al. Hemodynamic-guided management of heart failure (GUIDE-HF): a randomized controlled trial. *The Lancet* 2021;398:991-1001.
3. Adamson PB. Pathophysiology of the transition from chronic compensated and acute decompensated heart failure: new insights from continuous monitoring devices. *Current Heart Failure Reports*. 2009;6:287-292.

# NT-proBNP and BNP Thresholds According to Ejection Fraction and BMI

An elevated natriuretic peptide level is defined as an NT-proBNP level  $\geq 1000$  pg/mL or a BNP level  $\geq 250$  pg/mL.

Thresholds are dependent on left ventricular ejection fraction and body mass index, using a 4% reduction<sup>4</sup> per BMI unit over 25 kg/m<sup>2</sup>, as listed in the table below:

BMI (kg/m <sup>2</sup> )	NT-proBNP Threshold (pg/mL)		BNP Threshold (pg/mL)	
	LVEF $\leq$ 40%	LVEF $>$ 40%	LVEF $\leq$ 40%	LVEF $>$ 40%
≤ 25	1000	700	250	175
26	955	668	238	167
27	911	638	227	159
28	870	608	216	151
29	830	581	206	144
30	792	554	197	137
31	756	529	187	130
32	722	504	178	124
33	689	481	170	118
34	657	459	162	112
35	627	438	154	107
36	599	418	147	101
37	571	399	140	96
38	545	380	133	92
39	520	363	126	87
40	496	346	120	83
41	473	330	114	79
42	452	315	109	75
43	431	300	103	71
44	411	286	98	67
45	392	273	94	64
46	374	260	89	60
47	357	248	84	57
48	340	236	80	54
49	324	225	76	51
50	309	215	72	49

**Abbott**  
6101 Stoneridge Dr., Pleasanton, CA  
94588 USA, Tel: 1 925 847 8600  
Cardiovascular.Abbott/CardioMEMS

**Rx Only**

**Brief Summary:** Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

**CardioMEMS™ HF System Indications and Usage:** The CardioMEMS™ HF System is indicated for wirelessly measuring and monitoring pulmonary artery pressure and heart rate in NYHA Class II or III heart failure patients who either have been hospitalized for heart failure in the previous year and/ or have elevated natriuretic peptides. The hemodynamic data are used by physicians for heart failure management with the goal of controlling pulmonary artery pressures and reducing heart failure hospitalizations.

**CardioMEMS™ HF System Contraindications:** The CardioMEMS™ HF System is contraindicated for patients with an inability to take dual antiplatelet or anticoagulants for one month post implant.

**CardioMEMS™ HF System Potential Adverse Events:** Potential adverse events associated with the implantation procedure include, but are not limited to, the following: air embolism, allergic reaction, infection, delayed wound healing, arrhythmias, bleeding, hemoptysis, hematoma, nausea, cerebrovascular accident, thrombus, cardiovascular injury, myocardial infarction, death, embolization, thermal burn, cardiac perforation, pneumothorax, thoracic duct injury and hemothorax.

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4. Frankenstein L, Remppis A, Nelles M, Schalling B, Schellberg D, Katus H, et al. Relation of N-terminal pro-brain natriuretic peptide levels and their prognostic power in chronic stable heart failure to obesity status. *Eur Heart J.* 2008;29(21):2634-40.

