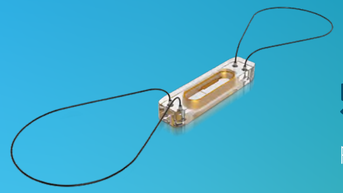
CARDIOMEMS™ HF SYSTEM

The leading solution for pulmonary artery pressure monitoring



50,000+
patients implanted[1]

PROVEN PATIENT OUTCOMES

in rigorous clinical trials and supported by extensive real-world utilization.

REDUCED HOSPITALIZATIONS
62% reduction in overall real-world HF hospitalizations at 12-months[2]

LOWER MORTALITY RISK
Each 1 mmHg reduction in PA diastolic pressure (PAD) during first 6 months is associated with 3% lower mortality risk at 2 years[3]

IMPROVED QUALITY OF LIFE
7-point improvement in KCCQ quality-of-life score[4]

HEART FAILURE MANAGEMENT THAT'S ALWAYS THERE. SO YOU DON'T HAVE TO BE.

Scan the QR code to hear from patients who have the CardioMEMS™ HF System.

Or visit **cardiovascular.abbott/cardiomems** to learn more.

ASC: Ambulatory Surgery Center; **BNP:** B-type Natriuretic Peptide; **BP:** Blood Pressure; **CRT:** Cardiac Resynchronization Therapy; **GDMT:** Guideline-Directed Medical Therapy; **HF:** Heart Failure; **HFpEF:** Heart Failure with Preserved Ejection Fraction; **HFrEF:** Heart Failure with Reduced Ejection Fraction; **KCCQ:** Kansas City Cardiomyopathy Questionnaire; **M-TEER:** Mitral Transcatheter Edge-to-Edge Repair; **MR:** Mitral Regurgitation; **NCD:** National Coverage Determination; **NT-proBNP:** N-terminal pro–B-type Natriuretic Peptide; **NYHA:** New York Heart Association; **PA:** Pulmonary Artery; **PAD:** Pulmonary Artery Diastolic Pressure; **SMR:** Secondary Mitral Regurgitation

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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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CARDIOMEMS™ HF SYSTEM PATIENT PROFILES

Review these example patient profiles to identify candidates who may benefit from **remote hemodynamic monitoring** for proactive heart failure management and timely intervention.

National coverage available for Medicare and Medicare Advantage*

*Available when criteria under the National Coverage Determination (NCD) are met.

CARDIOMEMS™ HF SYSTEM: PATIENT SELECTION GUIDE

Indicated for:

- NYHA Class II or III Heart Failure (HF)
- 1 HF hospitalization in the past 12 months and/or
- Elevated BNP or NT-proBNP levels

Contraindicated for:

- Patients unable to take dual antiplatelet or anticoagulants for 1 month post-implant

Clinical Applications:

- Detect worsening HF earlier to enable timely intervention and slow disease progression[4,5]
- Optimize Guideline-Directed Medical Therapy (GDMT)[4,5]
- Reduce HF hospitalizations[4,5]
- Lower risk of mortality[3,6,7]
- Remotely manage patients

NATIONAL COVERAGE NOW AVAILABLE
for Medicare and Medicare Advantage beneficiaries*

- Outpatient
- Inpatient
- ASC

*Available when criteria under the National Coverage Determination (NCD) are met.

CARDIOMEMS™ HF SYSTEM PATIENT PROFILES

NYHA CLASS II Slight limitation of physical activity

LORI, Newly diagnosed NYHA Class II HFpEF

Recently diagnosed HFpEF (4 months ago), experiencing fatigue and functional limitations that affect quality of life, with no prior HF hospitalization

Patient Profile:

60-year-old female

NYHA Class II, HFpEF

NT-proBNP: 1,150 pg/mL | BP 160/80 mmHg

Borderline pulmonary hypertension

Mild edema (difficult to manage fluid status)

Chronic kidney disease, diabetes, obese

No prior HF hospitalization

Fatigue, shortness of breath with daily activities

CardioMEMS™ HF System Solution
Slow HF progression and prevent first hospitalization

- **Facilitate diuretic titration** using continuous PA pressure monitoring to prevent HF hospitalizations[4,5]
- **Intervene earlier** in patient with elevated BNP to reduce risk of decompensation events by ~25%[5]
- **Maintain functional capacity and improve patient QOL** with a demonstrated 7-point improvement in KCCQ score[4]

JEFF, Symptomatic NYHA Class II HFrEF with MR

Active lifestyle with HFrEF and functional mitral regurgitation, experiencing mild symptoms and recent HF hospitalization despite GDMT

Patient Profile:

72-year-old male

NYHA Class II, HFrEF

NT-proBNP: 810 pg/mL | BP: 110/68 mmHg

Moderate mitral regurgitation (MR) with pulmonary hypertension

First HF hospitalization in past 3 months

Suboptimal GDMT titration due to fluctuating volume status

Mild dyspnea with ordinary activity, occasional fatigue

Poor dietary adherence, notable alcohol use

CardioMEMS™ HF System Solution
Optimize GDMT and assess treatment options

- **Guide GDMT titration and volume management** using objective PA pressure data[4,6] — MONITOR-HF Study showed 2x more changes in GDMT vs. standard of care[4]
- **Leverage real-time PA pressure feedback** to educate patient on impact of lifestyle choices[4,5]
- **Track hemodynamic trends** to inform treatment decisions[8]

Profiles are not actual patients and are provided for informational purposes only.

NYHA CLASS III Marked limitation of physical activity

ALEX, Inpatient NYHA Class III HFrEF admitted for HF hospitalization

Currently hospitalized for a second HF hospitalization and scheduled for hemodynamic assessment during current stay

Patient Profile:

68-year-old male

NYHA Class III, HFrEF

NT-proBNP: 720 pg/mL | BP: 110/70 mmHg

Second HF hospitalization within 6 months

Challenges in medication titration due to renal congestion and symptom discordance

Scheduled for right heart catheterization (RHC) during admission

Limited access to follow-up (lives 2 hours from HF clinic)

Smoker, anxious about recurrent hospitalizations

CardioMEMS™ HF System Solution
Prevent recurrent hospitalizations, including 30-day readmission

- **Implant during inpatient RHC** to avoid an additional procedure
- **Detect volume overload early and guide medication adjustments** by remotely monitoring PA pressures[4,5]
- **Lower PA pressure to reduce mortality risk[3,6]** — patients with PAD ≤20 mmHg had a 28% lower risk than those with persistently elevated PAD[6]

SUE, Progressive NYHA Class III HFpEF with functional decline

Social retiree with declining physical function due to worsening HF and co-morbidities

Patient Profile:

80-year-old female

NYHA Class III, HFpEF

NT-proBNP: 440 pg/mL | BP: 116/70 mmHg

Cardiomyopathy, coronary artery disease

Pacemaker

3 HF hospitalizations in past 12 months

Limitations in daily activities with marked fatigue and shortness of breath

CardioMEMS™ HF System Solution
Stabilize HF and preserve functional capacity

- **Detect worsening HF** before symptoms occur for timely intervention[4,5]
- **Utilize personalized hemodynamic data** (instead of impedance monitoring) to guide proactive therapy adjustments[4,5]
- **Keep patient at home and maintain daily function** with a demonstrated 60% reduction in HFpEF hospitalizations[9]