The ACC/AHA 2009 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult recommends using 1 of 3 Evidence-Based Beta Blockers proven to reduce mortality, (bisoprolol, carvedilol, and metoprolol succinate) for all stable patients with current or prior symptoms of HF and reduced LVEF, unless contraindicated (Level of Class 1 Level of Evidence: A).

Q: What are the contraindications specific to Evidence-Based Beta Blockers?

A: It is extremely unlikely that all three Evidence-Based Beta Blockers would not be tolerated in a patient, but a non-evidenced based beta blocker would be tolerated. This scenario is so rare that there is not a need to separate contraindications by beta blocker class (evidenced based and non-evidence based).

In the extremely rare instance all three Evidence-Based Beta Blockers are contraindicated in the patient, you can select “Yes”, if the contraindication is documented by a physician, APN or PA and expressly references all three beta blocker medications e.g. “No - Bisoprolol, Coreg or Toprol XL - all not tolerated” or reference to the contraindication specifically states that as a class “evidenced based beta blockers” are contraindicated (e.g. “evidenced based beta blockers all tried previously, patient is intolerant to all”). This should almost never occur.

Q: A physician didn’t prescribe an Evidence-Based Beta Blocker due to the higher cost of those drugs. Is this a contraindication?

A: Cost is NOT an acceptable reason for not prescribing an Evidence-Based Beta Blocker at hospital discharge. Carvedilol and Bisoprolol are both available generically, and there is no difference in cost between Metoprolol Tartrate, Atenolol, Carvedilol and Bisoprolol. At some pharmacies Metoprolol Succinate may be slightly higher than Metoprolol Tartrate, but the cost differential is not enough to justify use of a Non Evidenced Based Beta Blocker when the difference in mortality is 1.4 years median survival in patients prescribed Evidence-Based Beta Blockers over those prescribed Non-Evidence-Based Beta Blockers.

Q: If a patient is admitted on a Non- Evidence-Based Beta Blocker, do we have to change what is already working for them to an Evidence-Based Beta Blocker?

Yes. Heart Failure patients with reduced EF may come into the hospital on non-evidenced-based beta blocker therapy that is well tolerated. This is NOT an acceptable reason for not prescribing an Evidence-Based Beta Blocker at discharge. The positive findings in the three Evidence-Based Beta Blockers are not indicative of a beta blocker class effect and are specific to these three medications.

Q: What was the class of beta blocker prescribed at hospital discharge?

A: Evidenced-Based Beta Blocker: Select “Evidenced-Based Beta Blocker” if the patient was discharged on one of the three beta blocker medications classified as evidenced based in the AHA/ACCF Heart Failure Guidelines. Evidenced based beta blockers include ONLY the following medications: Bisoprolol, Carvedilol, and Metoprolol Succinate CR/XL. These medications may have generic or brand name equivalents. Below is an exhaustive list of evidenced based beta blockers. Only select “Evidenced Based Beta Blocker” if the patient is discharged on one of these medications:

- Bisoprolol
- Carvedilol
- Carvedilol CR
- Coreg
- Coreg CR
- Metoprolol Succinate
- Metoprolol Succinate CR/XL
- Toprol
- Toprol XL
- Zebeta
- Ziac

HF HEART FAILURE
Performance Measure: Evidence-Based Beta Blocker at Discharge
Non Evidenced-Based Beta Blocker: Select “Non Evidenced-Based Beta Blocker” if the patient was discharged with a prescription for a beta blocker that is not evidenced based. Select this option for any beta blocker prescribed at discharge that is not on the list above of Evidenced Based Beta Blockers.

Unknown Class: Select this if you cannot determine from the medical record documentation whether the beta blocker prescribed at discharge was evidenced based or non-evidenced based.

Notes for Abstraction:

The selection of “Evidenced Based Beta Blocker” for beta blocker class must align with your response to the subsequent element, “If yes, medication”. If these responses are not reconciled, you will not be able to save your record as complete. The three appropriate medication responses correlating to evidenced based beta blocker are:

- Zebeta (Bisoprolol)
- Coreg (Carvedilol)
- Toprol XL (Metoprolol succinate CR/XL)

The selection of “Non Evidenced Based Beta Blocker” for beta blocker class should align with your response to the subsequent element, “If yes, medication. The appropriate medication responses correlating to non-evidenced based beta blocker are:

- Blocadren (Timolol maleate)
- Kerlone (Betaxolol HCl)
- Sectral (Acebutolol HCl)
- Cartrol (Cartelol)
- Levatol (Penbutolol sulfate)
- Tenormin (Atenolol)
- Inderal (Propanolol HCl)
- Lopressor (Metoprolol)
- Visken (Pindolol)

If you select “Unknown Class” for beta blocker class, this should align with your response to the subsequent element “If yes, medication.” The appropriate medication response correlating to Unknown Class is: “Other”

For more resources on Evidenced Based Beta Blocker refer to:

1. Comparison of carvedilol and metoprolol on clinical outcomes in patients with chronic heart failure in the Carvedilol Or Metoprolol European Trial (COMET): randomized controlled trial (Supporting our EBB measure).
2. Consumer Report article.

For recorded webinars on Get With the Guidelines -Heart Failure, Target: Heart Failure and other related topics, please visit our Focus On Quality webinar page.

Get With The Guidelines®- Heart Failure is the American Heart Association’s collaborative quality improvement program, demonstrated to improve adherence to evidence-based care of patients hospitalized with heart failure. The program provides hospitals with a web-based Patient Management Tool™ (powered by Outcome Sciences, Inc.), decision support, robust registry, real-time benchmarking capabilities and other performance improvement methodologies toward the goal of enhancing patient outcomes and saving lives.

Get With The Guidelines-HF is for patients in ICD-9 codes HF: (402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1,428.20,428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33, 428.40, 428.41, 428.42, 428.43, 428.9).