

Beta-blockers for a weaker heart pump

Metoprolol succinate extended-release • carvedilol • bisoprolol

These medicines improve survival in HFrEF (a weak heart pump). Take one. Metoprolol means succinate extended-release, not tartrate. Bisoprolol is guideline-supported for HF; U.S. approval covers high blood pressure. [8] [7]

Benefits

Trials added medicine or placebo to usual care; do not rank drugs. [1] [2] [3]

Deaths; mean follow-up

Medicine / study	Medicine	Placebo
Metoprolol ER • MERIT-HF (1 year)	145/1,990 (7.3%)	217/2,001 (10.8%) [1]
Carvedilol • COPERNICUS (10.4 months)	130/1,156 (11.2%)	190/1,133 (16.8%) [2]
Bisoprolol • CIBIS-II (1.3 years)	156/1,327 (11.8%)	228/1,320 (17.3%) [3]

About 4, 6 and 6 fewer deaths per 100, respectively. Trials stopped early for benefit and predate modern treatment. [1] [2] [3]

Start slowly, avoid sudden stopping

Start when HF is stable. Your clinician raises doses gradually while checking pulse, blood pressure, fluid and symptoms. Metoprolol succinate ER/bisoprolol: once daily. Carvedilol tablets: twice daily with food. Do not crush or chew metoprolol ER. Sudden stopping can trigger chest pain or heart attack. Call about tiredness or dizziness before changing doses. [8] [5] [6]

Ask for your pulse/BP limits. Discuss heart block, pregnancy/breastfeeding and all medicines, including eye drops. Avoid carvedilol with asthma or severe liver disease. Monitor glucose if at risk: beta-blockers can hide low blood sugar's fast heartbeat, especially when eating less/vomiting. [5] [6] [7]

Emergency help: severe breathing trouble, chest pain, fainting or face/throat swelling. Call promptly for wheezing, persistent dizziness, slow pulse with symptoms, worsening breathlessness, swelling, rapid weight gain or troublesome tiredness. [5] [6]

Reported problems

Not yearly rates

Drug / event	Medicine	Placebo
Metoprolol: dizziness	1.8%	1.0% [5]
Metoprolol: slow pulse	1.5%	0.4% [5]
Carvedilol: dizziness	24%	17% [6]
Carvedilol: slow pulse	10%	3% [6]
Carvedilol: low BP	14%	8% [6]

Same groups as benefits; metoprolol 1 year, carvedilol 10.4 months. Different reporting prevents safety ranking; comparable bisoprolol symptom rates unverified. [5] [6] [3]

Stopping

Permanent stops

Study / reason	Medicine	Placebo
MERIT-HF: any cause; 1 year	279/1,990 (14.0%)	310/2,001 (15.5%) [4]
MERIT-HF: adverse event	196/1,990 (9.8%)	234/2,001 (11.7%) [4]
CIBIS-II: any reason; 1.3 years	194/1,327 (14.6%)	192/1,320 (14.5%) [3]
COPERNICUS: excluding death; estimated at 1 year	14.8%	18.5% [2]

A Norwegian refill study estimated 58% remained supplied at two years, allowing gaps up to 30 days; this does not measure side-effect stopping. [9]

Costs

US full-fill estimates; September 5, 2026

Payment route	Price and conditions
GoodRx coupon cash	Metoprolol succinate ER 25 mg ×90: \$15.75; carvedilol 12.5 mg ×180: \$20.85; bisoprolol 5 mg ×30: \$9.00. [10] [11] [12]
Blueberry cash	Same products; nonmember, fees included: \$18.45 / \$18.70 / \$12.07; individually shipped: \$22.44 / \$22.69 / \$16.06. [13] [14]
Insured benchmark	Employer-plan tier 1/2/3 copays average \$12/\$40/\$71 (KFF 2025, 3+ tiers); not these drugs' copays. [15]

At 1, 2 and 1 tablets/day: 90, 90 and 30 days, respectively. Verify pharmacy/manufacture price, tier and deductible. [10] [11] [12] [13] Medicare Part D 2026: plan-specific costs; deductible up to \$615, annual out-of-pocket cap \$2,100 for covered drugs, excluding premiums. Extra Help may lower costs. Cash outside Part D does not count toward its deductible/cap. [16] [17] [18]