

GDMT Reference Table | HFpEF

Drug Class	Drug Name	Initial Dose	Target Dose	Titration Comments	Hospitalization Relative Risk Reduction	Mortality Relative Risk Reduction	Other Notable Outcomes
Loop Diuretics (COR 1)	Furosemide, Bumetanide, Torsemide, and Furoscix® (subQ)	varies	varies	Titrate to euvoolemia	----	----	----
SGLT2 Inhibitors (COR 1)	Dapagliflozin (Farxiga®)	10 mg daily	10 mg daily	Titration not required	26%	NS (12%)	• CV death + HF hospitalization reduction by 18-21%
	Empagliflozin (Jardiance®)	10 mg daily	10 mg daily				
ARBs (COR 2b)	Candesartan	4-8 mg daily	32 mg daily	Titrate as tolerated to goal BP	NS	NS	<ul style="list-style-type: none"> No HFpEF benefit, but key for comorbidity & risk factor mgmt.: HTN (first-line) DM + albuminuria: 18% reduction in kidney failure, 56% reduction in progression to macroalbuminuria
	Valsartan	40 mg twice daily	160 mg twice daily				
	Irbesartan	75-150 mg daily	300 mg daily				
ARNI (COR 2b)	Sacubitril/Valsartan (Entresto®)	24/26 mg twice daily	97/103 mg twice daily	Titrate every 2-4 weeks	15%*	NS	<ul style="list-style-type: none"> Subgroup benefit: Women and LVEF ≤57% (e.g., HFmrEF); 40% reduction in renal composite <i>Caution:</i> Increased hypotension risk
MRAs (COR 2b)	Spironolactone	12.5-25 mg daily	25-50 mg daily	Titration to goal dependent on potassium levels and renal function	NS	NS	• CV death + HF hospitalization reduction by 18%
	Finerenone (Kerendia®)	20mg daily	40 mg daily		18%	NS (7%)	<ul style="list-style-type: none"> CV death + Worsening HF reduction by 16% Decreased urgent HF visits by 37% FDA approved for HFpEF
ACE Inhibitors (COR No Recommendation)	Enalapril	2.5 mg twice daily	10-20 mg twice daily	Titrate as tolerated to goal BP	NS	NS	<ul style="list-style-type: none"> No HFpEF benefit, but key for comorbidity & risk factor mgmt.: HTN (first-line) DM + albuminuria: 39% reduction in kidney failure CAD/Post-MI: 22% reduction in CV events
	Lisinopril	2.5-5 mg daily	40 mg daily				
	Ramipril	1.25-2.5 mg daily	10 mg daily				
Beta-Blockers (COR No Recommendation)	Not recommended in isolated HFpEF unless concurrent AF, CAD, or post-MI	----	----	NA	Uncertain	Uncertain	
GLP-1 RAs (Obesity-related HFpEF only with BMI ≥30) (COR No Recommendation)	Semaglutide (Wegovy®)	0.25 mg weekly	2.4 mg weekly	Titrate every 4 weeks	41%	NS	• KCCQ improvement by 7.8 pts
	Tirzepatide (Zepbound®)	2.5 mg weekly	15 mg weekly	Titrate every 4 weeks	38%	NS	• CV death + worsening HF reduction by 38%



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