

# GDMT Reference Table | HF<sub>r</sub>EF

Drug Class	Drug Name	Initial Dose	Target Dose	Titration Comments	Hospitalization Relative Risk Reduction	Mortality Relative Risk Reduction	Other Notable Outcomes
SGLT2 Inhibitors (COR I)	Dapagliflozin (Farxiga®)	10 mg daily	10 mg daily	Titration not required	28-31%	13%	<ul style="list-style-type: none"> <li>Renal protection: 38% decrease in composite endpoint</li> <li>KCCQ improvement: +2-3 pts</li> </ul>
	Empagliflozin (Jardiance®)	10 mg daily	10 mg daily				
ACE Inhibitors (COR I)	Enalapril	2.5 mg twice daily	10-20 mg twice daily	Titrate as often as weekly	30%	16%	<ul style="list-style-type: none"> <li>Prevents LV remodeling</li> <li>Modest LVEF improvement</li> <li>Decrease in progressive HF death</li> </ul>
	Lisinopril	2.5-5 mg daily	40 mg daily				
	Ramipril	1.25-2.5 mg daily	10 mg daily				
ARBs (COR I)	Candesartan	4-8 mg daily	32 mg daily	Titrate as often as weekly	24%	NS	<ul style="list-style-type: none"> <li>Alternative to ACEI AND ARNI not feasible</li> <li>Similar remodeling prevention to ACEI</li> </ul>
	Valsartan	40 mg twice daily	160 mg twice daily				
	Losartan	25-50 mg daily	150 mg daily				
ARNI (COR I)	Sacubitril/valsartan	24/26 mg twice daily	97/103 mg twice daily	Titrate every week	21%*	20% (CV Death) 16% (All-cause)	<ul style="list-style-type: none"> <li>Decrease in sudden cardiac death by 20%</li> <li>Decrease in Ventricular arrhythmias by 24%</li> <li>Superior in reverse LV remodeling vs ACEI</li> <li>KCCQ improvement +3-5 pts</li> </ul>
MRAs (COR I)	Spirololactone	12.5-25 mg daily	25-50 mg daily	Titration often not required	37%	27%	<ul style="list-style-type: none"> <li>Decrease in sudden cardiac death by 23%</li> <li>Antifibrotic effects</li> <li>Caution: hyperkalemia risk 2X increase</li> </ul>
	Eplerenone	25 mg daily	50 mg daily				
	Finerenone (Kerendia®)	20mg daily	40 mg daily	Ongoing trials (FINALITY-HF) in HF <sub>r</sub> EF patients who cannot tolerate steroidal MRAs			
Beta-Blockers (COR I)	Carvedilol	3.125 mg twice daily	25-50 mg twice daily	Titrate as often as every 2 weeks	35%	34%	<ul style="list-style-type: none"> <li>Decrease in sudden cardiac death by 31%</li> <li>Superior in reverse LV remodeling</li> <li>Decrease in Ventricular arrhythmias</li> </ul>
	Metoprolol succinate	12.5-25 mg daily	200 mg daily				
	Bisoprolol	1.25 mg daily	10 mg daily				
QUADRUPLE THERAPY ( SGLT2i + ARNI + BB + MRA )					68%	50% (CV Death) 47% (All-cause)	
Loop Diuretics (COR I)	Furosemide, Bumetanide, Torsemide, and Furoscix® (subQ)	varies	varies	Titrate to euvolemia	----	----	----
Other Notables	Hydralazine/Isosorbide Dinitrate (COR I)	20/37.5 mg three times daily	40/75 mg three times daily	Titrate as tolerated	33%	43%	<ul style="list-style-type: none"> <li>Self-identified Black patients with NYHA III-IV OR for ACEI/ARB/ARNI intolerance</li> </ul>
	Ivabradine (Corlanor®) (COR IIa)	2.5-5 mg twice daily	7.5 mg twice daily	Titrate to HR 50-60 bpm	26%	NS	<ul style="list-style-type: none"> <li>Requires sinus rhythm + HR ≥70 bpm on max blocker</li> </ul>
	Vericiguat (COR IIb)	2.5 mg daily	10 mg daily	Titrate every 2 weeks	10%	NS	<ul style="list-style-type: none"> <li>GDMT adjunct in high-risk patients with recent worsening HF</li> </ul>
GLP-1 RAs	Not part of GDMT (Semaglutide, Tirazepatide)	----	----	----	Under investigation in clinical trials, but direct role not established for HF <sub>r</sub> EF treatment		



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