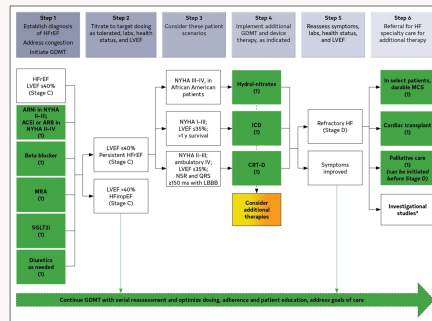


GDMT for Heart Failure Stage C



GDMT for Heart Failure

Class	Place of Therapy
ARNIs	Preferred first-line RAAS agent for ALL patients with Stage C HFrEF (NYHA class II–IV)
ACEIs	Recommended for patients who cannot tolerate ARNi (e.g., due to cost, prior angioedema to ARNi components, or hemodynamic limitations).
ARBs	Second-line RAAS therapy, used when patients cannot tolerate ACEi (most commonly due to cough) or ARNi.
Beta-Blockers	Mandatory component of GDMT for all patients with Stage C HFrEF (NYHA class I–IV) who have current or previous symptoms.
MRAs	Recommended for all eligible patients with HFrEF and NYHA class II–IV symptoms.
SGLT2is	Recommended for ALL patients with symptomatic HFrEF regardless of the presence of T2DM.
Loop & Thiazide Diuretic	Primary agents for decongestion in Stage C HFrEF, used to manage volume overload, relieve dyspnea, edema, and orthopnea.

Monitoring Parameters

Drug Class	Monitoring Parameter
ARNIs	- Electrolytes (K⁺, Na⁺), SCr/eGFR - BP HR S/Sx of HF
ACEIs / ARBs	- Serum electrolytes (K⁺) at baseline, 1–2 weeks after initiation/titration, and every 3–6 months - Vitals (BP, HR) - Renal function (SCr, BUN)
Beta-Blockers	- Vitals (HR, BP) - Fluid status, S/Sx at each titration visits - Avoid abrupt withdrawal



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Page 1 of 3.

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Monitoring Parameters (cont)

MRAs	• Serum K⁺ and SCr/eGFR w/in 1 week of initiation and after each dose adjustment; then monthly for 3 months; then every 3–6 months when stable. • Recheck with any intercurrent illness, dehydration, or medication changes
SGLT2is	• eGFR, BP, signs of volume depletion, UTI • Glucose in diabetic patients • Hold if patient is NPO or acutely ill
Loop & Thiazide Diuretics	• Daily weights (patient self-monitoring), BP, HR • BMP (Na⁺, K⁺, Mg²⁺, BUN, SCr) at initiation and periodically • Electrolytes more frequently when doses adjusted or with illness
Hydralazine/isosorbide dinitrate (H-ISDN)	• Vitals (BP, HR); CBC periodically • S/Sx of Lupus (ANA if clinically suspected), adherence assessment given pill burden
Ivabradine	• Resting HR (target 55–60 bpm) • ECG rhythm (monitor for AF), BP • Visual symptoms
Vericiguat	• BP, HR, S/Sx HF • CBC (Hgb/Hct), Renal function
Digoxin	• Digoxin concentration (target 0.5–<0.9 ng/mL; check 6–8 hours post-dose at steady state) • Renal function (SCr, eGFR), electrolytes (K⁺, Mg²⁺, Ca²⁺), ECG (PR interval, rhythm) • Symptoms of toxicity at every visit

Dosing of 4 Pillars Therapy

Agents	Starting Dose	Target Dose
Sacubitril/ Valsartan	49 mg/51 mg BID	97 mg/103 mg BID
Captopril	6.25 mg TID	50 mg TID
Enalapril	2.5 mg BID	10–20 mg BID
Lisinopril	2.5–5 mg daily	20–40 mg daily
Fosinopril	5–10 mg daily	40 mg daily
Ramipril	1.25–2.5 mg	10 mg daily
Trandolapril	daily	4 mg daily
Perindopril	1 mg daily	8–16 mg daily
Quinapril	2 mg daily 5 mg BID	20 mg BID
Candesartan	4–8 mg daily	32 mg daily
Losartan	25–50 mg daily	50–150 mg daily
Valsartan	20–40 mg daily	160 mg BID
Bisoprolol	1.25 mg daily	10 mg daily
Carvedilol	3.125 mg BID	25–50 mg BID
Carvedilol CR	10 mg daily	80 mg daily
Metoprolol succinate ER	12.5–25 mg daily	200 mg daily
Spironolactone	12.5–25 mg	25 mg daily
Eplerenone	daily 25–50 mg daily	50 mg daily
Dapagliflozin	10 mg once	Fixed dose; no titration
Empagliflozin	daily	required

DIURETICS: LOOP AND THIAZIDE

Agent	Initial TDD	Max TDD	DOA
Loop Diuretics			
Furosemide	20–40 mg QD-BID	600 mg	6–8 hours
Bumetanide	0.5–1.0 mg QD-	10 mg	4–6 hours
Torsemide	BID 10–20 mg QD	200 mg	12–16 hours
Thiazide Diuretics			
Hydrochlorot- hiazide	25 mg QD-BID 2.5 mg QD	200 mg 20 mg	6–12 hours 12–24 hours
Metolazone	12.5–25 mg QD	100 mg	24–72 hours
Chlorthalidone	2.5 mg QD	5 mg	36 hours
Indapamide			



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