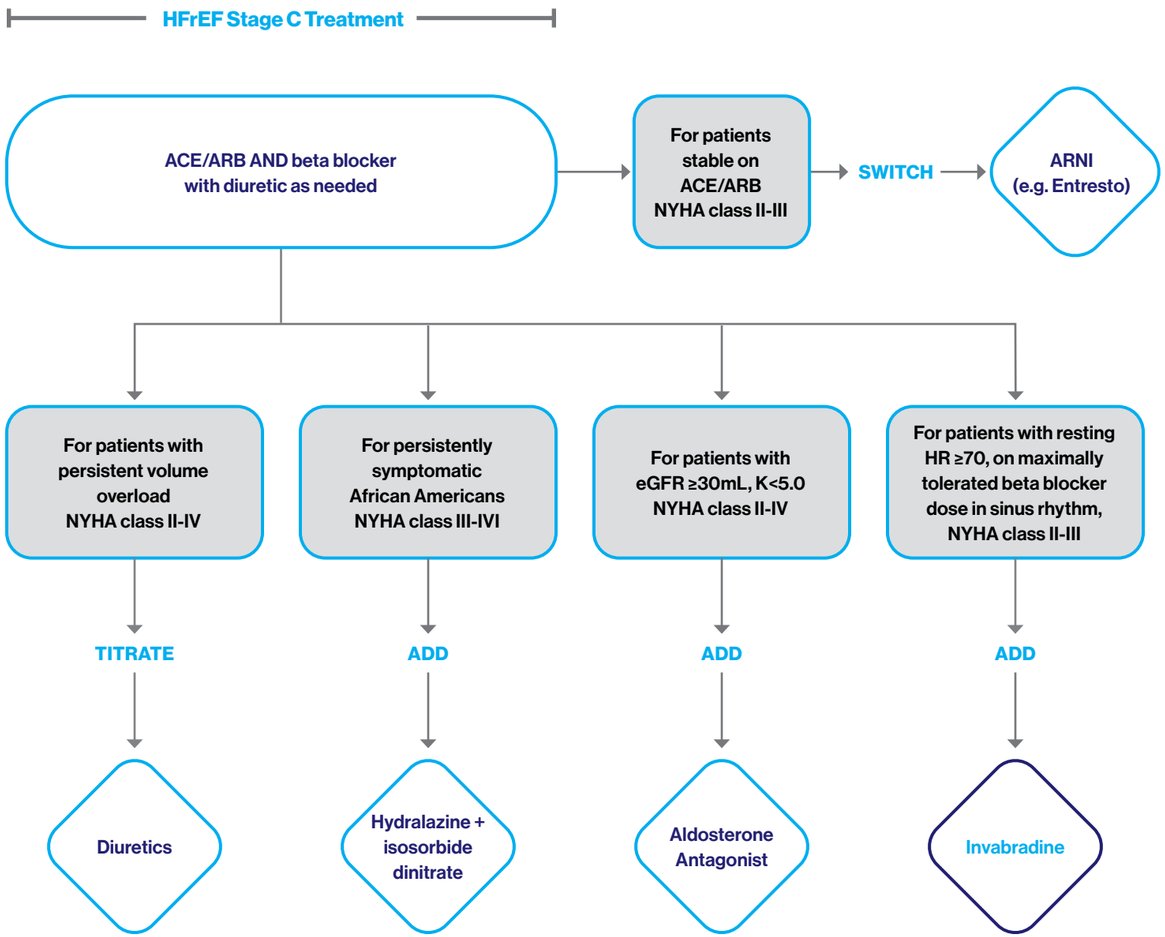
Heart Failure (HF)
Quick Reference Guide

Treatment Algorithm for Guideline Directed Medical Therapy Including Novel Therapies



Starting and Target Doses of Select Guideline-Directed Medical Therapy (GDMT) for HF

	STARTING DOSE	TARGET DOSE
ARNI		
Sacubitril/valsartan	24/26 mg-49/51 mg twice	97/103 mg twice daily
ACEI		
Captopril	6.25 mg 3x daily	50 mg 3x daily
Enalapril	2.5 mg twice daily	10-20 mg twice daily
Lisinopril	2.5-5 mg daily	20-40 mg daily
Ramipril	1.25 mg daily	10 mg daily
ARB		
Candesartan	4-8 mg daily	32 mg daily
Losartan	25-50 mg daily	150 mg daily
Valsartan	40 mg twice daily	160 mg twice daily
BETA BLOCKERS		
Bisoprolol	1.25 mg once daily	10 mg once daily
Carvedilol	3.125 mg twice daily	25 mg 2X daily for weight <85 kg, 50 mg 2X daily for weight ≥ 85 kg
Metoprolol succinate*	12.5-25 mg/d	200 mg daily
ALDOSTERONE ANTAGONISTS		
Eplerenone	25 mg daily	50 mg daily
Spironolactone	12.5-25 mg daily	25-50 mg daily
VASODILATORS		
Hydralazine	25 mg 3x daily	75 mg 3x daily
Isosorbide dinitrate	20 mg 3x daily	40 mg 3x daily
Fixed-dose combination isosorbide dinitrate/hydralazine	20 mg/37.5 mg (one tab) 3 x daily	2 tabs 3x daily
IVABRADRINE		
Ivabradrine	2.5-5 mg twice daily	Titrate to HR 50-60 bpm. Max dose 7.5 mg twice daily

* Unlike immediate-release metoprolol and atenolol, metoprolol ER is proven to improve symptoms of heart failure, lower the risk of death from heart failure, and lower the risk of hospitalization due to heart problems. While atenolol is technically another hypertension drug, it doesn't have these additional benefits.

Vaccinations

Influenza vaccine	Recommended for all patients with HF
Pneumococcal vaccination	The PCV13 and PPSV23 are recommended for all patients > 65 years of age, and in younger patients with significant comorbid conditions including chronic heart or lung disease.

Charts and figures reprinted with permission from Elsevier. Yancy CW, Januzzi JL Jr, Allen LA et al. 2017 ACC expert consensus decision pathway for optimization of heart failure treatment: answers to 10 pivotal issues about heart failure with reduced ejection fraction: a report of the American College of Cardiology Task Force on Clinical Expert Consensus Decision Pathways. *J Am Coll Cardiol.* 2018;71:201-30.

Updated January 9, 2020

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Mount Sinai Health Partners

Triggers for Patient Referral to a Heart Failure Specialist/Program

- Chronic HF with high-risk features, such as development of 1 or more of the following risk factors:
  - Persistent NYHA functional class III-IV symptoms of congestion or profound fatigue
  - Systolic blood pressure ≤90 mm Hg or symptomatic hypotension
  - Creatinine ≥1.8 mg/dl or BUN ≥43 mg/dl
  - Onset of atrial fibrillation or ventricular arrhythmias or repetitive ICD shocks
  - Two or more emergency department visits or hospitalizations for worsening HF in prior 12 months
  - Inability to tolerate Guideline Directed Medical Therapy (GDMT) — needing to reduce or withdrawal GDMT due to blood pressure or worsening renal function
  - Clinical worsening
- To assist with management of GDMT
- Annual review for patients with established advanced HF
- Persistent reduced LVEF ≤35% despite GDMT for ≥3 months for consideration of device therapy in those patients without prior placement of ICD or CRT, unless decide therapy contraindicated.

How to Refer to Mount Sinai Care Coordination

- Patients can be referred to care management using the **MSHP Care Management Referral in Epic (order #391414)**. MSHP Care Management can also be reached at **mshpcmreferral@mountsinai.org** or **212-241-7228**.
- Providers who refer patients can expect:
  - Prompt and efficient processing of your referral
  - Communication about referral processing and assignment through the Epic Inbasket
  - Follow up from clinical staff within one week of assignment.

Behavioral Health

Patients should be screened for depression using the PHQ-2/PHQ-9 and referred to psychiatric services through their current care pathway depending on their clinic.

Palliative Care Referral Criteria

Consider a specialty-level palliative care referral for patients who meet any of these criteria:

- NYHA class III/IV symptoms with frequent heart failure readmissions;
- Anxiety or depression adversely affecting patient's quality of life or their ability to manage their illness; AND
- Assistance with decision-making regarding advanced therapies (LVAD, transplant, home inotropic therapy).

Palliative Care Referral Options within Mount Sinai Health System

Patients with Congestive Heart Failure may be referred to one of two practices. The services provided at each location are identical; please choose the location that is most convenient to your patient.

Mount Sinai Health System Palliative Care Practices:

- To make a referral to the **Martha Stewart Center for Living** at 1440 Madison Avenue, please call: **212-241-1446**
- To make a referral to the **Martha Stewart Center for Living Downtown** at Union Square, please call: **212-844-1712**