Which Medication Should I Add First? Practical Suggestions for Medication Management in Heart Failure Patients Andrew Johnson, PharmD

- 1. HFrEF therapy class I recommendations
 - a. NYHA class I-II
 - i. ACEi/ARBs/ARNI
 - ii. Beta blockers
 - b. NYHA Class II-IV
 - i. ACEi/ARBs/ARNI
 - ii. Beta blockers
 - iii. Aldosterone Antagonist
 - iv. Loop diuretics (volume overload)
 - c. NYHA Class III-IV
 - i. ACEi/ARBs/ARNI
 - ii. Beta blockers
 - iii. Nitrate/hydralazine (African American)
 - iv. Aldosterone Antagonist
 - v. Loop diuretics (volume overload)
- 2. HFrEF therapy Class II recommendations
 - a. Symptom control
 - b. Decrease hospitalizations
 - i. Ivabradine
 - ii. Digoxin
- 3. Use of patiromer
 - a. Beneficial in HFrEF therapy?
 - i. Hyperkalemic patients
 - ii. Adding ACEi/ARBs/ARNI/AA
 - b. Cons: cost and compliance

References

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Test Question

A Caucasian male comes into the clinic for a scheduled heart failure follow-up. He was recently admitted to the hospital for a heart failure exacerbation. Current HFrEF medications include carvedilol 6.25mg BID and Lisinopril 5mg daily. He had an ECHO while inpatient that shows an EF of 25%. BP at today's appointment was 99/60 with HR of 105 (EKG shows sinus tachycardia). Based on the updated guidelines, what would be a consideration to add to his medical therapy based on this information alone?

- a. valsartan
- b. Sacubitril-valsartan
- c. Nitrate +hydralazine
- d. Ivabradine