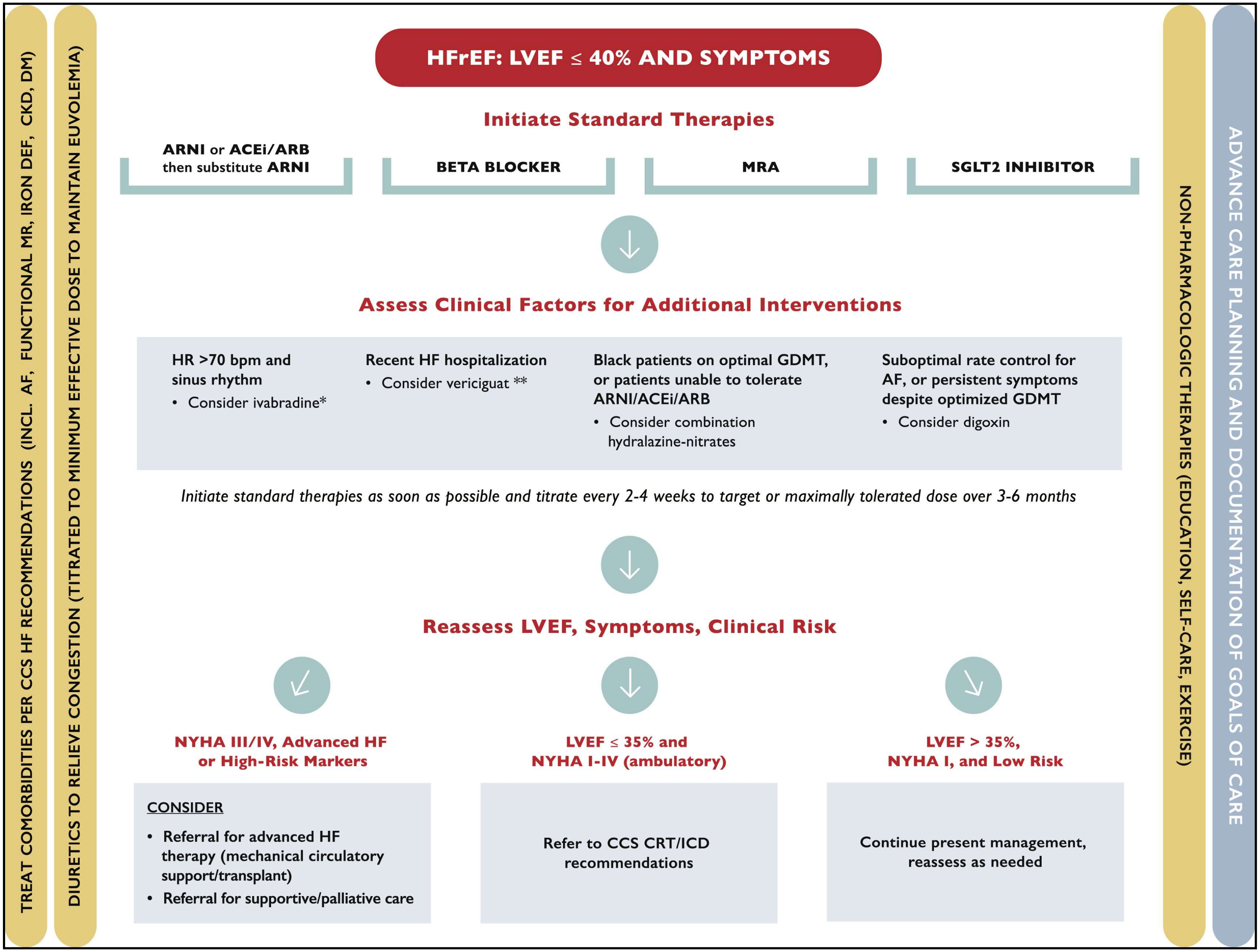

TREAT COMORBIDITIES PER CCS HF RECOMMENDATIONS (INCL. AF, FUNCTIONAL MR, IRON DEF, CKD, DM)

DIURETICS TO RELIEVE CONGESTION (TITRATED TO MINIMUM EFFECTIVE DOSE TO MAINTAIN EUVOLEMIA)

HFrEF: LVEF $\leq$ 40% AND SYMPTOMS

Initiate Standard Therapies

ARNI or **ACEi/ARB**
then substitute **ARNI**

BETA BLOCKER

MRA

SGLT2 INHIBITOR

Assess Clinical Factors for Additional Interventions

HR >70 bpm and sinus rhythm
- Consider ivabradine*

Recent HF hospitalization
- Consider vericiguat **

Black patients on optimal GDMT, or patients unable to tolerate ARNI/ACEi/ARB
- Consider combination hydralazine-nitrates

Suboptimal rate control for AF, or persistent symptoms despite optimized GDMT
- Consider digoxin

Initiate standard therapies as soon as possible and titrate every 2-4 weeks to target or maximally tolerated dose over 3-6 months

Reassess LVEF, Symptoms, Clinical Risk

NYHA III/IV, Advanced HF or High-Risk Markers

CONSIDER
- Referral for advanced HF therapy (mechanical circulatory support/transplant)
- Referral for supportive/palliative care

LVEF $\leq$ 35% and NYHA I-IV (ambulatory)

Refer to CCS CRT/ICD recommendations

LVEF > 35%, NYHA I, and Low Risk

Continue present management, reassess as needed

NON-PHARMACOLOGIC THERAPIES (EDUCATION, SELF-CARE, EXERCISE)

ADVANCE CARE PLANNING AND DOCUMENTATION OF GOALS OF CARE

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