Guidance for the Use of the HFrEF GDMT Pathway

Date: November 4, 2025

Purpose

The Heart Failure with Reduced Ejection Fraction (HFrEF) Guideline-Directed Medical Therapy (GDMT) Pathway provides BC health care providers with a practical, evidence-based tool to safely support and standardize the rapid initiation and titration of GDMT in eligible HFrEF patients within three months. It can be used to:

- Guide prescribers and clinical teams in primary, specialist, and acute care settings.
- Enhance communication and continuity during care transitions (e.g. discharge).

This guidance document is a companion to the HFrEF GDMT Pathway and is intended to emphasize key components within each of the pathway's steps.

Step 1: Select initiation strategy

Choose one of the recommended initiation strategies for the four foundational medication classes, based on clinical judgment and patient-specific factors (e.g. number of classes already prescribed, patient choice).

Step 2: Ensure initiating parameters are met

Ensure initiating parameters are met for each medication class before initiation.

Step 3: Titrate to target or maximally tolerated doses

Achieving target or maximally tolerated doses within 3 months relies on the adherence to safe parameters and regularly scheduled dose adjustments. Dosing recommendations are informed by the best available evidence and clinical expertise (McDonald et al., 2021). Management of hyperkalemia and renal dysfunction recommendations have been adapted from the 2017 Comprehensive Update of the Canadian Cardiovascular Society Guidelines for the Management of Heart Failure (Ezekowitz et al., 2017).

Step 4: Post-titration follow-up

An echocardiogram should be scheduled after three months of optimal GDMT to reassess left ventricular ejection fraction (LVEF). Results should be reviewed with the patient, with consideration given to individualized therapies based on clinical status and LVEF. Medications should remain at target or maximally tolerated doses despite LVEF improvement.

Medication affordability

In BC, PharmaCare Plans can reduce prescription costs. To learn more or to register, patients can search "BC PharmaCare" online or call 1-800-663-7100 (toll-free in BC). In addition, First Nations people living in BC can register with PharmaCare Plan W, which covers the full cost of most prescription medications.

References

Ezekowitz, J. A., O'Meara, E., McDonald, M. A., Abrams, H., Chan, M., Ducharme, A., Giannetti, N., Grzeslo, A., Hamilton, P. G., Heckman, G. A., Howlett, J. G., Koshman, S. L., Lepage, S., McKelvie, R. S., Moe, G. W., Rajda, M., Swiggum, E., Virani, S. A., Zieroth, S., … Sussex, B. (2017). 2017 Comprehensive Update of the Canadian Cardiovascular Society Guidelines for the Management of Heart Failure. *Canadian Journal of Cardiology*, *33*(11), 1342–1433. https://doi.org/10.1016/j.cjca.2017.08.022

McDonald, M., Virani, S., Chan, M., Ducharme, A., Ezekowitz, J. A., Giannetti, N., Heckman, G. A., Howlett, J. G., Koshman, S. L., Lepage, S., Mielniczuk, L., Moe, G. W., O'Meara, E., Swiggum, E., Toma, M., Zieroth, S., Anderson, K., Bray, S. A., Clarke, B., … Yip, A. M. C. (2021). CCS/CHFS Heart Failure Guidelines Update: Defining a New Pharmacologic Standard of Care for Heart Failure With Reduced Ejection Fraction. *Canadian Journal of Cardiology*, *37*(4), 531–546. https://doi.org/10.1016/j.cjca.2021.01.017

The HFrEF GDMT Pathway was developed by Cardiac Services BC, the Provincial GDMT Working Group (consisting of multidisciplinary health care providers), and subject matter experts. The guidance for the HFrEF GDMT Pathway was developed by Cardiac Services BC.

All documents were reviewed by Dr. Nathaniel Hawkins, Medical Lead, Research and Quality, and Kelly Mackay, Senior Director, Quality, Research, and Integrated Care.