

	Common Medications	Initiation Dose	Goal Dose
<b>ARNI/ACE/ARB</b>	Sacubtril/Valsartan	24/26mg BID	97/103mg BID
	Lisinopril	2.5mg daily	40mg daily
	Valsartan	40mg daily	320mg daily
	Losartan	25mg daily	150mg daily
<b>Beta Blocker</b>	Carvedilol	3.125mg BID	25mg BID
	Metoprolol Succinate	12.5mg daily	200mg daily
<b>Aldosterone Antagonist</b>	Spirinolactone	Per protocol *	25mg daily
	Eplerenone	25mg daily	50mg daily
<b>Hydralazine &amp; Nitrates</b>	Hydralazine	25mg TID	100mg TID
	Isosorbide mononitrate	10mg daily	120mg daily
	Isosorbide dinitrate	20mg TID	40mg TID

**Figure S1:** Guideline directed medical therapy with recommended initiation and target doses as outlined by ACC/AHA/HFSA<sup>1,2</sup>

**Ambulatory Aldosterone Antagonist Protocol**

**DO NOT ACTIVATE PROTOCOL IF:**

eGFR < 30 ml/min/1.73m<sup>2</sup>  
 Baseline potassium > 5 mmol/L

**ALDOSTERONE ANTAGONIST INITIATION RECOMMENDATIONS:**

Begin AA therapy at dose of 25mg daily in patients maintained on ACE/ARB/ARNI with NYHA III-IV symptoms and EF < 40%  
 If serum potassium level increases to >5.5 mmol/L reduce AA dosage to 25mg every other day and reevaluate response after 1 week  
 Serum potassium level should be checked during any heart failure exacerbation

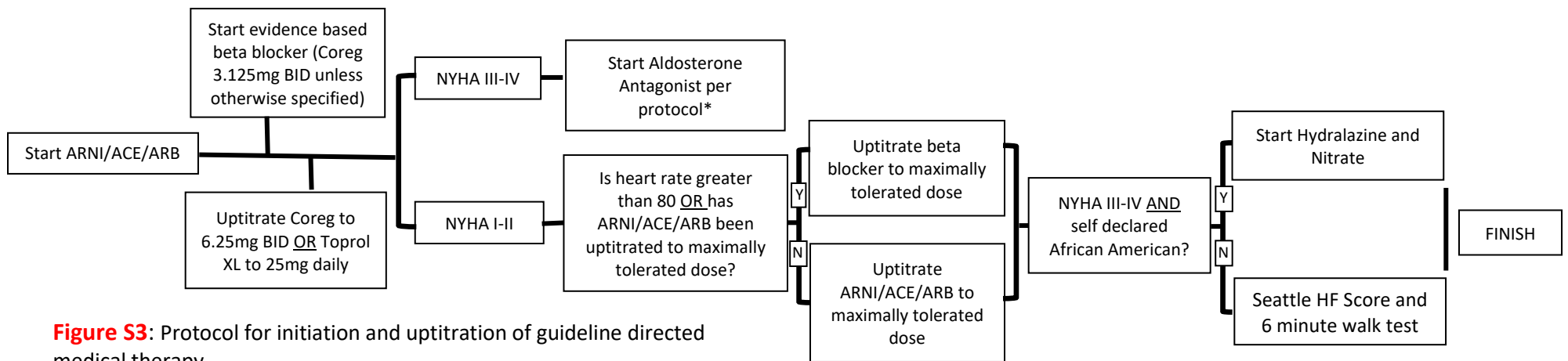
Begin AA therapy at dose of 12.5mg daily if:

Baseline serum potassium level >4.2 mmol/L  
 eGFR is 30 to 49 mL/min/1.73m<sup>2</sup>  
 If serum potassium level increases to >5.5 mmol/L reduce AA dosage to 12.5mg every other day and reevaluate response after 1 week

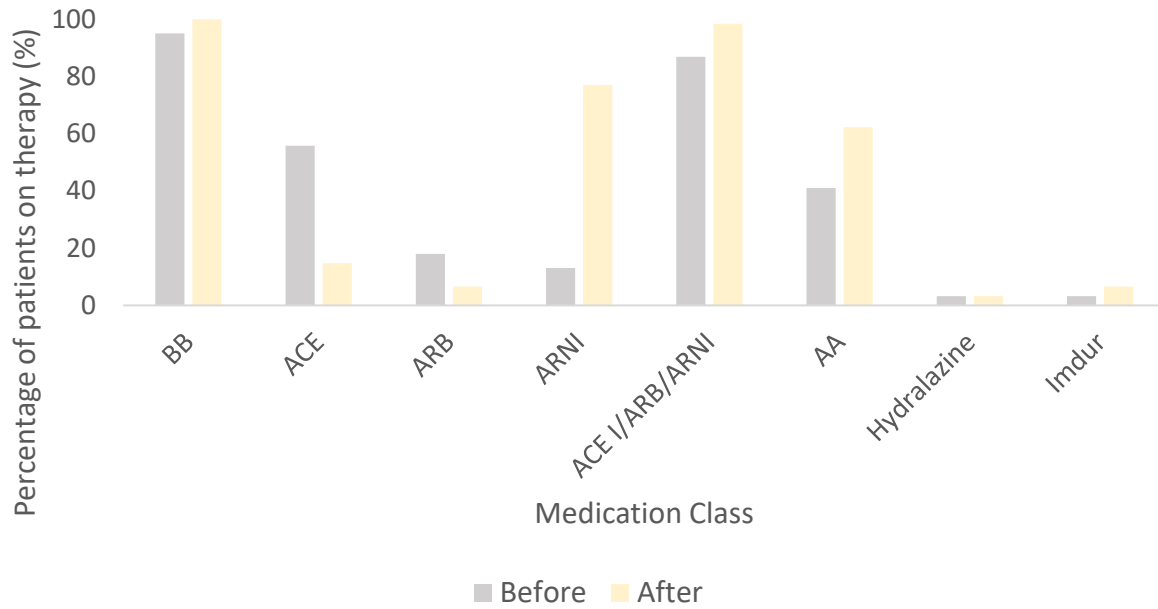
**Recommend stoppage of Aldactone if:**

Creatinine increases >25%  
 K > 6 mmol/L

**Figure S2:** Aldosterone Antagonist titration protocol



**Figure S3:** Protocol for initiation and uptitration of guideline directed medical therapy



**Figure S4:** Proportion of patients tolerating medical therapy by class at any dosage before and after nursing directed uptitration

<b>Table S1: Reasons for intolerance of uptitration with</b>	
<b>Failure to uptitrate with beta-blockers (n=17)</b>	
Bradycardia	8
Hypotension	5
Loss to follow up	2
LVEF recovered	1
Progressed to advanced therapies	1
<b>Failure to uptitrate with ARNI (n= 22)</b>	
Hypotension	8
Excessive copay	4
Prior authorization rejected	2
Loss to follow up	2
LVEF recovered	1
Declined frequent blood draws	1
Fatigue	1
Cough	1
Diarrhea	1
Death	1
<b>Failure to uptitrate with aldosterone inhibitors (n=22)</b>	
Hyperkalemia	7
Hypotension	5
Gynecomastia	5
Declined frequent blood draws	2
LVEF recovered	1
Renal failure	1
Fatigue	1
Dizziness	1
Progressed to advanced therapies	1
Tinnitus	1
Rash	1