MEDICATION POLICY:

Antihypertensive Agents for Uncontrolled and Treatment-Resistant Hypertension

Applicable Drugs: Baxfendy (baxdrostat), Tryvio (aprocitentan)

Date of Origin: 8/31/2026

Date Last Reviewed / Revised: N/A

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through VII are met)

I. Documented diagnosis of uncontrolled and treatment-resistant hypertension.

II. Meets ONE of the following:

A. Systolic blood pressure ≥ 130 mmHg on two consecutive measurements despite maximally tolerated antihypertensive treatment with 3 three antihypertensive drugs from different pharmacologic classes.

B. Diastolic blood pressure ≥ 80 mmHg on two consecutive measurements despite maximally tolerated antihypertensive treatment with 3 three antihypertensive drugs from different pharmacologic classes.

III. Documentation of therapeutic failure, intolerance, or contraindication to add-on therapy with maximally tolerated mineralocorticoid receptor antagonist (MRA) (such as eplerenone and spironolactone) to existing 3 antihypertensive drug regimen (from 3 different pharmacological classes).

IV. Requested drug will be used in combination with at least 3 antihypertensive medications from different classes at maximally tolerated doses.

V. Minimum age requirement: 18 years of age

VI. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

VII. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to a preferred product(s).

EXCLUSION CRITERIA

- Secondary causes of hypertension (eg, primary hyperaldosteronism, white coat effect, medication-related causes, medication non-adherence).

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Baxfendy (baxtrostat): 30 tablets per 30 days
- Tryvio (aprocitentan): 30 tablets per 30 days

APPROVAL LENGTH

- **Authorization:** 12 months
- **Re-Authorization:** 12 months with an updated letter of medical necessity or progress notes showing current medical necessity criteria are met, that the medication is effective, and requested drug is being used in combination with at least 3 antihypertensive medications from different classes at maximally tolerated doses.

APPENDIX

N/A

REFERENCES

1. Baxfendy. Prescribing information. AstraZeneca Pharmaceuticals LP; 2026. Accessed July 27, 2026. https://www.azpicentral.com/pi.html?product=baxfendy
2. Tryvio. Prescribing information. Idorsia Pharmaceuticals US Inc; 2025. Accessed July 27, 2026. https://www.idorsia.us/dam/jcr:d834ee09-2e6c-443d-b3ac-c111e38f0990/tryvio_pi.pdf
3. Flack Jm, Azizi M, Brown JM, et al. Efficacy and safety of baxdrostat in uncontrolled and resistant hypertension. *N Engl J Med.* 2025; 393:1363-1374. doi: 10.1056/NEJMoa2507109
4. Azizi M, Brown JM, Dwyer JP, et al. Effect of baxdrostat on ambulatory blood pressure in patients with resistant hypertension (Bax24). *Lancet*. 2026; 407:988-999. doi.10.1016/S0140-6736(25)02549-8
5. Schlaich MP, Bellet M, Weber MA, et al. Dual endothelin antagonist aprocitentan for resistant hypertension (PRECISION). *Lancet.* 2022;400:1927-1937.doi.10.1016/s0140-6736(22)02034-7
6. 2025 AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC/NMA/PCNA/SGIM Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. Circulation 2025;152(11):e212-e316. doi.10.1161/CIR.0000000000001356

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.