Reference number(s)
7505-C

Initial Prior Authorization with Quantity Limit Baxfendy

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Baxfendy	baxdrostat

Indications

FDA-approved Indications

Baxfendy, in combination with other antihypertensive drugs, is indicated for the treatment of hypertension, to lower blood pressure in adults who are not adequately controlled on other agents. Lowering blood pressure reduces the risk of fatal and nonfatal cardiovascular events, primarily strokes and myocardial infarctions. These benefits have been seen in controlled trials of antihypertensive drugs from a wide variety of pharmacologic classes. There are no controlled trials demonstrating risk reduction of these events with Baxfendy.

Control of high blood pressure should be part of comprehensive cardiovascular risk management, including, as appropriate, lipid control, diabetes management, antithrombotic therapy, smoking cessation, exercise, and limited sodium intake. Many patients will require more than one drug to achieve blood pressure goals. For specific advice on goals and management, see published guidelines, such as those of the American College of Cardiology/American Heart Association (ACC/AHA).

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Numerous antihypertensive drugs, from a variety of pharmacologic classes and with different mechanisms of action, have been shown in randomized controlled trials to reduce cardiovascular morbidity and mortality, and it can be concluded that it is blood pressure reduction, and not some other pharmacologic property of the drugs, that is largely responsible for those benefits. The largest and most consistent cardiovascular outcome benefit has been a reduction in the risk of stroke, but reductions in myocardial infarction and cardiovascular mortality also have been seen regularly.

Elevated systolic or diastolic pressure causes increased cardiovascular risk, and the absolute risk increase per mmHg is greater at higher blood pressures, so that even modest reductions of severe hypertension can provide substantial benefit. Relative risk reduction from blood pressure reduction is similar across populations with varying absolute risk, so the absolute benefit is greater in patients who are at higher risk independent of their hypertension (for example, patients with diabetes or hyperlipidemia), and such patients would be expected to benefit from more aggressive treatment to a lower blood pressure goal.

Coverage Criteria

Hard to Control Hypertension

Authorization may be granted when the requested drug is being prescribed to lower blood pressure (BP) in an adult who is NOT adequately controlled on other drugs when ALL of the following are met:

- The patient has hard to control hypertension. [NOTE: A patient has hard to control hypertension when they take TWO or more antihypertensive medications from different therapeutic classes (e.g., diuretic, renin angiotensin system (RAS) inhibitor, long-acting calcium channel blocker), at maximally tolerated doses, but does NOT achieve BP control.]
- The requested drug will be used in combination with at least TWO other antihypertensive agents from different therapeutic classes (e.g., diuretic, renin angiotensin system (RAS) inhibitor, long-acting calcium channel blocker), at maximally tolerated doses. [NOTE: A combination product, containing two different blood pressure lowering agents, would be considered two antihypertensive agents.]

Continuation of Therapy

Hard to Control Hypertension

Authorization may be granted when the requested drug is being prescribed to lower blood pressure (BP) in an adult who is NOT adequately controlled on other drugs when ALL of the following are met:

- The patient has achieved or maintained a positive clinical response to treatment as evidenced by a reduction in BP from baseline.

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- The requested drug will be used in combination with at least TWO other antihypertensive agents from different therapeutic classes (e.g., diuretic, renin angiotensin system (RAS) inhibitor, long-acting calcium channel blocker), at maximally tolerated doses. [NOTE: A combination product, containing two different blood pressure lowering agents, would be considered two antihypertensive agents.]

Quantity Limits Apply

30 tablets / 25 days or 90 tablets / 75 days

The duration of 25 days is used for a 30 day-fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

Duration of Approval (DOA)

- 7505-C: Initial therapy DOA: 6 months; Continuation of therapy DOA: 12 months

References

1. Baxfendy [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals, LP.; August 2026.
2. Lexicomp Online, Lexi-Drugs Online. Waltham, MA: UpToDate, Inc.; 2026; Accessed May 22, 2026.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com. (cited: 05/22/2026)
4. Flack JM, Azizi M, Brown JM, et al. Efficacy and Safety of Baxdrostat in Uncontrolled and Resistant Hypertension. N Engl J Med. 2025;393(14):1363-1374.
5. Jones DW, Ferdinand KC, Taler SJ, et al. 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. Hypertension. 2025;82(10)e212-e316.

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