AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Baxfendy	Page:	1 of 2
Effective Date:	9/17/2026	Last Review Date:	8/2026
Applies to:	☒Illinois ☒New Jersey ☒Pennsylvania Kids	☐Florida ☒Maryland ☐Virginia	☒Florida Kids ☐Michigan ☐Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Baxfendy under the patient's prescription drug benefit.

Description:

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.

Applicable Drug List:

Baxfendy

Policy/Guideline:

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, including a diuretic, 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, including a diuretic, 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 the treatment as evidenced by a reduction in BP from baseline.
- The requested drug will be used in combination with at least TWO other antihypertensive agents, including a diuretic, at maximally tolerated doses. [NOTE: A combination product, containing two different blood pressure lowering agents, would be considered two antihypertensive agents.]

Approval Duration and Quantity Restrictions:

Initial approval: 6 months
Renewal Approval: 12 months

Quantity Limit: 30 tablets per 30 days

References:

1. Baxfendy [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals, LP.; May 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
6. Spironolactone [package insert]. Yardley, PA: Jubilant Cadista Pharmaceuticals Inc.; July 2024.
7. Tryvio [package insert]. Radnor, PA: Idorsia Pharmaceuticals US Inc.; September 2025.