PRIOR AUTHORIZATION POLICY

POLICY: Cardiology – Baxfendy Prior Authorization Policy
- Baxfendy™ (baxdrostat tablets – AstraZeneca)

REVIEW DATE: 06/03/2026

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Baxfendy, an aldosterone synthase inhibitor, is indicated for the treatment of **hypertension in combination with other antihypertensive drugs**, to lower blood pressure in adults who are not adequately controlled on other agents.[1] Lowering blood pressure reduces the risk of fatal and nonfatal cardiovascular events, primarily strokes and myocardial infarctions.

Guidelines

Baxfendy is not yet addressed in guidelines. The 2025 American College of Cardiology (ACC)/American Heart Association (AHA) guidelines for the management of hypertension in adults recommend a risk-based treatment approach.[2] Blood pressure is categorized as normal (< 120/< 80 mmHg), elevated (120 to 129/< 80 mmHg), stage 1 hypertension (130 to 139/80 to 89 mmHg), and stage 2 hypertension (≥ 140/≥ 90 mmHg).

Pharmacologic therapy should be initiated, alongside lifestyle modifications, for all patients with a sustained blood pressure ≥ 140/90 mmHg.[2] Therapy is also recommended for patients with blood pressure ≥ 130/80 mmHg who have clinical cardiovascular disease, diabetes, chronic kidney disease, or an elevated 10-year cardiovascular risk (≥ 7.5% using the PREVENT risk estimator). In lower-risk patients with blood pressure ≥ 130/80 mmHg, medication therapy is recommended if blood pressure remains above goal after 3 to 6 months of lifestyle intervention. First-line antihypertensive therapy includes thiazide diuretics, angiotensin converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARBs), or dihydropyridine calcium channel blockers (CCBs). Additional antihypertensive classes may be considered based on patient-specific factors, including potassium-sparing diuretics, mineralocorticoid receptor antagonists, beta-blockers, alpha-adrenergic blockers, central alpha-adrenergic agonists, direct vasodilators, and non-dihydropyridine CCBs. For patients with stage 2 hypertension, guidelines recommend initiation of two agents from different classes. Ongoing management should focus on adherence optimization and use of home blood pressure monitoring with standardized protocols. Multidisciplinary, team-based care is recommended to improve blood pressure control rates. In patients with resistant hypertension, evaluation for secondary causes is recommended, including screening for primary aldosteronism regardless of potassium level. Therapy should be intensified using complementary agents as needed. The treatment goal is < 130/80 mmHg for most adults.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Baxfendy. All approvals are provided for the duration noted below.

Baxfendy™ (baxdrostat tablets - AstraZeneca) is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indication

1. **Hypertension.** Approve for 1 year if the patient meets BOTH of the following (A and B):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient meets BOTH of the following (i and ii):
     - **i.** Patient is currently receiving a diuretic, unless according to the prescriber, it is contraindicated; AND
       Note: Examples of a thiazide diuretics include chlorthalidone, chlorothiazide, hydrochlorothiazide, indapamide, and metolazone. Examples of loop diuretics include furosemide, torsemide, bumetanide, and ethacrynic acid. Examples of contraindications to diuretics include anuria, sulfonamide hypersensitivity, severe renal or hepatic impairment,

symptomatic hyperuricemia/gout, hypercalcemia, electrolyte dysfunction, or increased risk of falls and syncope.

ii. In addition to the diuretic, the patient has tried, or is currently receiving at least two other antihypertensive agents from the following pharmacological classes ([a], [b], [c], [d], [e], [f], [g]):

a) Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB);
Note: Examples of ACE inhibitors include benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, ramipril, and trandolapril. Examples of ARBs include azilsartan, candesartan, eprosartan, irbesartan, losartan, olmesartan, temlisartan, and valsartan.

b) Non-dihydropyridine calcium channel blocker (CCB);
Note: Examples of non-dihydropyridine CCBs include diltiazem and verapamil.

c) Dihydropyridine calcium channel blocker (CCB);
Note: Examples of dihydropyridine CCBs include amlodipine, felodipine, isradipine, nicardipine, nifedipine, and nisoldipine.

d) Beta-blocker;
Note: Examples of beta-blockers include acebutolol, atenolol, betaxolol, bisoprolol, carvedilol, metoprolol, nadolol, nebivolol, pindolol, propranolol, and timolol.

e) Alpha-adrenergic blocker;
Note: Examples of alpha-adrenergic blockers include doxazosin, prazosin, and terazosin.

f) Central alpha-adrenergic blocker;
Note: Examples of central alpha-adrenergic bockers include clonidine, guanfacine, and methyldopa.

g) Direct vasodilator;
Note: Examples of direct vasodilators include hydralazine and minoxidil.

CONDITIONS NOT COVERED

Baxfendy™ (baxdrostat tablets - AstraZeneca) is(are) considered not medically necessary for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Concomitant use with a mineralocorticoid receptor antagonist, a non-steroidal mineralocorticoid receptor antagonist, a potassium-sparing diuretic, or a direct renin inhibitor**. Patients on mineralocorticoid receptor antagonists, non-steroidal mineralocorticoid receptor antagonists, potassium-sparing diuretics, or direct renin inhibitors were excluded from the pivotal study due to the increased risk of hyperkalemia.[1,3]
Note: Examples of mineralocorticoid receptor antagonists include eplerenone and spironolactone. An example of a non-steroidal mineralocorticoid receptor

antagonist includes finerenone. Examples of potassium-sparing diuretics include amiloride and triamterene. An example of a direct renin inhibitor is aliskiren.

REFERENCES

1. Baxfendy™ tablets [prescribing information]. Wilmington, DE: AstraZeneca; May 2026.
2. Jones DW, Ferdinand KC, Taler SJ, et al. 2025 AHA/ACC/AANP/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):e212-316.
3. Flack JM, Azizi M, Brown JM, et al. Efficacy and safety of baxdrostat in uncontrolled and resistant hypertension. *N Engl J Med*. 2026;393(14):1363-1374.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	06/03/2026