



Act rapidly

Sample antihypertensive medication treatment intensification protocol

Instructions: Use this sample protocol and modify based on your population's needs when prescribing antihypertensive medications. All medication treatment should be accompanied by guideline recommended lifestyle changes. Check labs at your discretion. Never let a protocol override your clinical judgement for an individual patient. When goal blood pressure (BP) is achieved, reassess in one month. If stable at goal BP, reassess every 3–6 months as warranted based on patient's overall risk.

Sample protocol if patient has a confirmed diagnosis of hypertension and BP is *not* at goal:

Step 1: Initiate therapy with amlodipine 5 mg/benazepril 10 mg combination capsule once daily

- Recheck BP in 2–4 weeks
- If concerned with hypotension, consider starting at lower 2.5/5 mg dosing
- If not tolerated due to cough, consider changing to amlodipine/ARB combination capsule/tablet

Step 2: If not at goal at follow-up, increase to amlodipine 10 mg/benazepril 20 mg combination capsule once daily

- Recheck BP in 2–4 weeks

Step 3: If not at goal, add indapamide 1.25 mg once daily

- Recheck BP in 2–4 weeks
- If not tolerated due to symptoms or increased creatinine, discontinue and consider trial of chlorthalidone 25 mg tabs, 0.5 tab once daily

Step 4: If not at goal, increase indapamide to 2.5 mg once daily

- Recheck BP in 2–4 weeks

Step 5: If not at goal, refer to a hypertension specialist (optional: add spironolactone 25mg once daily)

Approximate cost:

- Three drugs can be used at any dose for approximately \$20/month
- Four drugs can be used at any dose for approximately \$25/month

Medications for uncontrolled high BP with compelling indications	
African American	If no CKD or HF, treat with thiazide-type diuretic or CCB as initial monotherapy or a component of combination therapy
CAD	ACEI, BB, diuretic, CCB
CKD	ACEI or ARB
Diabetes, no proteinuria	Treat with first line antihypertensive medication (ACEI, ARB, CCB or diuretic)
Diabetes with proteinuria	ACEI or ARB
Pregnancy	Most commonly managed by ob-gyn: labetalol, nifedipine, methyldopa Not ACE or ARB
Secondary stroke prevention	ACEI or ARB, or ACE + thiazide diuretic added if needed

ACEI = Angiotensin-converting enzyme inhibitor **ARB** = Angiotensin receptor blocker **BB** = Beta blocker **CCB** = Calcium channel blocker