**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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Initial/monotherapy or combination therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>If no CKD or HF, treat with thiazide-type diuretic or CCB as initial monotherapy or a component of combination therapy</td>
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<tr>
<td>CAD</td>
<td>ACEI, BB, diuretic, CCB</td>
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<tr>
<td>CKD</td>
<td>ACEI or ARB</td>
</tr>
<tr>
<td>Diabetes, no proteinuria</td>
<td>Treat with first line antihypertensive medication (ACEI, ARB, CCB or diuretic)</td>
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<tr>
<td>Diabetes with proteinuria</td>
<td>ACEI or ARB</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>Most commonly managed by ob-gyn: labetalol, nifedipine, methyldopa Not ACE or ARB</td>
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<tr>
<td>Secondary stroke prevention</td>
<td>ACEI or ARB, or ACE + thiazide diuretic added if needed</td>
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</tbody>
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ACEI = Angiotensin-converting enzyme inhibitor  
ARB = Angiotensin receptor blocker  
BB = Beta blocker  
CCB = Calcium channel blocker  

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