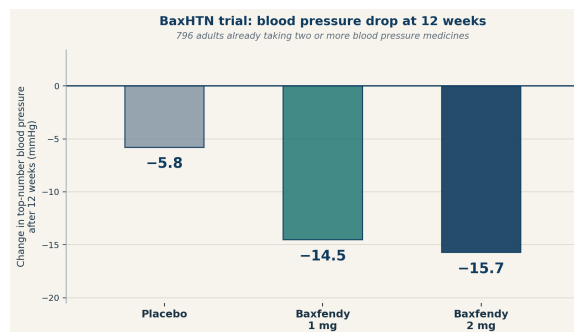


Understanding Baxfendy (Baxdrostat)

A new kind of blood pressure pill for when other medicines are not enough

It turns down the salt-holding hormone at the source.



Online: <https://go.riasalimd.com/baxfendy-guide>

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Names & Terms You Will Hear

Term	Meaning
Baxfendy	The brand name in the United States. Say it BAX-fen-dee.
Baxdrostat	The generic name for the same drug.
Aldosterone synthase inhibitor (ASI)	The drug class. Baxfendy is the first one the FDA has approved. It blocks the enzyme that builds aldosterone.
Aldosterone	A hormone made by your adrenal glands. It tells your kidneys to hold on to salt and water. Too much of it pushes blood pressure up.
Uncontrolled high blood pressure	Your blood pressure is still above goal even though you take two blood pressure medicines.
Resistant high blood pressure	Your blood pressure is still above goal on three or more medicines, and one of them is a water pill.
Hyperkalemia	Too much potassium in the blood. This is the main safety concern with Baxfendy.
Hyponatremia	Too little sodium in the blood. This one is less common.

An add-on, not a replacement. Baxfendy is approved to be taken *together with* your other blood pressure medicines. Do not stop any of your current pills unless your doctor tells you to. If cost or side effects are a problem, call us before you change anything on your own.



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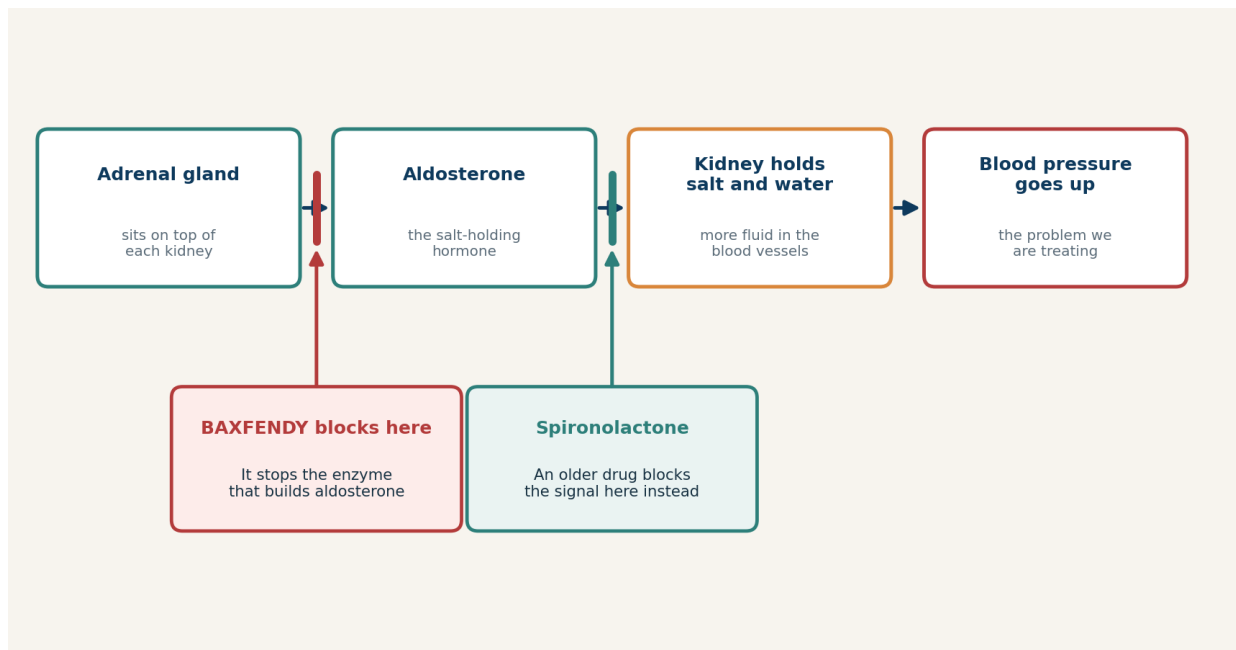
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What Is Baxfendy (Baxdrostat)?

- Baxfendy (baxdrostat) is a once-a-day pill for high blood pressure. The FDA approved it on May 15, 2026.
- It is the first drug of its kind. Your doctor may call it an aldosterone synthase inhibitor.
- Your adrenal glands sit on top of your kidneys. They make a hormone called aldosterone. That hormone tells your kidneys to hold salt and water.
- Holding extra salt and water means more fluid in your blood vessels. More fluid means higher pressure.
- Baxfendy blocks the enzyme that builds aldosterone. With less aldosterone, your kidneys let the extra salt and water go.
- It is an add-on. You take it with your other blood pressure medicines, not instead of them.



How Baxfendy lowers blood pressure. Aldosterone tells your kidneys to hold salt and water, which raises pressure. Baxfendy blocks the enzyme that builds aldosterone, so less of the hormone is made. Spironolactone, an older drug, blocks the signal further down the line instead.



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Why It Matters

- Some people stay above their blood pressure goal even on several medicines. Extra aldosterone is one reason why.
- The main study was called BaxHTN. It treated 796 adults. Everyone was already taking two or more blood pressure medicines.
- After 12 weeks, the top number fell 15.7 points on the 2 mg dose and 14.5 points on the 1 mg dose. On placebo it fell 5.8 points.
- That works out to about 9.8 points better than placebo on 2 mg, and 8.7 points better on 1 mg.
- A drop that size matters. Lower blood pressure over time means less strain on your heart, brain, kidneys, and eyes.
- Older drugs like spironolactone block the aldosterone signal after the hormone is made. Baxfendy works one step earlier. It keeps less of the hormone from being built at all.

Who Baxfendy Is For

- It is for adults whose blood pressure is still above goal on the medicines they already take.
- In the main study, everyone was on at least two blood pressure medicines. Many were on three or more, including a water pill.
- Before adding any new drug, we check the simple things first. Are the current pills being taken every day? How much salt is in the diet? Is the blood pressure cuff the right size?
- We also look for a fixable cause, such as a kidney artery problem, sleep apnea, or a hormone-producing growth.
- Baxfendy has not been studied in anyone under 18 years old.
- It has not been established for people starting with an eGFR under 45.



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Age 65 or older	Kidneys clear potassium more slowly with age. High potassium was more common in older patients in the studies.
Diabetes	Diabetes changes how your kidneys handle potassium. Your doctor will check your labs more often.
Chronic kidney disease	Weaker kidneys remove less potassium. Baxfendy has not been studied in people starting with an eGFR under 45.
Other medicines that raise potassium	ACE inhibitors, ARBs, spironolactone, and potassium pills all push potassium up. Baxfendy adds to that.
Salt substitutes	Most salt substitutes are potassium chloride. They can raise your potassium without you realizing it.
Low sodium to begin with	If your sodium already runs low, Baxfendy can push it lower. Your doctor may start you at the 1 mg dose.
Certain seizure and infection drugs	Some medicines speed up how fast your body clears Baxfendy. That can make it work less well.



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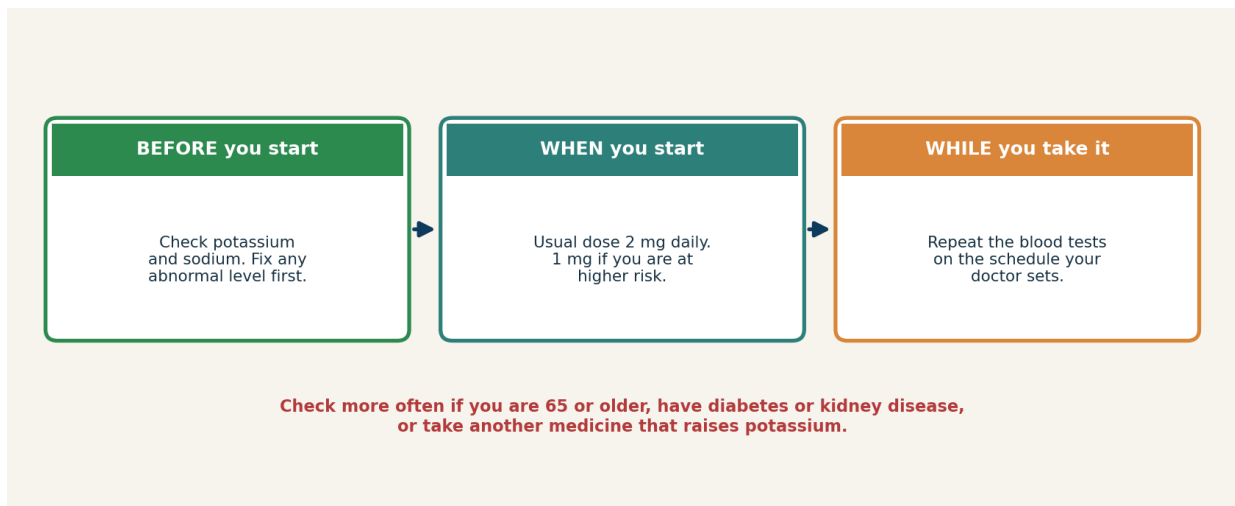
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Treatment Options

- The usual dose is 2 mg by mouth, once a day.
- If you are at higher risk of high potassium or low sodium, the dose is 1 mg once a day.
- You can take it with food or without food.
- If you miss a dose, take the next one at your usual time. Never take two doses in one day.
- You need a blood test for potassium and sodium before your first pill. If either one is off, your doctor fixes that first.
- You need repeat blood tests while you take it. Your doctor sets the schedule.
- Keep the tablets in the bottle they came in, with the little drying packet. Moisture harms them.
- Tell every doctor, dentist, and pharmacist that you take Baxfendy.



The blood test schedule. Your potassium and sodium are checked before your first pill, and again on a schedule your doctor sets. Anything abnormal gets corrected before you start.



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The Potassium Check Is Not Optional

- High potassium is the most common side effect of this drug, and it usually causes no symptoms until it is severe.
- You get a blood test before your first pill. If your potassium or sodium is out of range, we correct it before you start.
- You get repeat blood tests while you take it, on a schedule we set for you.
- You need them more often if you are 65 or older, have diabetes, have kidney disease, or take another medicine that raises potassium.
- If your potassium climbs, we treat it. We may pause the drug or stop it.
- If a serious potassium problem comes back after we restart it, we stop the drug for good.



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Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- Cut back on salt. Less salt in means less water your body holds on to.
- Check your blood pressure at home and write the numbers down. Bring the log to every visit.
- Read the label on any salt substitute before you buy it. Most are potassium.
- Keep moving. Regular walking helps your blood pressure and helps this medicine work.
- Go easy on alcohol. It raises blood pressure and can make you lightheaded on this drug.
- Take it at the same time each day. A phone alarm or a pill box helps.

Related guides from our practice.

High Blood Pressure — the basics, and what your numbers mean.

Resistant High Blood Pressure — when three or more medicines are not enough.

Secondary High Blood Pressure — the fixable causes we look for first.

Spironolactone and Eplerenone — the older drugs that work on the same hormone.

ACE Inhibitors and ARBs and Water Pills — the medicines Baxfendy is added to.

Home Blood Pressure Monitoring — how to check your own numbers correctly.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Baxfendy (baxdrostat)	High potassium in about 1 in 10 people on the 2 mg dose. Low sodium in about 3 in 100. Low blood pressure and dizziness in a few. You must get blood tests before and during treatment.	Lowers the top number about 9.8 points more than placebo on 2 mg. Works when other medicines have not been enough. One pill a day, with or without food. Does not affect cortisol or sex hormones.	Spironolactone. Another standard blood pressure medicine. A procedure called renal denervation. Or no added drug.
Spironolactone (an older MRA)	High potassium. Breast tenderness or swelling in men. Sexual side effects. Irregular periods. Also needs potassium checks.	Long track record in hard-to-control blood pressure. Low cost. Widely available as a generic.	Baxfendy, which blocks hormone production instead of the receptor and skips the hormone side effects. Or eplerenone.
Adding another standard medicine	Each class has its own side effects. Ankle swelling with some. Cough with others. More pills to keep track of.	Well understood after decades of use. Usually inexpensive. Many combinations come in a single tablet.	Baxfendy, if aldosterone is the reason your pressure stays high. Or checking for a fixable cause first.
No added treatment	Blood pressure stays high. Over years that raises the risk of stroke, heart attack, heart failure, kidney damage, and vision loss.	No new side effects. No new blood tests. No new cost.	Any of the options above. Talk with your cardiologist about which fits you.



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Common Misconceptions

Myth	Reality
Baxfendy replaces my other blood pressure pills.	It does not. The FDA approved it to be used together with other blood pressure medicines. Keep taking everything your doctor prescribed unless they tell you to stop.
It is just another spironolactone.	They are not the same. Spironolactone blocks the place where aldosterone lands. Baxfendy blocks the enzyme that builds aldosterone in the first place. That is also why Baxfendy does not cause the breast and sexual side effects that spironolactone can.
It will keep me from having a heart attack or a stroke.	We do not know that yet, and it is important to be straight about it. The study measured blood pressure over 12 weeks. It did not measure heart attacks or strokes. Lower blood pressure usually helps over time, but for this drug that proof is still being gathered.
If I feel fine, I can skip the potassium blood test.	Please do not. High potassium often causes no symptoms at all until it becomes dangerous. The blood test is the only way to catch it early.
It will mess with my hormones.	Baxfendy was built to be picky. In studies it lowered aldosterone without changing cortisol, your stress hormone. It also does not block testosterone or estrogen.
The label lists no contraindications, so anyone can take it.	That is not the same thing. It means there is no absolute ban. There are still real cautions, especially around potassium, sodium, weaker kidneys, and pregnancy.
A little salt substitute is harmless.	Most salt substitutes are potassium chloride. On Baxfendy they can push your potassium into a risky range. Check with us before you use one.



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How Baxfendy Differs From Spironolactone

- Both drugs work on the same hormone, but at different points.
- Spironolactone blocks the receptor. That is the docking spot where aldosterone lands.
- Baxfendy blocks the enzyme that makes aldosterone. Less hormone gets built in the first place.
- Spironolactone can cause breast tenderness or growth in men, and can change periods in women. Baxfendy was designed to avoid that.
- In studies, Baxfendy lowered aldosterone without changing cortisol, the stress hormone. It does not block testosterone or estrogen.
- Both raise potassium. Both need blood tests. That part is the same.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
High potassium (hyperkalemia)	This is the one we watch most closely. It was reported in 10.2% of people on the 2 mg dose and 6.6% on 1 mg, next to 2.5% on placebo. In the main trial, a potassium above 6.0 happened in 3.0% on 2 mg and 2.3% on 1 mg, next to 0.4% on placebo. Blood tests catch it before it causes harm.
Low sodium (hyponatremia)	Reported in 3.2% on the 2 mg dose and 2.1% on 1 mg, next to 0.9% on placebo. It can cause headache, confusion, or unusual tiredness. Your sodium is checked on the same blood test as your potassium.
Blood pressure that drops too low	Reported in 3.6% on the 2 mg dose, next to 0.5% on placebo. Stand up slowly. Tell us if you feel faint.
Dizziness	Reported in about 3% on either dose, next to 0.9% on placebo. It is most likely early on, or if you also take a water pill.
Muscle spasms	Reported in 2.9% on the 2 mg dose, next to 0.7% on placebo. Tell us if cramps are frequent, since they can also be a sign of a potassium problem.
A dip in your kidney number	Average eGFR fell about 8 points by week 12 on the 2 mg dose. A small early dip is expected with drugs that act this way. Your doctor watches the trend rather than one reading.

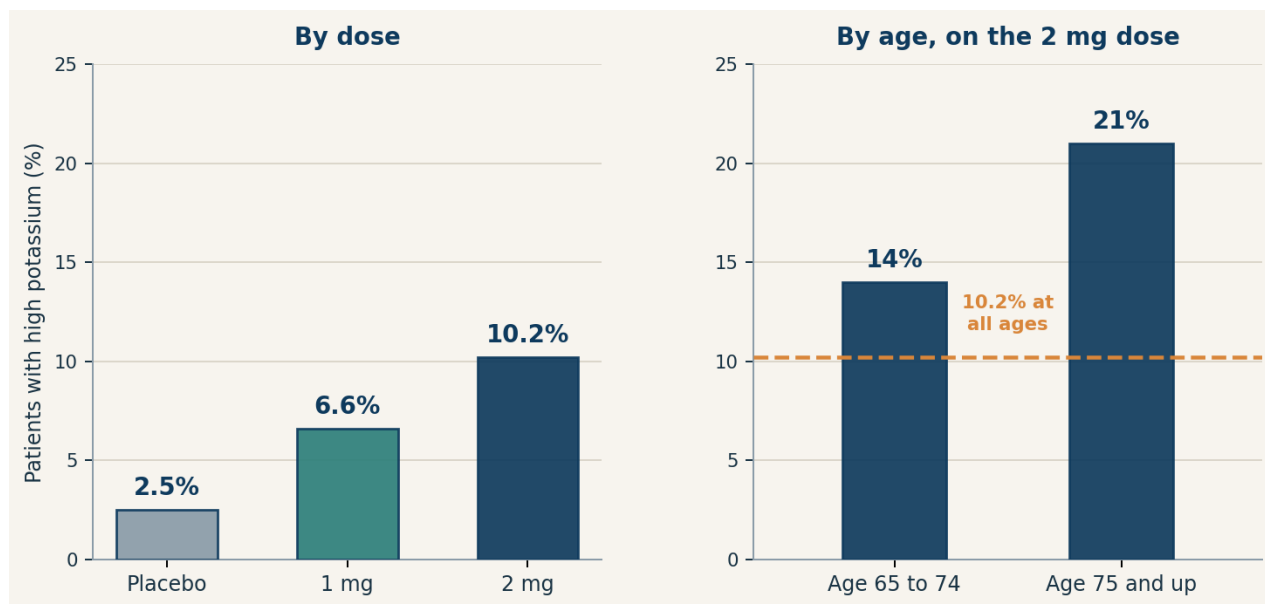


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How often high potassium was reported in the studies. On the left, by dose: the higher the dose, the more often it happened. On the right, by age among people taking the 2 mg dose, next to the 10.2% rate seen across all ages. Older patients had it more often, which is why blood tests matter more as you age. The number of patients aged 75 and up was small, so treat that bar as a signal rather than a precise figure.

Side effect	Baxfendy 2 mg	Baxfendy 1 mg	Placebo
High potassium	10.2%	6.6%	2.5%
Low blood pressure	3.6%	2.1%	0.5%
Low sodium	3.2%	2.1%	0.9%
Dizziness	2.9%	3.0%	0.9%
Muscle spasms	2.9%	1.8%	0.7%



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Points to Know

If you remember nothing else, remember these key points.

- You need a potassium and sodium blood test before your first pill, and repeat tests after that. This is the most important safety step.
- The usual dose is 2 mg once a day. It is 1 mg if you are at higher risk of high potassium or low sodium.
- Baxfendy is added to your other blood pressure medicines. It does not replace them.
- Check every salt substitute before you use it. Most contain potassium.
- Tell us before you start any new medicine or supplement, especially one with potassium in it.
- This drug has not been studied in children, and there is no safety information for pregnancy. Tell us if you are pregnant, nursing, or planning a pregnancy.
- It has not been established for people starting with an eGFR under 45, which is moderate to severe kidney disease.
- Keep the tablets in the original bottle with the drying packet, and keep the cap tight.

What We Do Not Know Yet

- The main trial ran 12 weeks. It measured blood pressure, not heart attacks or strokes.
- So we cannot yet say that Baxfendy prevents heart attacks, strokes, or death. Studies looking at that are still going on.
- We do not have long-term safety data beyond the trial period.
- There is no information on use during pregnancy. In animal studies at very high doses there was harm to the developing young.
- We do not know whether it passes into human breast milk.
- None of this means the drug does not work. It means we should be honest about what has been proven and what has not.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Muscle weakness, heavy cramping, or a limp feeling in your arms or legs. Call us today, since this can be high potassium.
- A heartbeat that feels irregular, pounding, or skips. Call us today.
- Numbness or tingling in your hands, feet, or around your lips. Call us today.
- Severe dizziness, feeling faint, or actually passing out. Call us today.
- New confusion, a bad headache, or unusual tiredness. Call us today, since this can be low sodium.
- Before you start any new prescription, over-the-counter medicine, or supplement. Call us first.
- If you become pregnant or are planning a pregnancy. Call us before your next dose.
- Chest pain, trouble breathing, weakness on one side, or trouble speaking. Call 911 right away.

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Watch the salt substitutes. Products sold as "lite salt" or "salt-free" are usually potassium chloride. On Baxfendy they can push your potassium into a dangerous range. Read the label, and ask us before you start using one.



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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [MedlinePlus \(NIH\) — High Blood Pressure](#) - Plain-language basics on high blood pressure from the National Institutes of Health.
- [American Heart Association — Types of Blood Pressure Medications](#) - How the different blood pressure drug classes work and where a new one fits.
- [Cleveland Clinic — Resistant Hypertension](#) - What it means when blood pressure stays high on three or more medicines.
- [National Kidney Foundation — Potassium in Your Diet](#) - Which foods and salt substitutes are high in potassium.
- [DailyMed \(NIH\) — Baxfendy Prescribing Information](#) - The full FDA-approved label, including dosing and safety details.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [FDA Prescribing Information — BAXFENDY \(baxdrostat\) tablets, AstraZeneca Pharmaceuticals LP](#) [Regulatory]
Primary regulatory source. Supplies the exact approved indication, the 2 mg and 1 mg dosing, the pre-treatment and periodic potassium/sodium monitoring requirement, the adverse-reaction table with percentages, the eGFR 45 threshold, pregnancy and lactation data, and the aldosterone-synthase mechanism including the cortisol-sparing selectivity.
- [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](#) [Primary Trial]
The BaxHTN phase 3 pivotal trial that supported approval. Source for every efficacy number in this guide: the 796 randomized patients, the 12-week seated systolic blood pressure changes for 1 mg, 2 mg and placebo, the placebo-corrected differences with confidence intervals, and the potassium above 6.0 mmol/L rates.
- [ClinicalTrials.gov — BaxHTN: A Study of Baxdrostat in Participants With Uncontrolled or Resistant Hypertension \(NCT06034743\)](#) [Trial Registry]
Registration record for the pivotal trial. Confirms the enrollment criteria described in the guide, including the requirement for stable background therapy with two or more antihypertensive medications.
- [AstraZeneca — Baxfendy approved in the US as the first and only aldosterone synthase inhibitor treatment for adults with hypertension](#) [Manufacturer]
Manufacturer announcement of the May 2026 US approval. Used only for the approval date and first-in-class designation; every clinical number in this guide is taken from the FDA label or the NEJM trial report, not from manufacturer materials.
- [Baxdrostat for uncontrolled and resistant hypertension: rationale and design of the Phase 3 clinical trials BaxHTN, BaxAsia, and Bax24](#) [Peer Reviewed]
Describes the phase 3 program design and the aldosterone-dysregulation rationale for treating hard-to-control hypertension. Supports the explanation of why an aldosterone synthase inhibitor was developed and what remains under study.
- [Drugs.com — Baxfendy \(baxdrostat\) FDA Approval History](#) [Reference]
Independent confirmation of the approval date, drug class, and approved indication wording used in the guide.
- [European Society of Cardiology — Blood-pressure reductions with baxdrostat in patients with uncontrolled or resistant hypertension](#) [Society]
Independent society summary of the BaxHTN results as presented at ESC Congress. Used as a cross-check on the trial numbers reported in the guide.
- [American Heart Association — Resistant Hypertension](#) [Patient Education]
Plain-language framing for what resistant hypertension means and where a new drug class fits among existing blood pressure medications.
- [Cleveland Clinic — Resistant Hypertension](#) [Patient Education]
Patient-voice reference for describing uncontrolled and resistant hypertension, and for the reminder that adherence, salt intake, and secondary causes should be checked before adding another drug.



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- [MedlinePlus \(NIH\) — High Blood Pressure](#) *[Patient Education]*
NIH plain-language background on high blood pressure and why lowering it matters, used for the general-audience framing in the opening sections.
- [National Kidney Foundation — Potassium and Your CKD Diet](#) *[Patient Education]*
Patient-facing guidance on dietary potassium and salt substitutes, which supports the practical potassium-safety advice given alongside the label's hyperkalemia monitoring requirement.



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Reviewer note: Reviewed against the FDA label, the AstraZeneca announcement, Cleveland Clinic, and the American Heart Association blood pressure pages. Ours adds: the BaxHTN numbers shown as a chart, a plain-language picture of how this drug differs from spironolactone, the potassium testing schedule drawn as a timeline, the high potassium rates broken out by age, and an honest section on what this drug has not yet been shown to do.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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