Aldosterone Synthase Inhibitors for the Treatment of Hypertension

Draft Questions for Deliberation and Voting: October 29, 2026 Public Meeting

These questions are intended for the deliberation of the Midwest CEPAC voting body at the public meeting.

Special Ethical Priorities

To help inform judgments of overall long-term value for money, please answer the following questions:

1=Typical obligations, 2=Some added obligations, 3=Substantial added obligations

1. Are there particular obligations to people with hypertension that are not adequately controlled with available first-line agents because of disease severity and/or unmet need with currently available therapies?

2. Are there particular obligations to people with hypertension that are not adequately controlled with available first-line agents because it disproportionately affects those from a racial/ethnic group that have not been equitably served by the health care system?

3. Apart from issues around disease severity/unmet need and race/ethnicity, are there other particular obligations to people with hypertension that are not adequately controlled with available first-line agents?

Clinical Evidence

4. For patients with resistant hypertension not at goal despite use of three or more antihypertensive medications is the current evidence adequate to demonstrate that the net health benefit of baxdrostat is greater than that of spironolactone, eplerenone, and amiloride?

   Yes No

5. For patients with resistant hypertension not at goal despite use of three or more antihypertensive medications is the current evidence adequate to demonstrate that the net health benefit of lorundrostat is greater than that of spironolactone, eplerenone, and amiloride?
   Yes No

6. For patients on two antihypertensive medications not at goal who cannot tolerate a third first-line medication is the current evidence adequate to demonstrate that the net health benefit of baxdrostat is greater than that of spironolactone, eplerenone, and amiloride?
   Yes No

7. For patients on two antihypertensive medications not at goal who cannot tolerate a third first-line medication is the current evidence adequate to demonstrate that the net health benefit of lorundrostat is greater than that of spironolactone, eplerenone, and amiloride?
   Yes No

8. For patients with hypertension not at goal on two antihypertensive medications who have not yet tried a third first-line agent, is the current evidence adequate to demonstrate that the net health benefit of baxdrostat is greater than that of amlodipine?
   Yes No

9. For patients with hypertension not at goal on two antihypertensive medications who have not yet tried a third first-line agent, is the current evidence adequate to demonstrate that the net health benefit of lorundrostat is greater than that of amlodipine?
   Yes No

10. Is the currently available evidence adequate to distinguish the net health benefit between baxdrostat and lorundrostat for patients with resistant hypertension not at goal, patients on two antihypertensive medications not at goal who cannot tolerate a third first-line medication, and patients with hypertension not at goal on two antihypertensive medications who have not yet tried a third first-line agent?
    Yes No

If yes to question 10, answer question 10a…

10a. Which agent has the superior net health benefit?
   a. Baxdrostat b. lorundrostat

Benefits Beyond Health

To help inform judgments of overall long-term value for money, please answer the following questions about the aldosterone synthase inhibitors (ASIs) baxdrostat and lorundrostat when used for patients with resistant hypertension that is not at goal.

1=No, 2=Yes: small improvement, 3=Yes: substantial improvement

11. Are the ASIs likely to improve caregivers' quality of life and/or ability to pursue their own education, work, and family life?

12. If payment/cost were not an issue, would the ASIs be likely to improve access to treatment because of its method of delivery and/or treatment setting?

13. Other: as determined pre-meeting by ICER team based on input from patients, clinical experts, and appraisal committee members

Long-Term Value for Money

14. Given the available evidence on comparative clinical effectiveness and incremental cost effectiveness, and considering benefits beyond health and special ethical priorities, what is the long-term value for money of baxdrostat at current pricing for patients with resistant hypertension not at goal despite use of three or more antihypertensive medications?
    a. High long-term value for money at current pricing
    b. Intermediate long-term value for money at current pricing
    c. Low long-term value for money at current pricing

15. Given the available evidence on comparative clinical effectiveness and incremental cost effectiveness, and considering benefits beyond health and special ethical priorities, what is the long-term value for money of lorundrostat at assumed pricing for patients with resistant hypertension not at goal despite use of three or more antihypertensive medications*?
    a. High long-term value for money at current pricing
    b. Intermediate long-term value for money at current pricing
    c. Low long-term value for money at current pricing

**This vote will only be taken if a price becomes available for lorundrostat.*