Medication up-titrations are recommended at no greater than 30-day intervals (for most patients) until control is achieved. Consider follow-up labs when up-titrating or adding lisinopril, hydrochlorothiazide, or losartan.

**ACE inhibitor/Thiazide diuretic**
- lisinopril-HCTZ (Advance as needed)
- 20/25 mg X ½ daily
- 20/25 mg X 1 daily
- 20/12.5 mg X 2 daily

**ARB/Thiazide diuretic**
- losartan/HCTZ
- 50/12.5 mg X 1 daily
- 100/12.5 mg X 1 daily
- 100/25 mg X 1 daily

**Calcium channel blocker**
- Add amlodipine besylate: 5 mg X 1 daily, 10 mg daily

**Beta blocker**
- metoprolol succinate ER
- 25 mg X 1 daily
- 50 mg X 1 daily
- 100 mg X 1 daily
- (Keep heart rate more than 55)

If adding spironolactone, consider consulting a nephrologist.

If not in control
- Consider medication non-adherence.
- Consider interfering agents (e.g., NSAIDs, excess alcohol).
- Consider “white coat syndrome.” (Consider home monitoring, along with checking home blood pressure cuff for accuracy.)
- Consider additional agents (e.g., hydralazine HCl, terazosin HCl, minoxidil).
- Consider secondary etiologies.