



# Hypertension Provider Toolkit

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## Hypertension Care

### Clinical Practice Guidelines

[Evidence Based Guideline for the Management of High Blood Pressure in Adults](#)

[American College of Cardiology Guideline for the Prevention, Detection, Evaluation, and Management of High blood Pressure in Adults](#)

[Reference Guide of tables and figures for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults](#)

### Quality Measures

#### Controlling High Blood Pressure

The percentage of members 18–85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (<140/90 mm Hg) during the year.

## Screening and Assessment Tools

### Recommended Screenings

Blood pressure to screen for hypertension.

### Rationale

- Adults with normal blood pressure should have reassessment of their blood pressure every year.
- Adults should be screened at least two times a year if they have risk factors for hypertension (eg, obesity) or if previously measured systolic blood pressure was 120 to 129.

## Provider Educational Resources

[American Heart Association Target: BP](#)

[Hypertension Tools and Training](#)

[Supporting Your Patients with High Blood Pressure](#)

As a provider, you are able to assist your patient in obtaining a blood pressure monitor to support self-management and home monitoring. To obtain a blood pressure monitor:

- Write a prescription for a blood pressure monitor.
- Your patient will need to have this prescription filled through a DME company to obtain the monitor. If they need assistance in locating a DME please have them call Customer Service using the phone number on the back of their insurance card.

## Provider Conversation Starters

Have you been monitoring your blood pressure?  
If no, what is preventing you from doing so?

Have you had any symptoms of high blood pressure such as headache?

What have you been doing since our last visit to control your blood pressure?

What concerns you the most about your high blood pressure?

What specifically would you like to work on to manage your high blood pressure?

How confident are you that you could do [behavior] to help control your blood pressure?

What might get in the way or keep you from being successful?

What do you think would make it easier to control your high blood pressure?

## Member Educational Resources

[What is High Blood Pressure?](#)

[What is high Blood Pressure Medicine?](#)

[My Blood Pressure Log](#)

[Questions to ask your doctor about high blood pressure](#)

# Integrated Health Treatment Planning Considerations

## Hypertension and Mental Health Disorders

[Hypertension and Serious Mental Illness](#)

## Bipolar Disorder and Hypertension

[Link Between Bipolar and Hypertension](#)

### Frequently used medications and other substances that may cause elevated blood pressure.

Agent	Possible Management Strategy
Alcohol	Limited alcohol to $\leq 1$ drink daily for women and $\leq 2$ drinks for men
Amphetamines (e.g. amphetamine, methylphenidate, dexmethylphenidate, dextroamphetamine)	Discontinue or decrease dose
Antidepressants (e.g. MAOIs, SRNIs, TCAs)	Consider behavioral therapies for ADHD Consider alternative agents (e.g. SSRIs,) depending on indication Avoid tyramine containing foods with MAOIs
Recreational drugs (e.g., "bath salts" [MDPV], cocaine, methamphetamine, etc.)	Discontinue and/or avoid use





## Common Definitions Associated with Hypertension

### Hypertension

Also known as high blood pressure. Blood pressure is the force that a person's blood exerts against the walls of their blood vessels.

Symptoms of hypertension can include early morning headaches, nosebleeds, irregular heart rhythms, vision changes, and buzzing in the ears. More severe symptoms can include fatigue, nausea, vomiting, confusion, anxiety, chest pain, and muscle tremors.

High blood pressure left unmanaged can lead to severe health complications and increase the risk of heart disease, stroke, and sometimes death.

In 2017, the American College of Cardiology and the American Heart Association published new guidelines for hypertension management and defined stage 1 hypertension as a blood pressure at or above 130/80 mm Hg. Stage 2 hypertension is defined as a blood pressure at or above 140/90 mm Hg.<sup>1</sup>

Blood Pressure Category	Systolic Blood Pressure	Diastolic Blood Pressure
Normal	<120 mm Hg	<b>and</b> <80 mm Hg
Elevated	120-129 mm Hg	<b>and</b> <80 mm Hg
Hypertension		
Stage 1	130-139 mm Hg	<b>or</b> 80-89 mm Hg
Stage 2	≥140 mm Hg	<b>or</b> ≥90 mm Hg

### Systolic Pressure

The pressure when the ventricles pump blood out of the heart.

### Diastolic Pressure

The pressure between heartbeats, when the heart is filling with blood.

### Primary Hypertension

Also known as essential hypertension, for most people who get this kind of high blood pressure, it develops over time as they get older.

### Secondary Hypertension

Secondary high blood pressure is caused by another medical condition, or use of certain medicines. It usually gets better after the condition is treated or the medicines that are causing it are discontinued.

Secondary hypertension can be caused by conditions that affect the kidneys, arteries, heart or endocrine system. Secondary hypertension can also occur during pregnancy.



# Medications Used for the Treatment of Hypertension

Medications named and included in this toolkit are not an inclusive list of all medications and it is strongly suggested that the formulary be reviewed for additional information, such as quantity limits or prior authorization requirements. Formulary information may be found at: [Medicaid Formulary Medications](#). Medications can cause side effects. Patients should be encouraged to talk with the prescriber of their medication or their pharmacist about their prescription, including how to take it properly and what to do should they think they are experiencing a side effect.

## ACE Inhibitors (Angiotensin Converting Enzyme Inhibitors)

Used to treat Congestive Heart Failure and Hypertension and to prevent kidney failure in patients with high blood pressure or diabetes and to reduce the risk of stroke.

## ARB (Angiotensin-Receptor Blockers)

Medications in this classification can cause side effects such as a dry cough or muscle cramps. Usually if the patient can tolerate for a few weeks, the symptoms will subside.

- ACE inhibitors are also used to improve survival after heart attacks.
- ARBs are also used to prevent diabetes and may prevent the recurrence of atrial fibrillation.

### *Preferred Agents on the Statewide Preferred Drug List (PDL)*

Benazepril	Losartan
Captopril	Olmesartan
Enalapril	Quinapril
Entresto	Ramipril
Fosinopril	Trandolapril
Irbesartan	Valsartan
Lisinopril	

## Beta Blockers

Medications used to slow heart rate by reducing the demand of the heart for oxygen. Often used to treat tachycardia, atrial fibrillation, or hypertension.

### *Preferred Agents on the Statewide Preferred Drug List (PDL)*

#### SINGLE-INGREDIENTS GLUCOCORTICOIDS:

Acebutolol  
 Atenolol  
 Bisoprolol  
 Carvedilol IR Tablet  
 Hemangeol  
 Labetalol  
 Metoprolol Succinate ER  
 Metoprolol Tartrate  
 Pindolol  
 Propranolol  
 Sotalol



## Calcium Channel Blockers

These medications have multiple effects on the heart. They are used to slow the heart rate in patients with Atrial Fibrillation and to reduce the strength of the muscle cell's contraction.

### ***Preferred Agents on the Statewide Preferred Drug List (PDL)***

Amlodipine	Felodipine ER
Cartia XT Capsule	Nifedipine
Dilt-XR Capsule	Nimodipine
Diltiazem	Taztia XT Capsule
Diltiazem IR TabletQL	Verapamil

## Sodium Channel Blockers

Help the heart's rhythm by slowing the heart's ability to conduct electricity. Sodium-channel blockers comprise the Class I antiarrhythmic compounds.

### ***Formulary Agents on Highmark Wholecare's supplemental formulary:***

Disopyramide
Norpace CR
Quinidine Gluconate
Quinidine Sulfate
Mexiletine HCl
Flecainide Acetate tablets
Propafenone HCl tablets

## Potassium Channel Blockers

Help the heart's rhythm by slowing down the electrical signals that cause Atrial Fibrillation. Potassium-channel blockers comprise the Class III antiarrhythmic compounds.

### ***Formulary Agents on Highmark Wholecare's supplemental formulary:***

Amiodarone
Dofetilide
Multaq
Pacerone

## Diuretics

Reduce amount of fluid in the tissues and bloodstream which can lessen the workload on the heart. As a result, there is increased excretion of water via urine. There are 3 types:

- **Loop-acting diuretics:** These cause the kidneys to get rid of more urine, lowering the amount of water in the body and the blood pressure.
- **Potassium-sparing diuretics:** These drugs reduce the amount of water in the body, but while other diuretics cause the body to lose potassium in the process, this type does not. This type of diuretic is often prescribed with another diuretic because, while it spares potassium, it does not control blood pressure as well as thiazide diuretics do.
- **Thiazide diuretics:** This type of diuretic reduces the amount of salt and water in the body. It is also the only type of diuretic that widens the blood vessels to lower blood pressure. Thiazide diuretics are often the first drug given to treat high blood pressure.

### ***Formulary Agents on Highmark Wholecare's supplemental formulary:***

Bumetanide	Chlorothiazide
Ethacrynic Acid	Diuril suspension
Furosemide	Hydrochlorothiazide
Torsemide	Indapamide
Amiloride	Methyclothiazide
Spirolactone	Metolazone
Triamterene	