Medical Management of Hypertension
Clinical Practice Guideline 2015 Summary Statement

Guidelines are based on nationally-recognized standards and are reviewed with input from network physicians. Blue Cross of Northeastern Pennsylvania’s Quality Improvement Committee then formally approves the guidelines. Guidelines are reviewed and updated by the committee at least every 2 years. The most recent approval date is 12/04/2015. The current Eighth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC8) has been adopted as appropriate for use throughout the network.

Selected Clinical Guidelines
The full Clinical Practice Guideline is available at:

The Journal of the American Medical Association: The Eighth Report of the Joint National Committee for the Management of High Blood Pressure in Adults (JNC8) retrieved from:
--Downloaded 9/23/2015

APPLICATION OF PRACTICE GUIDELINE:
This practice guideline applies to the following companies:
First Priority Life Insurance Company®
HMO of Northeastern Pennsylvania (d/b/a First Priority Health®)

Approved:
Approved by the Quality Improvement Committee:
10/8/2009
9/15/2011
9/19/2013
12/04/15
HYPERTENSION KEY POINTS
The 2014 Guideline for the Management of High Blood Pressure in Adults provides evidence-based recommendations for blood pressure treatment based on a systematic review of literature, limited to randomized control trial evidence.

- **Recommendation 1**: In the general population, 60 years of age and older, initiate pharmacological treatment to treat to a goal systolic blood pressure (SBP) lower than 150mm Hg and a goal diastolic blood pressure (DBP) lower than 90mm Hg
- **Recommendation 2**: In the general population, younger than 60 years of age, initiate pharmacological treatment to treat to a goal DBP lower than 90 mm Hg
- **Recommendation 3**: In the general population, younger than 60 years of age, initiate pharmacological treatment to treat to a SBP goal lower than 140 mm Hg
- **Recommendation 4**: In the population aged 18 years or older with chronic kidney disease, initiate pharmacological treatment to treat to a goal SBP lower than 140 mm Hg and goal DBP lower than 90 mm Hg
- **Recommendation 5**: In the population aged 18 years or older with diabetes, initiate pharmacologic treatment to treat to a goal SBP lower than 140 mm Hg and goal DBP lower than 90 mm Hg
- **Recommendation 6**: In the general nonblack population, including those with diabetes, initial pharmacological antihypertensive treatment should include a thiazide-type diuretic, calcium channel blocker, angiotensin-converting enzyme inhibitor (ACEI), or angiotensin receptor blocker (ARB)
- **Recommendation 7**: In the general black population, including those with diabetes, initial pharmacological antihypertensive treatment should include a thiazide-type diuretic or calcium channel blocker
- **Recommendation 8**: In the population aged 18 years or older, with chronic kidney disease and hypertension, initial or add-on pharmacological antihypertensive treatment should include an ACEI orARB to improve kidney outcomes
- **Recommendation 9**: Assess BP and adjust the treatment regimen until goal BP is reached

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Table 6. Guideline Comparisons of Goal BP and Initial Drug Therapy for Adults With Hypertension

<table>
<thead>
<tr>
<th>Guideline</th>
<th>Population</th>
<th>Goal BP mm Hg</th>
<th>Initial Drug Treatment Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014 Hypertension guideline</td>
<td>General ≥60 y</td>
<td>&lt;150/90</td>
<td>Nonblack; thiazide-type diuretic, ACEI, ARB, or CCB; black: thiazide-type diuretic or CCB</td>
</tr>
<tr>
<td></td>
<td>General &lt;60 y</td>
<td>&lt;140/90</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diabetes</td>
<td>&lt;140/90</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CKD</td>
<td>&lt;140/90</td>
<td>ACEI or ARB</td>
</tr>
<tr>
<td></td>
<td>ESH/ESC 2013</td>
<td>General nonelderly</td>
<td>&lt;140/90</td>
</tr>
<tr>
<td></td>
<td>General elderly &lt;80 y</td>
<td>&lt;150/90</td>
<td>Diuretic β-blocker, CCB, ACEI or ARB</td>
</tr>
<tr>
<td></td>
<td>General ≥80 y</td>
<td>&lt;150/90</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diabetes</td>
<td>&lt;140/85</td>
<td>ACEI or ARB</td>
</tr>
<tr>
<td></td>
<td>CKD no proteinuria</td>
<td>&lt;140/90</td>
<td>ACEI or ARB</td>
</tr>
<tr>
<td></td>
<td>CKD + proteinuria</td>
<td>&lt;130/90</td>
<td>ACEI or ARB</td>
</tr>
<tr>
<td></td>
<td>CHEP 2013</td>
<td>General &lt;80 y</td>
<td>&lt;150/90</td>
</tr>
<tr>
<td></td>
<td>General ≥80 y</td>
<td>&lt;130/80</td>
<td>ACEI or ARB with additional CVD risk</td>
</tr>
<tr>
<td></td>
<td>Diabetes</td>
<td>&lt;130/80</td>
<td>ACEI, ARB, thiazide, or DHPCB without additional CVD risk</td>
</tr>
<tr>
<td></td>
<td>CKD</td>
<td>&lt;140/90</td>
<td>ACEI or ARB</td>
</tr>
<tr>
<td></td>
<td>ADA 2013</td>
<td>Diabetes</td>
<td>&lt;140/80</td>
</tr>
<tr>
<td></td>
<td>KDIGO 2012</td>
<td>CKD no proteinuria</td>
<td>&lt;140/90</td>
</tr>
<tr>
<td></td>
<td>CKD + proteinuria</td>
<td>&lt;130/80</td>
<td>ACEI or ARB</td>
</tr>
<tr>
<td></td>
<td>NICE 2011</td>
<td>General &lt;80 y</td>
<td>&lt;140/90</td>
</tr>
<tr>
<td></td>
<td>General ≥80 y</td>
<td>&lt;150/90</td>
<td>≥SS y or black: CCB</td>
</tr>
<tr>
<td></td>
<td>ISHIB 2010</td>
<td>Black, lower risk</td>
<td>&lt;135/85</td>
</tr>
<tr>
<td></td>
<td>Target organ damage or CVD risk</td>
<td>&lt;110/80</td>
<td>Diuretic or CCB</td>
</tr>
</tbody>
</table>

*abstracted from the full guidelines available from the Web address provided*
- If goal BP is not reached within a month of treatment, increase the dose of the initial drug or add a second drug from one of the classes in Recommendation 6
- If goal BP cannot be reached with 2 drugs, add and titrate a third drug from the list provided.
- Do not use an ACEI and an ARB together in the same patient
- If BP goal cannot be reached using the drugs in Recommendation 6 because of a contraindication or the need to use more than 3 drugs to reach goal BP, antihypertensive drugs from other classes may be used
- Referral to a hypertension specialist may be indicated for patients in whom goal BP cannot be attained using the above strategy
Resources to help keep your patients healthy

Blue Health Solutions℠, our health and wellness resource, is more than a one-size-fits-all wellness program. Blue Health Solutions puts your patients in charge of their health. We give them a choice of wellness solutions, and they decide how to use them.

If you have patients who are interested in weight management resources or just want to shed a few pounds, we’re here to help. Best of all, Blue Cross of Northeastern Pennsylvania health plans include access to all Blue Health Solutions offers at no additional cost.

Here’s how Blue Health Solutions can help your patients:

- **A personal health coach** to answer their questions or to help them make a plan for improving their health. The Blue Health Solutions health coach will help your patients set realistic goals for achieving the health results they want, give them educational information related to their health concern and guide them to online and community resources. Health coaches can be reached weekdays, between 8 a.m. and 8 p.m. ET, at 1.866.262.4764
- Access to **registered nurses**, 24 hours a day, 7 days a week, for times when our health coaches can’t be reached. We know that an illness can happen overnight or on a weekend. Our nurses are here around-the-clock to answer health questions—so your patients will always have someone to turn to. They can reach 24/7 Nurse Now at 1.866.442.2583
- A confidential, online **Health Assessment**, to help your patients better understand their health risks and solutions to help them lower those risks. Completing the Health Assessment takes only a few minutes, but the results can be life changing. Our health coaches support your efforts to help your patients make positive changes for better health and wellness
- **Health management** services to help your patients with chronic health conditions, such as diabetes management, asthma, heart disease and more
- **Wellness and lifestyle solutions** to help your patients better handle stress or chronic back pain, or to help them lose weight or quit smoking. Resources are also available for maternity care services, including prenatal and postnatal care
- **Care management** services give your patients the support they may need to handle a serious medical condition and achieve the best health outcomes and quality of life
- Blue Health Solutions also offer a **life-balance resource** that lets your patients speak with an experienced counselor if they are dealing with change, burnout, family concerns, use of drugs or alcohol and other life stressors
- We also offer **discounts** that can save your patients money on health-related products and services. Blue365® connects your patients with savings on items as diverse as walking shoes, cookbooks with healthy recipes, and even credit monitoring services

Blue Health Solutions also has great online resources. To access the following, patients need to register for **Self-Service** at bcnepa.com, and then select the **Health & Wellness** tab.

- An online personal **Health Record** that your patients can use to keep their health information in one secure place. They can record their medical history, the doctors they see and the pharmacies they use, medical tests, screenings and immunizations, allergies and more
- Our online **Health Library** contains easy-to-understand explanations of medical conditions, symptoms, tests and treatments. The library has hundreds of entries, including interactive tools, a symptom checker and videos—all to help your patients make sound health care decisions

We are committed to giving your patients the resources and support they need to live healthier lives.