

# Keep Patients on Single-Pill Combos for Blood Pressure Safe

**New guidelines will put focus on hypertension...**since almost half of adults in the US have a blood pressure (BP) of 130/80 mm Hg or higher.

Anticipate dispensing more single-pill combinations, such as an ACE inhibitor (lisinopril, etc) or an ARB (losartan, etc) WITH a thiazide (hydrochlorothiazide, etc) in the same pill.

These “2-in-1” combos are now first-line for many patients to lower BP and reduce cardiovascular risk. Plus combos may help boost adherence...offset side effects...and save patients a co-pay.

When patients start a combo BP pill, check for e-Rx notes about discontinuing single-ingredient meds. Consider including this on the Rx label...to remind patients which meds to stop when the combo is started.

Notify the pharmacist about “duplicate therapy” or interaction alerts...so they can check whether the BP meds can be used together.

For instance, to get a desired single-pill combo, patients may be changed from lisinopril to benazepril/amlodipine...since there isn't a lisinopril/amlodipine combo product.

In this case, ensure lisinopril gets stopped...to avoid the patient getting two ACE inhibitors.

Taking an ACE inhibitor AND an ARB or aliskiren should also be avoided. These may drop BP too low and cause fainting or kidney issues.

Double-check strengths when entering Rx's...and use shelf tags, bins, or stickers to separate combo meds with different strengths.

For example, generic Diovan HCT comes in 5 strengths...all with varying amounts of valsartan and hydrochlorothiazide.

Stay alert for patients who may benefit from switching from multiple single-ingredient pills to a “2-in-1” or “3-in-1” BP med.

For instance, generic Exforge HCT may be an option for patients taking amlodipine, valsartan, and hydrochlorothiazide.

And new Widaplik (telmisartan/amlodipine/indapamide) is expected to be available this year. But anticipate that cost may be a barrier.

Continue to help patients sort through home blood pressure monitors.

Point most people to automatic ARM monitors...they're more accurate than wrist, finger, or cuffless monitors.

Keep a tape measure handy...to measure arms so patients get the correct cuff size. A cuff that's too big or small can skew BP readings.

Encourage bringing the BP monitor to the pharmacist or an office visit...so measurement technique and device accuracy can be checked.

Advise patients to talk to the pharmacist about their BP numbers. Most adults should aim for LESS than 130/80 mm Hg...but patients with diabetes or older adults may need different goals.

See our chart, *Hypertension Goals in Adults*, for BP targets. And get our *Treatment of Hypertension* algorithm to

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review med options.

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