



State Medicaid Coverage for Single-Pill, Fixed-Dose Combination Antihypertensive Medications

Clinical Case

The 2017 American Heart Association/American College of Cardiology blood pressure guideline recommends initial combination therapy of two or more anti-hypertensive medications for most people with hypertension. Despite this recommendation, surveillance data show that 40% of people with uncontrolled hypertension are on monotherapy. Furthermore, medication nonadherence is a well-documented issue among people with hypertension and other chronic conditions, in part due to cost issues, complex medication regimens, and other patient barriers. An effective solution to address these barriers involves the use of fixed-dosed combinations (FDCs), the combining of two or more antihypertensive medications in one pill.

Multiple systematic reviews and meta-analysis provide strong evidence that FDCs are associated with:

- Increased medication adherence and persistence
- Reduced clinical inertia
- Decreased time to achieve blood pressure control
- Improved hypertension control and cardiovascular outcomes

Coverage

There are 29 Food and Drug Administration-approved FDCs for hypertension marketed in the United States. The ~300 Medicaid managed care organizations (MCOs) and state Medicaid programs have varying coverage of FDCs, and it can be difficult for health care systems to determine which FDCs are covered and if the medications are on preferred drug or tier 1 formulary lists.

Improving Hypertension Outcomes

- *Case Study*

MercyCare, a health center in Georgia, addressed this challenge through researching MCO coverage of all FDCs in their state and updating their formulary accordingly. This formulary change led to noted improvements in FDC prescriptions and hypertension control in MercyCare patients. Replicating MercyCare's work for other health centers across the country is a priority for national organizations focused on improving hypertension control.

- *How to Use your FDC State Summary*
 1. **Compare the preferred, covered FDCs with your health center formulary** and update accordingly.
 2. **Educate clinicians** about the effectiveness and availability of preferred, covered FDCs for managing their patients with hypertension.
 3. **Embed preferred, covered FDCs into clinical decision support** – for example, have clinicians save FDCs as one their favorites in their EHR so that it appears at the top of their “pick list” when prescribing anti-hypertension therapy; include FDCs in order sets, protocols, and templates for hypertension.



References

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