



Inland Empire Health Plan

Pharmacy Policy
Automatic Blood Pressure Monitor

Line of Business: Medicaid

P&T Approval Date: February 19, 2020

Effective Date: April 1, 2020

This policy has been developed through review of medical literature, consideration of medical necessity, generally accepted medical practice standards, and approved by the IEHP Pharmacy and Therapeutic Subcommittee.

I. Policy:

1. Prescribed by licensed physician or authorized physician's delegate.
2. Provider must assess and then indicate the correct cuff size on the prescription. Correct cuff size must be assessed and provided by Pharmacy or DME vendor.
3. Coverage is limited to one unit every five years. Additional requests will require medical justification.
4. Member must meet one of the following criteria:
 - a. Suspected white coat hypertension, defined as:
 - i. Office blood pressure >140/90 mm Hg on at least three separate clinic/office visits with two separate measurements made at each visit, and,
 - ii. At least two documented blood pressure measurements taken outside the office which are <140/90 mm Hg, and,
 - iii. No evidence of end-organ damage;
 - b. Confirmed diagnosis of End Stage Renal Disease;
 - c. Confirmed diagnosis of hypertension;
 - d. Confirmed diagnosis of a cardiovascular disease that affects their blood pressure:
 - i. Chronic heart failure, heart valve problems, previous history of stroke, or stents.

II. How to Submit a Request for a Blood Pressure Monitor (BPM):

1. Assess if the patient meets the criteria described above.
2. Submit Prescription Drug Prior Authorization (RxPA) form with justification to IEHP. Blood Pressure Monitor Request Form (available on the IEHP website, under Pharmacy Services > Pharmacy Forms page) can be used to support the justification.
3. If the request is approved, the request will be forwarded to the pharmacy indicated on the RxPA form.



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	IEHP Contracted Pharmacy
Pharmacy Provider	Any contracted pharmacy that is able to dispense the covered BPM
Type of BPM covered	Any BPM that is less than \$99.

III. Recommended Cuff Size

Cuff Size	Arm Circumference	Recommended Cuff Size (width x length)
Small adult	22 to 26 cm	12 x 22 cm
Adult	27 to 34 cm	16 x 30 cm
Large adult	35 to 44 cm	16 x 36 cm
Extra-large adult (“Thigh cuff”)	42 to 60 cm	16 x 62 cm

References:

1. National Coverage Determination (NCD) for Ambulatory Blood Pressure Monitoring (20.19). Decision Memo for Ambulatory Blood Pressure Monitoring (CAG-00067N). <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=254&ncdver=2&NCAId=5&DocID=CAG-00067N&bc=qAAAAAqAIAAA&>. Implemented on Jul 1, 2003. Accessed on Jan 24, 2020.
2. Muntner P, Shimbo D, Carey RM, *et al.* Measurement of Blood Pressure in Humans: A Scientific Statement From the American Heart Association. *Hypertension*. 2019;73:e35–e66. DOI: 10.1161/HYP.0000000000000087.



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Change Control		
Date	Change	RPH
02/19/2020	<ul style="list-style-type: none">Section III: Updated adults cuff size chart and retired pediatric cuff size chart, per updates in the guideline	SV
05/15/2019	<ul style="list-style-type: none">Removed preferred products, added cost criteria of \$99 or less	JM
05/15/2019	<ul style="list-style-type: none">Removed Preveon as preferred provider	ND
02/20/2019	<ul style="list-style-type: none">Policy: renew and no changeReformatted document	HC/JT
02/21/2018	<ul style="list-style-type: none">Renewed to align with class review	CT
11/15/2017	<ul style="list-style-type: none">Document format updatedRenewed with no updates/changes	CT