

## Supplementary Online Content

Margolis KL, Asche SE, Bergdall AR, et al. Effect of home blood pressure telemonitoring and pharmacist management on blood pressure control: a cluster randomized clinical trial. *JAMA*. doi:10.1001/jama.2013.6549

**eTable 1.** Antihypertensive Drug Therapy Options

**eTable 2.** Algorithm for Drug Initiation and Titration

This supplementary material has been provided by the authors to give readers additional information about their work.

**eTable 1. Antihypertensive Drug Therapy Options**

<b>When Drug Added</b>	<b>Drug class</b>	<b>Examples of generic agents and dose range</b>	<b>Daily Dosing</b>
1st	Thiazide diuretic	chlorthalidone, 12.5 - 25 mg	Once
	Potassium sparing diuretic combination	hydrochlorothiazide 25-50 / triamterene 50 mg	Once
2nd	$\beta$ -blocker	metoprolol succinate, 25-200 mg	Once
	Angiotensin converting enzyme inhibitor	lisinopril, 10-40 mg	Once
	Dihydropyridine calcium channel blocker	amlodipine, 5-10 mg	Once
	Non-dihydropyridine calcium channel blocker	extended release diltiazem, 120-360 mg	Once
	Angiotensin II receptor blocker	losartan 25-100 mg	Once
3rd	$\alpha$ -blocker	doxazosin, 2-8 mg	Once
	Central $\alpha$ -adrenergic agonist	clonidine, 0.1-0.3 mg	Twice
	Direct-acting vasodilator	hydralazine, 50 -100 mg	Twice
	Peripheral adrenergic neuron antagonist	reserpine, 0.05 - 0.10 mg	Once
	Aldosterone antagonist	spironolactone 25-100 mg	Once
Other	Potassium chloride (KCl)	KCl tablets or capsules, 10-20 mEq	Varies

**eTable 2. Algorithm for Drug Initiation and Titration**

<b>Patient Circumstances at Visit</b>	<b>Pharmacist Action</b>
Not on drug treatment SBP 1-19 mm Hg and DBP 1-9 mm Hg above goal	Diuretic, reinforce lifestyle modification
Not on drug treatment SBP $\geq$ 20 mm Hg or DBP $\geq$ 10 mm Hg above goal	Begin with combination of diuretic and second-line/add-on drug (see Table 1), consider compelling reasons for choice of one or more drugs, reinforce lifestyle modification
Either SBP or DBP uncontrolled according to JNC7 criteria Not adhering to already prescribed medication regimen	Address reasons for non-adherence, adjust regimen, monitor adherence.
SBP 1-19 mm Hg and DBP 1-9 mm Hg above goal Adhering to 1-2 BP control medications	Add thiazide-like diuretic if not part of regimen, otherwise add synergistic second-line drug, reinforce lifestyle modification
SBP $\geq$ 20 mm Hg or DBP $\geq$ 10 mm Hg above goal Adhering to 1-2 BP control medications	Add synergistic combination of two more drugs, reinforce lifestyle modification
SBP $\geq$ 180 mm Hg or DBP $\geq$ 110 mm Hg, or BP uncontrolled despite reported adherence to 4 BP control medications	Probe more for non-adherence, consult primary care physician and study investigators regarding reasons for resistant hypertension, refer for work-up for secondary causes of hypertension if needed
SBP and DBP below goal, adhering to therapeutic regimen consistent with JNC7 therapeutic recommendations, no barriers to ongoing adherence	Continue present treatment, reinforce lifestyle modification