



Indian Health Service National Pharmacy and Therapeutics Committee



NPTC Updates April 2012

The IHS National Pharmacy and Therapeutics Committee (NPTC) held a meeting April 10-11, 2012 in the Phoenix Area. This meeting had representation from all 12 IHS Areas. We recognized two new members to the NPTC, Michael Yanuck, MD (Aberdeen Area) and LCDR Mary Mackey (Alaska Area). The DoD-PEC was not present for the meeting; however, they provided the DoD remarks in advance of the meeting and updated the committee on their future agenda topics. VA PBM pharmacists provided updates from the VA and provided input related to the various meeting topics and discussions throughout the meeting. The NPTC continues to appreciate the relationships with other government agencies and the collaboration with the VA and DoD-PEC.

This meeting discussed cardiovascular disease topics that included treatment of dyslipidemia, therapeutic use of the renin-angiotensin-aldosterone system (RAAS) agents, a review of thiazide diuretics, aldosterone antagonists in CHF and phosphodiesterase 5 inhibitors (PDE-5) in pulmonary hypertension. The committee also had a follow-up discussion from the January 2012 meeting related to the serotonin-norepinephrine receptor inhibitor (SNRI) agents and their use in depression and as adjunct therapy for pain.

The resulting action from the meeting was as follows:

1. The Dyslipidemia I update included clinical and pharmacoeconomic discussions for the statin class and niacin. Due to changes in the market with new generics coming within the statin class and changes in utilization, the NPTC:
 - a. **Removed** the closed class status for the statin class
 - b. **Removed** rosuvastatin 20mg and lovastatin from the NCF
 - c. **Changed** Niacin to Niacin extended release (Niaspan®) on the NCF
2. The Dyslipidemia II update included clinical and pharmacoeconomic discussions for the fibrates, bile acid sequestrants and ezetimibe. No specific modifications were made to the NCF with respect to these agents, however, a formulary brief to discuss the drug-drug interactions with gemfibrozil will be developed and disseminated.
3. The RAAS update included clinical and pharmacoeconomic discussions for the ACE inhibitors, angiotensin receptor blockers (ARBs) and aliskiren. Losartan was **Added** to the NCF. No modifications were made with respect to ACE inhibitors and aliskiren.
4. Clinical and pharmacoeconomic discussions of HCTZ and chlorthalidone were included. The NPTC **Added** chlorthalidone to the NCF. A formulary brief will be developed and disseminated regarding its clinical place in therapy.
5. The SNRI class follow-up included all approved indications. The NPTC **Added** venlafaxine long-acting to the NCF. A formulary brief regarding SNRI use in pain management will be developed and disseminated.
6. The use of PDE-5 inhibitor in the treatment of pulmonary arterial hypertension was discussed. No changes were made to the NCF; however, a formulary brief will be developed and disseminated regarding the use of these agents.

The next meeting will be held in Anchorage, AK. The anticipated agenda will have topics that include infectious disease, diabetes, asthma/COPD, ADHD and breast cancer. Area cost avoidance analysis, area reports and leadership reports will also be discussed.

If you would like to recommend a topic for future NPTC discussion, please send an email at IHSNPTC1@ihs.gov. For more information about the NPTC, please visit the [NPTC website](#).