



Indian Health Service National Pharmacy and Therapeutics Committee



NPTC Updates January 2012

The IHS National Pharmacy and Therapeutics Committee (NPTC) held a meeting January 27, 2012 in the Tucson Area. This meeting had representation from 9 of our 12 IHS Areas. The IHS National Consultant for Psychiatry served as subject matter expert at the meeting and provided a valuable presentation and insight into the therapeutic management for behavioral health topics. A PHS Officer detailed to the DoD-PEC provided the DoD remarks, updating the committee on their future agenda topics. A VA PBM pharmacist 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 behavioral health topics that included treatment of depression, psychosis, anxiety and bipolar disorder. The committee also had a follow-up discussion from the December 2011 meeting related to intrauterine devices (IUD).

The resulting action from the meeting was as follows:

1. From the treatment of depression topics, no specific NCF modifications were made. However, educational documents will be developed and disseminated related to the use of [high-dose citalopram](#) and risk of heart rhythm abnormalities. Additionally, the VA/DoD Joint guidelines for depression will be made available on the [NPTC website](#).
2. Clinical, pharmacoeconomic and IHS utilization data were reviewed for the treatment of psychosis. The clinical discussion deemed atypical antipsychotic agents as standard of care. Agents should be selected based upon the side effect profile. The NPTC voted to **ADD an atypical antipsychotic (any)** to the NCF. NPTC will review further pharmacoeconomic and utilization data summer 2012.
3. Clinical, pharmacoeconomic and IHS utilization data were presented for the treatment of anxiety. No modifications were made to the NCF related to the anxiolytics. However, information related to the use of prazosin in post-traumatic stress disorder was discussed. The NCF had two alpha-1 antagonists (doxazosin, terazosin) for their use in BPH and as an alternative agent for hypertension. Based upon the data presented, the committee **ADDED prazosin** to the NCF and **REMOVED terazosin** from the NCF and will develop and disseminate a formulary brief describing this use.
4. While no specific modifications were made to the NCF related to bipolar disorder, NPTC will develop and disseminate a formulary brief associated with the use of extended release lithium and divalproex products.
5. As a follow-up to the December 2011 IUD discussion, a non-hormonal IUD option was recommended for the NCF. The committee voted to **ADD copper intrauterine device (Paragard®)** to the NCF **with criteria for use by a skilled and privileged provider**.

The next meeting will be held in Phoenix, AZ. The anticipated agenda will have a cardiology focus and will include discussions on treatment of dyslipidemia, select agents for hypertension, pulmonary arterial hypertension, aldosterone antagonists in heart failure and renin-angiotensin-aldosterone system (RAAS) agents. The SNRI agents for non-depression use will also be discussed. 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](#).