



## INDIAN HEALTH SERVICE National Pharmacy & Therapeutics Committee

**\*\*Summer 2021 NPTC Meeting Update\*\***

**=August 2021=**



The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) held its Summer 2021 virtual meeting on August 10-11, 2021. All 12 IHS Areas were represented. Subject matter experts provided clinical presentations and/or consultation to the committee, including Paul Pierce, MD (IHS Chief Clinical Consultant, Psychiatry) and Joy McQuery, MD (Psychiatry, Zuni IHS Hospital). Affiliates from the Department of Defense, Veterans Administration, Coast Guard and Federal Bureau of Prisons provided information on formulary updates, clinical experiences, and meeting topics from their respective agencies. The NPTC values the relationships with its field experts, subject matter experts, and federal partners and appreciates the opportunity to host this virtual meeting through the Oklahoma City Area IHS Office.

The Summer 2021 meeting agenda included clinical reviews and/or updates on (1) Esketamine nasal spray, (2) Post-Traumatic Stress Disorder, (3) Anxiety Disorders, (4) Primary Sleep Disorders, (5) Anti-Seizure Medications and (6) Medication Assisted Therapy in the treatment of Opioid Use Disorder.

### **The resulting action(s) from the NPTC meeting were as follows:**

1. A pharmacotherapeutic review of esketamine (nasal spray) for treatment-resistant depression was delivered to the NPTC. *Antidepressants (although not specifically indicated for treatment-resistant depression) currently listed on the National Core Formulary include amitriptyline, bupropion, citalopram, duloxetine, escitalopram, fluoxetine, nortriptyline, paroxetine, sertraline, and venlafaxine.* Evidence reviewed in the NPTC evaluation included a limited number of randomized controlled trials (RCTs), meta-analyses and current practice guidelines. IHS utilization and procurement trends helped guide the committee. Following review and deliberation, the NPTC made **no modifications to the National Core Formulary (NCF)**.
2. A therapeutic review of post-traumatic stress disorder (PTSD) was also provided to the committee. *Medications listed on the NCF related to this condition include citalopram, escitalopram, fluoxetine, paroxetine, prazosin, sertraline, venlafaxine and atypical antipsychotics, any (facility choice).* Literature presented during the analysis included findings from VA/DoD and the National Institute of Clinical and Health Excellence (NICE) guidelines, multiple comparative RCTs, Cochrane Reviews, and network meta-analyses. Agency utilization/procurement and pharmacovigilance data was also shared. As a result of the comprehensive analysis, the NPTC made **no modifications to the NCF**.
3. A therapeutic review of anxiety disorders (disorders, phobias) was also detailed to the NPTC. *The NCF lists the following medications related to the management of this condition: aripiprazole, bupropion, citalopram, clonazepam, divalproex, duloxetine, escitalopram, fluoxetine, gabapentin, lorazepam, paroxetine, sertraline, and venlafaxine.* Clinical guidelines from NICE, the British Association for Psychopharmacology, the Harvard Psychopharmacology Algorithm Project and Anxiety Disorders of Canada, along with clinical outcomes from several Cochrane Reviews formed the basis of the review. Data from the IHS National Data Warehouse and Pharmaceutical Prime Vendor added perspective to agency use of these products. Following the committee review, the NPTC voted to **ADD hydroxyzine to the NCF**.

4. A therapeutic review of primary sleep disorders was also presented, with particular focus on insomnia and Restless Leg Syndrome. *Amitriptyline, atypical antipsychotics (any), clonazepam, gabapentin, lorazepam, nortriptyline and prazosin are all listed on the NCF at present.* Clinical guidance was reviewed from the American College of Physicians, American Academy of Sleep Medicine and VA/DoD. Cochrane Reviews and meta-analyses provided valuable insight on the comparative findings between benzodiazepines, the “Z” drugs, H1 receptor antagonists, orexin antagonists and other miscellaneous medications used in sleep management. Agency-level pharmacovigilance and drug utilization/trending data were presented and were notable. Ultimately, the NPTC voted to **ADD pramipexole to the NCF.**
  
5. A drug class review of anti-seizure medications was also delivered to the committee. *Presently, carbamazepine, clonazepam, divalproex, gabapentin, lamotrigine, levetiracetam, lorazepam, phenytoin, and topiramate are named to the NCF.* Clinical guidance and key outcomes from the International League Against Epilepsy, American Academy of Neurology, the Belgian Epilepsy Experts, NICE and multiple Cochrane Reviews were detailed. Updated pharmacoepidemiology data from NDW paired with agency pharmaco-economic trends were presented. As a result of the review, the NPTC voted to **ADD (1) ethosuximide and (2) oxcarbazepine to the NCF.**
  
6. Lastly, a focused pharmacotherapeutic review of medication-assisted therapies (MAT) for Opioid Use Disorder (OUD) was provided, addressing the [April 28, 2021 SAMHSA Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder](#). Of note, *buprenorphine-naloxone, buprenorphine (limited to management of OUD in pregnancy), and extended-release naltrexone are listed on the NCF.* Practice guidelines and comparative data between MAT strategies, models of care and recent regulatory changes were evaluated. Agency pharmacovigilance and pharmaco-economic trend data offered additional perspective. Ultimately, the NPTC voted to **ADD (1) long-acting buprenorphine (any formulation, restricted to the treatment of OUD)** and to **MODIFY the currently-approved buprenorphine language to read as (2) short-acting buprenorphine (any formulation, restricted to the treatment of OUD) to the NCF.**

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*\*The next NPTC meeting will be the Fall 2021 Meeting scheduled for October 26-27<sup>th</sup>, 2021. The meeting agenda will include reviews of (1) Outpatient Antibiotic Stewardship / Upper Respiratory Infections, (2) Urinary Tract Infections, (3) Skin & Soft Tissue Infections, (4) Tuberculosis, (5) Sexually Transmitted Infections (Part II), and (6) Long-Acting Insulins and Biosimilars.*

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 For more information about the NPTC or the National Core Formulary, please visit the [NPTC website](#).  
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