



**Indian Health Service  
National Pharmacy and Therapeutics Committee  
NPTC Summer Meeting Update  
-August 2016-**



The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) held its summer meeting on August 2-3<sup>rd</sup>, 2016 in Oklahoma City, OK. All 12 IHS Areas were represented. Dr. Jean Howe, MD, IHS Chief Clinical Consultant for Obstetrics & Gynecology, served as a subject matter expert and delivered a presentation to the NPTC. Affiliates from the Department of Veterans Affairs, Department of Defense, Federal Bureau of Prisons and Coast Guard provided input and updates on clinical experiences and future meeting topics. The NPTC continues to value the relationships with experts from the field and with the federal partners. Additionally, the NPTC appreciated the opportunity to host the meeting from the Oklahoma City Area Office.

The NPTC received comprehensive therapeutic presentations on the management of menopausal hormone therapy and benign prostatic hypertrophy. A medication class review of hormonal contraceptives was provided along with clinical presentations on contemporary digoxin use and deprescribing.

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

1. A therapeutic class review of pharmacotherapies in the treatment of Menopausal Hormone Therapy was provided. Medications reviewed included estrogens, progestins, estrogen/progestin combinations and estrogen/selective estrogen receptor modulator combinations. Agency utilization/procurement data were also reviewed. Currently, the IHS National Core Formulary (NCF) contains estradiol tablets, conjugated equine estrogen cream, progestin-only oral contraceptive pills (any) and a levonorgestrel-containing intrauterine device. **No changes were made to the IHS NCF.**
2. A clinical presentation was given on the topic of Medication Deprescribing. Prescribing cascades and the relationship between polypharmacy and associated risks, and medication non-adherence were detailed. Particular focus was given to available tools in reducing polypharmacy and potential effective strategies for medication deprescribing within the agency.
3. A medication class review of Hormonal Contraceptives was delivered, including the various multi-phasic oral contraceptive pills (OCP), extended cycle OCPs, progestin-only OCPs, multiple estrogen/progestin combinations, emergency contraceptives and long-acting reversible contraceptives. IHS utilization/procurement data were also reviewed. Currently, the IHS NCF contains the copper intrauterine device (Paragard<sup>®</sup>), etonogestrel implant (Nexplanon<sup>®</sup>), levonorgestrel-containing intrauterine device (Mirena<sup>®</sup>), depo-medroxyprogesterone injection, levonorgestrel (Plan B<sup>®</sup> One-Step), monophasic and triphasic OCPs, progestin-only OCPs, ethinyl estradiol/etonogestrel vaginal ring (NuvaRing<sup>®</sup>) and ethinyl estradiol/norelgestromin transdermal (Ortho-Evra<sup>®</sup>). As a result of the review, **the NPTC: (1.) added an extended cycle oral contraceptive pill (any), (2.) added ulipristal, and (3.) removed the branded name-only products: Ortho-Evra<sup>®</sup>, Nexplanon<sup>®</sup>, Paragard<sup>®</sup>, NuvaRing<sup>®</sup> and Mirena<sup>®</sup>. Non-branded versions of all these products (in action item #3 above) will remain on the NCF however.**

4. A clinical presentation on the contemporary use and controversy of Digoxin was delivered. Historical timelines of digoxin use in medicine and clinical trial outcomes in the management of atrial fibrillation and congestive heart failure helped shape the controversy. Recent literature meta-analyses highlight potential concerns with digoxin use despite its continued guideline recommendations in specific patient populations. Agency utilization/procurement data trends aided the NPTC decision. Digoxin is currently on the NCF. **No changes were made to the NCF.**
  
5. A therapeutic class review of pharmacotherapies in the treatment of Benign Prostatic Hypertrophy was presented and included the following classes of medications; alpha-blockers, 5-alpha reductase inhibitors, phosphodiesterase type 5 inhibitors and combined therapies. Agency utilization/procurement data were also reviewed. Currently, the NCF contains doxazosin, prazosin, tamsulosin, finasteride, oxybutynin and tiroprium. **No changes were made to the NCF.**

\*\*The next NPTC meeting will be held on November 3<sup>rd</sup>, 2016 as a teleconference. The agenda will include a medication class review of the serotonin 5-HT<sub>1B/1D</sub> receptors agonists (aka "triptans).

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*If you would like to recommend a topic for future NPTC discussion, please visit the NPTC website and complete the Formulary Request Form or send an email at [IHSNPTC1@ihs.gov](mailto:IHSNPTC1@ihs.gov).*

***For more information about the NPTC, including past or present Formulary Briefs or the National Core Formulary, please visit the [NPTC website](#). Check out the new webpage design and functionality!!***