



**Indian Health Service
National Pharmacy and Therapeutics Committee
NPTC Fall Meeting Update
-November 2014-**



The IHS National Pharmacy and Therapeutics Committee (NPTC) held its fall teleconference on November 13th, 2014. Ten of the 12 IHS Area members were in attendance. Affiliates from the Department of Defense, the Department of Veterans Affairs and the Federal Bureau of Prisons provided updates on upcoming meeting topics and class reviews. The NPTC continues to appreciate the relationships with experts from the field and with other governmental agencies. Additionally, the committee appreciated the opportunity to host the teleconference from the Oklahoma City Area Indian Health Service (IHS) Office in Oklahoma City, OK.

The meeting focused on epilepsy and had specific discussions on the diagnosis, classification and clinical practice guidelines for epilepsy, as well as, pharmacologic management for seizure control. The NPTC reviewed the anti-epileptic drugs (AEDs) class and focused on carbamazepine, ethosuximide, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, phenytoin, topiramate, valproic acid and zonisamide.

The resulting actions from the meeting were as follows:

1. A comprehensive clinical presentation on epilepsy was provided with guidelines and recommendations from the American Academy of Neurology, Centers for Disease Control and Prevention (CDC) and National Institute of Health and Care Excellence (NICE). Seizure etiology, prevalence/incidence, diagnosis and classification, drug selection and video imaging of seizure occurrences were also included. Consensus among guidelines and published literature support that AEDs are equally efficacious and that selection should be patient-centric in nature, taking into consideration the epilepsy syndrome, potential adverse effects, concomitant therapies and patient adherence.
2. A clinical presentation on the safety and efficacy of AEDs in the management of epilepsy was provided. Additionally, a medication utilization and procurement presentation was delivered, incorporating IHS-specific data on AED use. Metrics from the IHS National Data Warehouse were also presented. The IHS National Core Formulary (NCF) currently contains clonazepam, divalproex, gabapentin, lorazepam and topiramate, all of which have some use in epilepsy. However, these agents had been added to the NCF for their utility in treating other non-epileptic conditions. Given the lack of consensus on specific first-line AEDs, in addition to current IHS utilization data and recommendations provided by IHS subject matter experts, the NPTC **ADDED carbamazepine, lamotrigine, levetiracetam and phenytoin** to the IHS NCF. A formulary brief will be developed and disseminated, providing considerations for use of these agents in the management of epilepsy.

The next meeting will be held in Dallas, Texas on February 3-4th, 2015. The agenda topics will include a review of hepatitis C guidelines and medications, alcohol dependence treatment, acute alcohol withdrawal, cirrhosis and related complications and medical marijuana.

If you would like to recommend a topic for future NPTC discussion, please fill out the "[NPTC Formulary Review Request Form](#)" on the NPTC website or send an email at IHSNPTC1@ihs.gov. For more information about the NPTC, please visit the [NPTC website](#).