



**Indian Health Service
National Pharmacy and Therapeutics Committee**



**NPTC Meeting Update
May 2014**

The IHS National Pharmacy and Therapeutics Committee (NPTC) held its spring meeting May 6-7, 2014 at the Oklahoma City Area IHS in OKC, OK. Representatives from all twelve of the IHS Areas were in attendance for this meeting. The DoD-PEB provided updates related to the various upcoming meeting topics and class reviews. Dr. Francine Goodman, PharmD from the VA provided specific insight on how the VA formulary relates to several NPTC discussions. The NPTC continues to appreciate the relationships with experts from the field and with other government agencies. Additionally, the committee appreciated the opportunity to hold its meeting at the Oklahoma City Area Indian Health Service Office in Oklahoma City, OK.

The meeting had discussions on a variety of topics involving the pharmacologic treatment of chronic and acute non-malignant pain conditions. The NPTC reviewed the use of calcium channel alpha-2-delta ligands, nonsteroidal anti-inflammatory agents, tricyclic antidepressants, serotonin and norepinephrine reuptake inhibitors, skeletal muscle relaxants, long- acting opioids, short-acting opioids, opioid agonist-antagonist analgesics, and opioid antagonists.

The resulting actions from the meeting were as follows:

1. A clinical presentation over the use of calcium channel alpha-2-delta ligands in the treatment of acute and chronic pain was provided. A utilization and procurement discussion was provided with IHS specific data. The medications reviewed were gabapentin and pregabalin. The evidence supports and NPTC recognizes the consensus among the guidelines that agents in this class are effective in the treatment of neuropathic pain and are considered one of the first-line treatments. The current National Core Formulary (NCF) currently contains **gabapentin**. No specific modifications were made to the IHS NCF in this class. Gabapentin remains the sole product on the NCF.
2. A clinical presentation over the use of nonsteroidal anti-inflammatory agents in the treatment of acute and chronic pain was provided. A utilization and procurement discussion was provided with IHS specific data. The medications reviewed included ibuprofen, naproxen, meloxicam, indomethacin, celecoxib, nabumetone, diclofenac, sulindac, and etodolac. Based upon the discussion, the NPTC **REMOVED sulindac and ADDED diclofenac "any formulation", and meloxicam** to the NCF. With these changes, the NCF contains ibuprofen, naproxen, indomethacin, diclofenac, and meloxicam for analgesia. The NPTC evidence review supported NSAIDs as commonly used agents after acetaminophen for nociceptive pain and as an alternative first line agent in many of the pain management guidelines. A formulary brief will be developed and disseminated that provides guidance on the use of this class of medications in the treatment of pain.
3. A clinical presentation over the use tricyclic antidepressants and serotonin and norepinephrine reuptake inhibitors in the treatment of chronic pain was provided. A utilization and procurement discussion was provided with IHS specific data. Medications reviewed included amitriptyline, nortriptyline, imipramine, desipramine, venlafaxine, and duloxetine. Based upon the discussion, the NPTC **REMOVED imipramine** from the NCF. The NPTC **REMOVED Venlafaxine ER and ADDED Venlafaxine "any formulation"**. It was determined that market changes have removed past advantages of having a specific venlafaxine formulation named on the formulary. A formulary brief will be developed and disseminated that provides guidance on the use of this class of medications in the treatment of pain.

4. A clinical presentation over the use of skeletal muscle relaxants in the treatment of acute and chronic pain was provided. A utilization and procurement discussion was provided with IHS specific data. Medications reviewed were cyclobenzaprine, baclofen, methocarbamol, tizanidine, and carisprodol. No specific modifications were made to the IHS NCF; however a formulary brief to discuss their place in the treatment of chronic pain will be developed and disseminated. A wide variety of pain conditions, both acute and chronic, may be accompanied by painful muscle spasm. Antispasmodics can be useful in treating this aspect of the patient's symptoms, but their action may be more the result of sedation rather than muscle relaxation. Use of carisprodol is best avoided due to risk for misuse and diversion.
5. A clinical class-review presentation over the use of short-acting opioids in the treatment of acute and chronic pain was provided. A utilization and procurement discussion was provided with IHS specific data. The medications reviewed were acetaminophen (APAP)/codeine, hydrocodone, hydrocodone/APAP, hydromorphone, meperidine, morphine sulfate, oxycodone, oxycodone/APAP, tramadol, tramadol/APAP, pentazocine/APAP, and pentazocine/naloxone. The use of short-acting opioids in severe acute pain is well established, but no specific modifications were made to the IHS NCF. A formulary brief to discuss their place in the treatment of chronic and acute pain will be developed and disseminated.
6. A clinical presentation over the use of long-acting opioids in the treatment of acute and chronic pain was provided. A utilization and procurement discussion was provided with IHS specific data. The medications reviewed included oxycodone extended-release (ER), hydrocodone ER, hydromorphone ER, morphine SR, buprenorphine transdermal, methadone, fentanyl transdermal and tramadol ER. The NPTC's review identifies the role of opioid therapy in the more severe forms of acute and chronic pain is established, but opioid therapy in many types of chronic non-cancer pain remains controversial, many times the clinical evidence is equivocal, and health systems policies and procedures vary greatly in the use of opioids in pain management. Due to these variables, no specific modifications were made to the IHS NCF and no long-acting opioid was added to the NCF. Opioid medications should be used on a chronic basis only in patients who have persistent pain despite trials of non-opioid agents. They should be used with extreme caution and very close monitoring in patients with a medium or higher risk for substance misuse and abuse. It should be recognized that the evidence for the effectiveness of long-term opioid therapy in terms of pain relief and improved functional outcomes is limited, and that the risk of opioid overdose increases with increasing dosing. A formulary brief to discuss their place in the treatment of chronic pain will be developed and disseminated.
7. A clinical presentation over the use of opioid agonist-antagonist analgesics in the treatment of acute and chronic pain and opioid antagonists use in opioid overdose reversal was provided. A utilization and procurement discussion was provided with IHS specific data. Medications reviewed included buprenorphine sublingual, buprenorphine/naloxone, methadone, and naloxone. The NPTC **ADDED naloxone** to the NCF recognizing its expanded role in the treatment of opioid overdose in the ambulatory care and community setting.

The next meeting will be held in Oklahoma City, OK on August 5th and 6th, 2014. The agenda topics will include a review of current hypertension guidelines and the use of angiotensin-converting enzyme inhibitors, angiotensin II receptor antagonists, calcium channel blocking agents, diuretics, and beta-adrenergic blocking agents for the treatment of hypertension. Class reviews for phosphodiesterase type 4 and 5 inhibitors will also be conducted.

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](#).