



**Indian Health Service
National Pharmacy and Therapeutics Committee
NPTC Summer Meeting Update
-August 2015-**



The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) held its Summer meeting on August 18-19th, 2015 in Denver, Colorado. All 12 IHS Areas were represented. CAPT Jon Schuchardt, PharmD provided an update from the IHS Antibiotic Stewardship Program Workgroup. Affiliates from the Department of Defense (DoD), the Department of Veterans Affairs (VA) and the Federal Bureau of Prisons 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 DHHS Byron G. Rogers Federal Building.

The NPTC received presentations on medication adherence, the IHS antibiotic stewardship program (update only), novel insulin delivery devices, new COPD combination inhaler regimens, nicotine dependence and atypical antipsychotic agents.

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

1. A presentation on medication adherence was delivered, reviewing both clinical and economic impact on non-adherence as well as factors influencing medication non-adherence. Differences in the terms “compliance” and “adherence” were discussed and potential solutions to non-adherence were provided. Documented race/ethnicity and IHS agency data on non-adherence rates were also presented, highlighting a need for improved efforts across the agency. Limitations of current measures of medication adherence were also discussed. Reviews from the National Institute for Health and Care Excellence (NICE) guidelines, the Agency for Healthcare Research & Quality (AHRQ), Cochrane Library, World Health Organization and American College of Preventive Medicine were summarized. The presentation emphasized the importance of the NPTC being mindful of medication adherence issues when considering agents for inclusion on the National Core Formulary (NCF). A formulary brief will be developed and disseminated, providing a review of the presentation findings and suggested recommendations for agency improvement.
2. An update from the IHS Antibiotic Stewardship Program Workgroup (ASPW) was presented as a follow-up from the initial report delivered at the Spring meeting (May 2015). The update included recent and future ASPW presentations, recent member additions and guideline changes from the American Academy of Otolaryngology on rhinosinusitis. Therapeutic recommendations from the IHS Chief Clinical Consultant (Infectious Disease), Dr. Jonathan Iralu, MD were also presented. The ASPW is developing a four part webinar series (ASP Basics, Inpatient ASP, Ambulatory ASP and Metrics, Monitoring, Compliance and the Future of ASP) which will be distributed across the agency in the near future.
3. A therapeutic review of new COPD combination inhalers (specifically umeclidinium/vilanterol, tiotropium/olodaterol and fluticasone/vilanterol) was provided, referencing primary literature findings and guidelines from the 2015 Global Initiative for Chronic Lung Disease, 2014 VA/DoD practice guidelines, NICE and the American Thoracic Society. Relevant IHS medication utilization, procurement and metrics from the IHS National Data Warehouse (NDW) were also

reviewed. Medications used in the management of COPD currently on the NCF include albuterol, ipratropium, albuterol/ipratropium, tiotropium and mometasone/formoterol. **The NPTC removed ipratropium from the NCF.** A formulary brief will be developed and disseminated, providing a review of relevant guidelines and findings from the presentation which guided the NPTC decision.

4. A therapeutic review of novel insulin delivery devices was presented with specific focus on insulin pen devices, recently-approved continuous infusion and inhaled insulin delivery products. Guidelines from the American Diabetes Association, American Academy of Clinical Endocrinology, NICE and the IHS Division of Diabetes Prevention and Treatment were reviewed. Primary literature, systematic reviews and meta-analyses were also presented, focusing on key clinical outcomes. Data on agency-specific medication utilization, procurement and the NDW were shared. Currently, the NCF contains only branded insulins, including rapid acting, short-acting, intermediate-acting, long-acting and combination “mixed” products (e.g., 70/30). As a result of the clinical and utilization analysis, **the NPTC added pen device administration for all Levemir®, NovoLog® and NovoLog® Mix 70/30 products to the NCF.** A formulary brief describing the literature and decision points resulting in the NCF addition will be developed and disseminated.
5. A therapeutic review of nicotine dependence treatment (specifically nicotine replacement therapy (NRT), nortriptyline, bupropion and varenicline) was given in concert with IHS-wide data on procurement, utilization and NDW data trending. Reviews from the 2014 Surgeon General’s Report, the Cochrane Library, AHRQ, and NICE were also presented. Recent safety data findings from the DoD and VA were also provided for consideration. Based on the presentation and NPTC discussion, 2 NCF changes were approved; **(1.) varenicline was added to the NCF** and **(2.) combination NRT (specifically nicotine patches + a short-acting NRT product) was added to the NCF.** The category of short-acting NRT products currently listed on the NCF includes nicotine gum, lozenges, nasal spray and a nicotine inhaler. A formulary brief describing the clinical details and NPTC findings be developed and disseminated briefly.
6. An update on the atypical (2nd generation) antipsychotic medication class was provided. No significant clinical advantages were consistently noted during the presentation to warrant selection of a sole agent as the preferred atypical antipsychotic medication on the NCF. The NPTC recognized the value of atypical antipsychotics as a class in the management of various mental disorders, but felt that specific medication selection was better served by individual providers at the local facility level. Agency utilization data supported the idea that provider preference varied and no particular single agent was universally preferred. **No modifications were made to the NCF** and a formulary brief will be developed and disseminated, providing IHS clinicians with medication-specific considerations for improved atypical antipsychotic selection and patient customization.

*The next meeting of the NPTC will be a teleconference on October 29th, 2015. The agenda will include a therapeutic class review of insomnia medications.

If you would like to recommend a topic for future NPTC discussion, please go to the NPTC website and complete the Formulary Request Form or send an email at IHSNPTC1@ihs.gov.

*For more information about the NPTC, please visit the [NPTC website](#). **Check out the new webpage!!***